

## Site Improvement Plan

SURVEY SITE DESCRIPTION	
<b>Site Name:</b>  <b>License:</b>  <b>Site Code:</b>	<b>Director/Site Leader:</b>  <b>Field Support Consultant:</b>  <b>Date of Improvement Plan:</b>

**Where do you want to be by June 30, 2019? Develop 3 goals for your site.**

**Goals should be related to: Rating on the CLASS tool, effectively using a high-quality curriculum, and professional development and credentialing.**

<b>GOAL 1:</b>			
What steps are needed to reach this goal?	Who will be involved in each step? Include staff and external support agencies.	How will the Department support the site in achieving this step?	What is the deadline for each step?
<b>How will you know if you have successfully completed this goal? Please list specific and measurable outcomes.</b>			

<b>GOAL 2:</b>			
What steps are needed to reach this goal?	Who will be involved in each step? Include staff and external support agencies.	How will the Department support the site in achieving this step?	What is the deadline for each step?
<b>How will you know if you have successfully completed this goal? Please list specific and measurable outcomes.</b>			
<b>GOAL 3:</b>			
What steps are needed to reach this goal?	Who will be involved in each step? Include staff and external support agencies.	How will the Department support the site in achieving this step?	What is the deadline for each step?

How will you know if you have successfully completed this goal? Please list specific and measurable outcomes.

I have reviewed the above plan and have determined that:

- I have developed goals that will target the areas needing improvement in my center.
- I have developed goals that my staff will realistically be able to reach.
- I have identified the staff who will participate in completing the steps in the plan.
- I have identified support systems and organizations that will allow for assistance from these systems.
- I have communicated the vision and key details of this plan to staff who will be impacted by it.
- I have given myself a realistic time frame in completing each step.

Director/Owner Signature: \_\_\_\_\_

Field Support Consultant Signature: \_\_\_\_\_