

Illinois State Board of Education  
Early Childhood Department  
Prevention Initiative Continuous Quality Improvement Plan (CQIP)  
Guidance

**Continuous Quality Improvement (CQI)** is a process to ensure programs are systematically and intentionally improving services and increasing positive outcomes for the children and families served.

- CQI is a cyclical, data-driven process; it is proactive, not reactive.
- A CQI environment is one in which data is collected and used to make positive changes. This process should be utilized even when things are going well.
- CQI is an ongoing process that involves a *Plan, Do, Check, Action* cycle.

A Continuous Quality Improvement Plan (CQIP) can help you:

- Demonstrate to the program administration and staff that the program has made gains.
- Develop a logical and organized path for quality improvement. Sometimes there are several areas that need improvement. You may have some steps that can be accomplished immediately or in a few months. The *Compliance* (PICC) steps need to be completed as soon as possible or at least by the start of the next school year.
- All PI staff should have a Professional Development Plan. The monitoring visit may have identified the need for staff training in certain areas. The CQIP can be very helpful as administrators help PI staff develop their Professional Development Plans.
- Demonstrate to ISBE that your program follows compliance that the grant requirements for Prevention Initiative. When the grant was approved, your program's authorizing official agreed that your program would comply with everything stated in the grant.

**Working through the CQIP Process:**

**Step One: Gather a team to work on the CQIP.**

- The team should include the Prevention Initiative Authorized Official, Administrators, Supervisors, Home Visitors, and Support Staff, as applicable. You may contact your ISBE consultant or Start Early or Baby TALK technical assistance provider for support if needed.

**Step Two: Review and discuss the strengths, areas indicated for growth, and non-compliance issues.**

- Celebrate your strengths. Identify which policies, procedures or processes led to each strength so you can keep those components strong. Then consider the areas that need improvement. How can the program work toward correcting them? What is priority?

**Step Three: Develop a plan.**

- Develop a plan to address every non-compliance issue indicated on the PICC. Use the templates provided on the ISBE website to create the plans.
- The program can choose to develop the CQIP at the program level or site level. Make sure to consider any professional development you may need to access through the Start Early, Baby TALK or other PD provider and include that information in your plan.

**SMART Goals (HV, CB)**

A program should develop a mission statement (required) and value statements to guide the program in its quest to deliver quality services. Program planning will accomplish nothing without a clear course of

action that indicates who, what, how, when, and where. A program goal will define what staff intends to do, how it will happen, and when and where it will be achieved.

Goal statements are the most important broad, general outcomes that need to be accomplished to achieve and maintain the mission of the program. Program goals provide specific guidance toward achieving the mission of the program and making its vision a reality. Goal setting is an ongoing dynamic process that comes about as the result of an assessment process that helps establish priorities about what the program will accomplish in the short and long term. Once they are established, goals and objectives are periodically reviewed in a qualitative as well as quantitative manner and then revised to respond to changes in the program and other influences.

Goals should be developed collaboratively and transition programmatic thinking from ideal to realistic, forming the basic roadmap toward realizing the mission of the program. Clear, well-defined goals allow changes to be observed and measured, and pride taken in goal achievement. Effective goals are written to reflect the principles of SMART goals. The goals of the program need to be:

<b>S</b>	<b>M</b>	<b>A</b>	<b>R</b>	<b>T</b>
<u>Specific</u>	<u>Measurable</u>	<u>Assignable</u>	<u>Realistic</u>	<u>Time-Based</u>
The goal is specific and distinct.	A measurement gives feedback about progress and defines when the goal is met.	A goal is assignable to individuals or groups.	A goal is challenging yet attainable within a given timeframe.	Timeframes are aggressive yet realistic.
<b>G</b>	<b>O</b>	<b>A</b>	<b>L</b>	<b>S</b>

Goal statements should:

- Be based upon the mission and values of the program;
- Reflect the beliefs and values of the families and community;
- Be developed collaboratively by representatives from the key stakeholders of the program;
- Establish outcomes necessary to accomplishing the mission of the program;
- Be based on the Illinois Birth to Five Program Standards;
- Address each prioritized program component that is identified by a self-assessment process;
- Include timelines;
- Be evaluated qualitatively and quantitatively;
- Provide a clear sense of direction for the program staff;
- Be written clearly and concisely without professional jargon;
- Be understood by staff, families, program advisories, and community stakeholders; and
- Be reviewed and updated annually, as necessary.

Well-developed goals help:

- Maintain focus and perspective;
- Establish priorities;
- Lead to greater job satisfaction; and
- Improve employee performance.

Goals are most effective when:

- They are clearly stated and contain specific objectives;
- They are challenging, but not unreasonable;
- Employees accept them and develop a true sense of ownership; and
- Employees participate in setting and reviewing their goals.

