**Site Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site ID#:** \_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting Attendees:**

Director \_\_\_\_\_\_\_\_\_\_\_\_\_  Asst. Director \_\_\_\_\_\_\_\_\_\_\_\_\_  Owner \_\_\_\_\_\_\_\_\_\_\_\_\_  Teacher(s) \_\_\_\_\_\_\_\_\_\_\_\_\_  QF Coach  Inclusion Coach  Mental Health Consultant  Child Care Health Consultant  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting Focus:**

*As a team, what are the immediate needs or priorities we want to discuss today? What questions do we have? Is there a specific classroom/program aspect we would like to discuss?*

**Review of Quality Improvement Efforts:**

*What has been accomplished within the quality improvement plan(s) since our last meeting? Is the current focus of the QIP(s) still addressing the needs of the program? Why or why not? Are there ways we can better coordinate or collaborate on, or around, the quality improvement work?*

*Are there any barriers/challenges in completing action steps within the quality improvement plan(s)? What shifts might need to occur to ensure progress continues?*

*What resources, strategies or support is needed to sustain these quality improvement efforts over time?*

**Participant Reflections:**

*What impact have you seen on children, families and staff as a result of this quality improvement work?*

*How might the TAP team better support you in continuing your quality improvement work? Is there anything you would like us to change or do differently?*

**Next Steps/Follow-up:**

|  |  |
| --- | --- |
| Participant | TAP Team |
|  |  |

**Next Meeting Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_