

Quality Site Improvement Plan (QIP) “Your Goals” ~



Site / Name _____ Date _____

Your site’s goals for this year (check boxes below, and write in additional goals here that will tie in to your desired incentives)

Fiscal Year 2022-2023

Program Element

Participation / Completion

<ul style="list-style-type: none"> All Participants - Create Quality Improvement Plan * Preschool centers submit one QIP per site * <i>Family Child Care Home providers submit one QIP</i> 	<input type="checkbox"/> Quality Improvement Plan Completion Date: _____ <input type="checkbox"/> Use Playground Stencils <input type="checkbox"/> Monthly participation in Messy Play Campaign <input type="checkbox"/> Participate in P.E.E.R. offerings, with Shannon P. <input type="checkbox"/> Participate in Family Engagement Kits (TBA) Contact Shannon Puenta
<ul style="list-style-type: none"> Ages & Stages and Ages & Stages Social-Emotional (ASQ-3 / ASQ-SE2) Questionnaires (Developmental Screening) 	<input type="checkbox"/> Attend ASQ-3 / ASQ-SE2 training Completion Date: _____ <input type="checkbox"/> Distribute to families, track, and provide appropriate referrals with follow up. Completion Date: _____
Environmental Rating Scale: <ul style="list-style-type: none"> Family Child Care (FCCERS) Early Childhood (ECERS) Infant/Toddler (ITERS) 	<input type="checkbox"/> Attend appropriate ERS training(s) Completion Date(s): _____ <input type="checkbox"/> Conduct Self-Assessment and develop an Action Plan to include a list of needed materials Completion Date: _____
<ul style="list-style-type: none"> Classroom Assessment Scoring System (CLASS) 	<input type="checkbox"/> Attend in-person introduction to CLASS Training or CLASS Observer Training Completion Date: _____
<ul style="list-style-type: none"> Professional Development Coaching Companion (begins September 2021) 	<input type="checkbox"/> Complete 25 hours of Professional Development. Proof of completion for all 25 hours, and completed Professional Development Tracking form to be turned in. Completion Date: _____ <input type="checkbox"/> Full 6 or 12 cycles of Coaching Companion. Completion Date: _____
<ul style="list-style-type: none"> Early Childhood Education (ECE) Units 	<input type="checkbox"/> First priority Family Child Care: Complete up to 12 ECE units to qualify for Child Development Associate Teacher Permit. Completion Date: _____ <input type="checkbox"/> Completion of Education Plan prior to classes. Completion Date: _____
<ul style="list-style-type: none"> ECE Apprenticeship Program 	<input type="checkbox"/> Second Priority: Working toward A.A. or B.A. in Child Development. Includes General Ed. college units with emphasis on English and Math. Completion Date: _____ <input type="checkbox"/> Participate in ECE Apprenticeship Program
<ul style="list-style-type: none"> CLASS and ERS (FCCERS, ECERS, and/or ITERS) 	<input type="checkbox"/> Independent CLASS Assessment AND / OR independent ERS Assessment. Completion Date: _____