## Texas Rising Star Continuous Quality Improvement Plan

All child care and early learning programs must participate in a Continuous Quality Improvement Plan (CQIP). The CQIP is created in collaboration with the program and their assigned Texas Rising Star mentor. CQIPs are a working document, meant to be updated as needed and applicable, and based on the program’s goals and needs for obtaining, maintaining, or increasing star level.

**FACILITY INFORMATION**

Facility Name: Child Care Licensing #:

Contact Person (Director/Owner): Contact Phone/Email:

Mentor Assigned: Mentor Contact Phone/Email:

Current Star Level: □ Working on TRS □ 2-Star □ 3-Star □ 4-Star

Facility Type: □ Center □ Home □ School-Age Only □ National Accreditation:

Ages Served: □ Infants (0–17 months) □ Toddlers (18–35 months) □3-year-olds

□ 4-year-olds □ 5-year-olds □ School Age

Partnership Readiness Participant\* □ Yes □ No If Yes, which Step? □ Step 1 □ Step 2 □ Step 3

*\*A child care and early learning program in the process of developing a formal partnership with a school district or charter school.*

**REQUIREMENTS**

 Texas Rising Star Orientation completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 At minimum, a center director account is created within the Texas Workforce Registry Date: \_\_\_\_\_\_\_\_\_\_

 CCL Background Check Portal Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director completed training on the Infant Toddler Early Learning Guidelines Training Date: \_\_\_\_ *(N/A for those who do not serve 0-3 years)*

 Director completed training on the Pre-Kindergarten Guidelines Training Date: \_\_\_\_ *(N/A for those who do not serve 4-5 years and for school-age based programs)*

 Staff has received 30 total training hours in either previous year/current year *(N/A for initial applicants and nationally accredited programs)*

**CCL SCREENING COMPLIANCE**

|  |  |
| --- | --- |
| **CCL Screening Issue** |  |
| **Action Steps** |  |
| **Resources Needed** |  |
| **Timeline** |  |
| **Projected Date of Completion** |  |
| **Date Completed** |  |

**GOALS**

|  |  |
| --- | --- |
| **Goal 1** |  |
| **Related Category and/or Measures** |  |
| **Action Steps** |  |
| **Resources Needed** |  |
| **Timeline** |  |
| **Projected Date of Completion** |  |
| **Date Completed** |  |

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| --- | --- |
| **Goal 2** |  |
| **Related Category and/or Measures** |  |
| **Action Steps** |  |
| **Resources Needed** |  |
| **Timeline** |  |
| **Projected Date of Completion** |  |
| **Date Completed** |  |

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| --- | --- |
| **Goal 3** |  |
| **Related Category and/or Measures** |  |
| **Action Steps** |  |
| **Resources Needed** |  |
| **Timeline** |  |
| **Projected Date of Completion** |  |
| **Date Completed** |  |

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| --- | --- |
| **Goal 4** |  |
| **Related Category and/or Measures** |  |
| **Action Steps** |  |
| **Resources Needed** |  |
| **Timeline** |  |
| **Projected Date of Completion** |  |
| **Date Completed** |  |

|  |  |
| --- | --- |
| **Goal 5** |  |
| **Related Category and/or Measures** |  |
| **Action Steps** |  |
| **Resources Needed** |  |
| **Timeline** |  |
| **Projected Date of Completion** |  |
| **Date Completed** |  |

Authorized Representative Name: Mentor Name:

Authorized Representative Signature: Mentor Signature:

Date: Date:

Comments/Notes: