



100 North First Street, E-225  
Springfield, Illinois 62777-0001

CONTINUOUS QUALITY  
IMPROVEMENT PLAN (CQIP)

EARLY CHILDHOOD ENVIRONMENT  
RATING SCALE-3 (ECERS-3)

EARLY CHILDHOOD DEVELOPMENT DEPARTMENT

**INSTRUCTIONS:** This report is due 30 days from the receipt of your compliance and ECERS-3 monitoring visit. Programs should choose 5 ECERS-3 areas of focus from the report. Select items in which you score a 5 or under. One page for each area of your "focused five" will be completed. Comments in the follow up/reflection box will be completed before you submit your plan in years two and three. Please view the CQIP instructional webinar and FAQ document for further instructions.

PROGRAM NAME	RCDT	DATE
(1 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)		TIMELINE
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
FOLLOW UP/REFLECTION		
<p><b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan but should be filled out in years two and three with follow up and reflection.</p>		

PROGRAM NAME	RCDT	DATE
(2 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)		TIMELINE
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
<b>FOLLOW UP/REFLECTION</b> <b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan but should be filled out in years two and three with follow up and reflection.		

PROGRAM NAME	RCDT	DATE
(3 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)		TIMELINE
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES.		
<b>FOLLOW UP/REFLECTION</b> <b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan but should be filled out in years two and three with follow up and reflection.		

PROGRAM NAME	RCDT	DATE
(4 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)		TIMELINE
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
FOLLOW UP/REFLECTION		
<p><b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan but should be filled out in years two and three with follow up and reflection.</p>		

PROGRAM NAME	RCDT	DATE
(5 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)		TIMELINE
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
<b>FOLLOW UP/REFLECTION</b> <b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan but should be filled out in years two and three with follow up and reflection.		

\_\_\_\_\_  
**Digital or Original Signature from**  
 AUTHORIZED OFFICIAL

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

*The authorized representative of the applicant who will affix his or her digital signature above certifies that he or she has read, understood and will comply with all of the provisions of the Continuous Quality Improvement Plan. The person approving this Continuous Quality Improvement Plan hereby certifies and assures the Illinois State Board of Education that the person submitting the document on behalf of the applicant has the necessary legal authority to do so.*

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the second year following your monitoring visit.

DATE SUBMITTED IN YEAR 2		PROGRAM ASSESSMENT METHOD
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?		
(1 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE	EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
<b>FOLLOW UP/REFLECTION</b>		
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.		

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the second year following your monitoring visit.

DATE SUBMITTED IN YEAR 2		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(2 OF 5 ) ECERS-3 AREA OF FOCUS			ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE		EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the second year following your monitoring visit.

DATE SUBMITTED IN YEAR 2		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(3 OF 5 ) ECERS-3 AREA OF FOCUS			ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE		EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			



**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the second year following your monitoring visit.

DATE SUBMITTED IN YEAR 2		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(4 OF 5 ) ECERS-3 AREA OF FOCUS			ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE		EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the second year following your monitoring visit.

DATE SUBMITTED IN YEAR 2		PROGRAM ASSESSMENT METHOD
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?		
(5 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE	EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
<b>FOLLOW UP/REFLECTION</b>		
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.		

\_\_\_\_\_  
**Digital or Original Signature from**  
AUTHORIZED OFFICIAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

*The authorized representative of the applicant who will affix his or her digital signature above certifies that he or she has read, understood and will comply with all of the provisions of the Continuous Quality Improvement Plan. The person approving this Continuous Quality Improvement Plan hereby certifies and assures the Illinois State Board of Education that the person submitting the document on behalf of the applicant has the necessary legal authority to do so.*

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the third year following your monitoring visit.

DATE SUBMITTED IN YEAR 3		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(1 OF 5 ) ECERS-3 AREA OF FOCUS			ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE		EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the third year following your monitoring visit.

DATE SUBMITTED IN YEAR 3		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(2 OF 5 ) ECERS-3 AREA OF FOCUS			ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE		EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the third year following your monitoring visit.

DATE SUBMITTED IN YEAR 3		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(3 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER	
RESPONSIBLE STAFF MEMBER(S)	TIMELINE	EXCELERATE AWARD LEVEL	
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the third year following your monitoring visit.

DATE SUBMITTED IN YEAR 3		PROGRAM ASSESSMENT METHOD	
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?			
(4 OF 5 ) ECERS-3 AREA OF FOCUS			ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE		EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS			
AREAS FOR GROWTH AND IMPROVEMENT			
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES			
<b>FOLLOW UP/REFLECTION</b>			
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.			

**INSTRUCTIONS:** This page is updated and submitted to ISBE by May 30th in the third year following your monitoring visit.

DATE SUBMITTED IN YEAR 3		PROGRAM ASSESSMENT METHOD
HOW DOES THE PROGRAM ASSESSMENT INFORM THE INDIVIDUALIZED STAFF DEVELOPMENT PLANS AND THE CQIP?		
(5 OF 5 ) ECERS-3 AREA OF FOCUS		ITEM NUMBER
RESPONSIBLE STAFF MEMBER(S)	TIMELINE	EXCELERATE AWARD LEVEL
AREAS OF EFFECTIVENESS		
AREAS FOR GROWTH AND IMPROVEMENT		
IDENTIFY IMPROVEMENTS AND PROFESSIONAL LEARNING OPPORTUNITIES		
<b>FOLLOW UP/REFLECTION</b>		
<b>NOTE:</b> This box is only for follow up and reflection as you begin to implement your plan. It should not be filled out when you submit your plan.		

\_\_\_\_\_  
**Digital or Original Signature from**  
AUTHORIZED OFFICIAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

*The authorized representative of the applicant who will affix his or her digital signature above certifies that he or she has read, understood and will comply with all of the provisions of the Continuous Quality Improvement Plan. The person approving this Continuous Quality Improvement Plan hereby certifies and assures the Illinois State Board of Education that the person submitting the document on behalf of the applicant has the necessary legal authority to do so.*