Continuous Quality Improvement (CQI) Activity Approval Form

This form is to be completed by the Child Care Program and the Agency as documentation for meeting Montana's Treasures Quality Recognition Stage 2C – Committed to Quality. This completed form must be uploaded as part of the application process. Please contact the Quality Unit Team at HHSECFSDQualityInitiatives@mt.gov if you have any questions.

Date form completed:_____

Program: _____ Director/Owner:_____

Staff/Teacher's Name(s) (if applicable): _____

Agency Name: _____

Agency Representative: _____

Continuous Quality Improvement Activity: _____

Activity Begin & End Date:_____ / _____ Completed Hours:_____

Description/Notes:

_____

_____

_____

Agency Representative Signature: _____ Date:_____

Director/Owner Signature: _____ Date:_____

Staff Signature(s) (if applicable): _____ Date:_____

Staff Signature(s) (if applicable): _____ Date:_____