**COVID-19 Response for Deliverable CVD-9**

**Jurisdiction:** [Enter Jurisdiction Name]

**Capabilities:** [Enter applicable PHEP Capabilities pertaining to the findings below]

**References:** [Enter any references pertaining to the findings below]

**Participants:** [Enter the name of the organizations or individuals participating]

Instructions: Use this worksheet to identify 5 items that were strengths in your COVID-19 response and 5 items that need to be improved as well as a ‘complete by day.’ Corrective actions are not needed for strengths.

**Improvement Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strength or Improvement** | **Observation** | **Corrective Action** | **Job Info / Progress** |
| **POC** | **Complete By Date** | **Notes** |
| **Strength** | [Enter what went well] | N/A | N/A | N/A |  |
| **Strength** | [Enter what went well] | N/A | N/A | N/A |  |
| **Strength** | [Enter what went well] | N/A | N/A | N/A |  |
| **Strength** | [Enter what went well] | N/A | N/A | N/A |  |
| **Strength** | [Enter what went well] | N/A | N/A | N/A |  |
| **Improvement** | [Enter what needs improvement] | [Enter what you will do to improve the observed action/process] | [Enter POC Name] | Click or tap to enter a date. |  |
| **Improvement** | [Enter what needs improvement] | [Enter what you will do to improve the observed action/process] | [Enter POC Name] | Click or tap to enter a date. |  |
| **Improvement** | [Enter what needs improvement] | [Enter what you will do to improve the observed action/process] | [Enter POC Name] | Click or tap to enter a date. |  |
| **Improvement** | [Enter what needs improvement] | [Enter what you will do to improve the observed action/process] | [Enter POC Name] | Click or tap to enter a date. |  |
| **Improvement** | [Enter what needs improvement] | [Enter what you will do to improve the observed action/process] | [Enter POC Name] | Click or tap to enter a date. |  |