

# SMART START

## QUALITY SUPPORT



| Continuous Quality Improvement Objective: |                         |                             | Staff Coordinating/<br>Staff Involved | Projected Date<br>of Completion |
|---|-------------------------|-----------------------------|---------------------------------------|---------------------------------|
| Immediate (0–3 months)                    | Short Term (3–6 months) | Long Term (6 months–1 year) |                                       | Actual Date<br>of Completion    |
|   |                         |                             |                                       |                                 |
|   |                         |                             |                                       |                                 |

Data Source: \_\_\_\_\_

Goal for FY 25: \_\_\_\_\_

What action steps are needed to achieve this objective? \_\_\_\_\_

| Action Steps | Person(s) Responsible | Projected Date<br>of Completion | Actual Date of<br>Completion |
|--------------|-----------------------|---------------------------------|------------------------------|
|              |                       |                                 |                              |
|              |                       |                                 |                              |
|              |                       |                                 |                              |
|              |                       |                                 |                              |
|              |                       |                                 |                              |

What source(s) of evidence did you use to determine the need for this objective?

| Source(s) of Evidence | Date(s) Completed |
|-----------------------|-------------------|
|                       |                   |
|                       |                   |

What resources or supports are needed in order to achieve this objective?

| Anticipated Challenges | Professional Development or Technical Assistance Needed | Changes and Improvements |
|------------------------|---|--------------------------|
|                        |   |                          |

Please use the additional space (or back of this sheet) to reflect on why this objective matters for children in a high-quality program.