Prevention Initiative goals are successful when:

- They are based on the Illinois Birth to Five Program Standards;
- They address program components outlined by the Prevention Initiative Notice of Funding Opportunity/Request for Proposals and chosen program model;
- They address information identified by a self-assessment process;
- They establish outcomes necessary to accomplishing the mission of the program; and
- They are developed collaboratively by program administration and staff.

Goals need to be re-evaluated periodically. As goals are achieved or conditions and situations change, it is important to re-evaluate and establish new goals. Failure to set more challenging goals can lead to stagnation in service or boredom among staff. When goals are achieved, or milestones are reached, it is imperative to provide feedback to celebrate accomplishments and maintain morale. The final step of the goal-setting process is to respond to the following questions:

- How does the program monitor the appropriateness of the goals?
- How does the program make needed modification to the goals?
- Are the goals moving the program toward the realization of its mission?
- Does a continuous process exist for establishing new goals?

#### **Step Four: Submit the CQIP to ISBE.**

- Electronically submit the completed CQIP to ISBE via email: [picqip@isbe.net](mailto:picqip@isbe.net).

#### **Step Five: Implement Plan**

- Research (best practices, professional development, etc.)
- Access professional development and/or obtain resources
- Develop a program plan for implementation
  1. Implement the plan
  2. Evaluate implementation
  3. Revise as needed

#### **Step Six: Update the Plan**

- Programs will update the Continuous Quality Improvement Plan annually by June 30.

In addition, consider the following:

- Make sure the Authorized Official signs, provides his or her title, and dates the document before it is submitted to ISBE.
- Include an action plan start date and end date for each CQIP indicator.
- Consider beginning each action step with, "The Program will, or the Supervisor will..."
- A CQIP is for program improvement. It is a working document that will be revisited and updated annually. Remember to include the following steps, as applicable, when developing your CQIP:

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1. Research (*best practices, professional development, etc.*);
2. Access professional development (*Start Early, Baby TALK, StarNet, Etc.*) and/or gathering resources.
3. Program planning for implementation (*Train Staff, Follow-up during Supervision/Reflective Supervision or Staff Meetings*).
4. Implementation of the plan.
5. Evaluation (*File Review, Surveys, Etc.*); and
6. Adjust or revise as needed.

**CQIP Sample Initial Plan**

PI Compliance Checklist Number	Non-Compliance Issue (All PI Programs)	Action Steps/Resources/ Professional Development to address issues	Person Responsible	Timeline	Follow Up – to be completed in subsequent years (Update current action steps/plans and be sure to add <u>new goals</u> for the next fiscal year. The new goals do not need to be related to the monitoring results; they may be from your program self-assessment.)		
					In Process	Action Step Update	Met
Compliance Issue PI4. The program has developed policies and procedures. HV, CB	PI4.4. The program does not have written policies to provide guidance for staff to comply with mandated reporting laws for child abuse and neglect.	1. The program will develop written policies and procedures to help staff understand how to comply with mandated reporting laws for child abuse and neglect and add them to the Program Policies and Procedures Manual. 2. The guidance will include requiring all staff to take the on-line training, <i>Recognizing and Reporting Child Abuse: Training for Mandated Reporters</i> , within	1, 2, 3 Jane Jones, Program Supervisor  3 All Home Visitors Suzy Vu Jesse Smith Tim Lime	1 January 2024  2 February 2024  3 February 2024  4			

**CQIP SAMPLE UPDATED PLAN**

PI Compliance Checklist Number	Non-Compliance Issue (All PI Programs)	Action Steps/Resources/ Professional Development to address issues	Person Responsible	Timeline	Follow Up – to be completed in subsequent years (Update current action steps/plans and be sure to add <u>new goals</u> for the next fiscal year. The new goals do not need to be related to the monitoring results; they may be from your program self-assessment.)		
					In Process	Action Step Update	Met
Compliance Issue P18. The program has a written annual self-assessment and continuous quality improvement plan. HV, CB	8.2.3 – Compliance requirements were not met for evidence that the Continuous Quality Improvement Plan (CQIP) addressed the person(s) (name and title) responsible or the timelines for correcting noted deficiencies. Not all CQIPs submitted had this required component	To avoid noncompliance issues in future, the VP of Quality and the Director of Early Childhood will check every CQIP to ensure each action step has a correlating person with title and timeline associated with it.	Director and VP of Quality	June 13, 2023	X	All steps in P18 compliance were completed in June 2023, but the implementation and monitoring continue. Program supervisors and director, along with the VP of Program and Quality, ensure ongoing compliance through quarterly CQIP meetings	X