

OUTCOMES PLAN FOR CONTINUOUS PROGRAM IMPROVEMENT

Service Options: **Center Based** **Home Based** **FCCH**

Location: _____ **Teacher:** _____

Supervisor: _____ **Date:** _____

DOMAIN:	Indicator:
Data Analysis:	Legislatively Mandated Outcome Yes No

STRATEGY:	PERSON (S) RESPONSIBLE	EXPECTED OUTCOME:	
EXPECTED COMPLETION DATE:		ACTUAL COMPLETION DATE:	

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Distribution: White – Director Yellow – Supervisor Pink – Teacher