# *CQI Meeting Activity Log*

Location (Office/County/Circuit/Region/State Office): Date:

Participants:

## AGENDA TOPICS

\_\_\_\_\_ Incidents, Accidents, and Client Grievances \_\_\_\_\_ Staff/Client Satisfaction Data

\_\_\_\_\_ Program Evaluation Data \_\_\_\_\_ Peer Record Review Data

\_\_\_\_\_ Improvement Projects \_\_\_\_\_ Safety and Risk Management

\_\_\_\_\_ Other \_\_\_\_\_ Past Issues

\_\_\_\_\_ Outcome Data

Summary of Data Reviewed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issues/ Concerns** | **What Are We Going To Do?** | **By Whom** | **Due Date** | **Desired Outcome** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |