Continuous Quality Improvement Program Plan Summary

Program Name: **ID:**

Address:

City: **State:** **Zip:** **County:**

Current Circle of Quality:

Last Self-Assessment Completed:

Last Verified Assessment Completed: **By:**

Program Goal:

*Use the **Continuous Quality Improvement Program Planning Worksheet** to develop objectives and transfer them to the grid below.*

Objective	Projected Date of Completion Actual Date of Completion	Staff Coordinating	ExceleRate Illinois Standard	Circle of Quality

Copy this page if additional space is needed.