



Ohio Department of Job and Family Services  
**Quality Improvement Plan (QIP)**

Program Name:

Date of Initial QIP:

**Program Administration Scale (PAS)**  
*Program Goal(s) to raise PAS score(s) - (All Steps)*

**\*Goal (Include Subscale and Item):**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**\*Goal (Include Subscale and Item):**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**Implementation of Age Appropriate Guidelines/Standards**

*Program Goal(s) to implement guidelines/Standards (i.e. Infant/Toddler Guidelines, Early Learning Content Standards, K-12 Standards - (All Steps)*

**\*Goal – Infants/Toddlers:**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**\*Goal – Preschool:**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**\*Goal – School Age:**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**Annual Classroom Self-Assessment(s)**  
*Program Goal(s) to raise classroom self-assessment scores - (Steps 2 & 3)*

**\*Document the Infant Classroom Self-Assessment Tool(s) Used:**

**\*Goal – Infant Classroom(s):**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**\*Document the Toddler Classroom Self-Assessment Tool(s) Used:**

**\*Goal – Toddler Classroom(s):**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**\*Document the Preschool Classroom Self-Assessment Tool(s) Used:**

**\*Goal – Preschool Classroom(s):**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**\*Document the School Age Classroom Self-Assessment Tool(s) Used:**

**\*Goal – School Age Classroom(s):**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**Parent Input**  
*Program Goal(s) for program improvement based on parent input - (Step 3)*

**\*Document how information was gathered (i.e. Parent Surveys, Parent Meeting Minutes, etc...):**

**\*Goal:**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**Staff Input**  
*Program Goal(s) for program improvement based on staff input - (Step 3)*

**\*Document how information was gathered (i.e. Staff Surveys, Staff Meeting Minutes, etc...):**

**\*Goal:**

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Progress Update

**Initial QIP**

Signature: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**Reviewed/Updated QIP**

Signature: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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Comments:

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Comments: