

**Delinquency and Court Service Division (DCSD)  
Continuous Quality Improvement (CQI)**

## Program Improvement Action Plan

Email the completed electronic form to:  <p align="center"><a href="mailto:DCSDQA@MilwaukeeCountyWi.gov">DCSDQA@MilwaukeeCountyWi.gov</a></p>	<p><b>Action Plan due within 60 Days of receipt of feedback report</b></p>
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<b>Organization/ Agency Name:</b>		<b>Phone:</b>	(   )   -
<b>Address: (City/ State/ Zip)</b>		<b>Fax:</b>	(   )   -
<b>Provider Follow-up/ Contact Person:</b>		<b>Direct Phone:</b>	(   )   -
<b>Title of Contact Person:</b>	<b>Email:</b>	@   .	

Identified Concern	Plan to Address Concern/ Agency Response	Responsible Party	Time Line
Enter the identified area of concern based on the feedback report received here...	Enter brief synopsis for anticipated change project to address the concern that has been identified here...	Enter Staff Name (Title) to be responsible for oversight here...	<p><b>Project Implementation Date:</b> <i>(Enter Project Start Date).</i></p> <p><b>Anticipated Completion Date of Project Implementation:</b> <i>(Enter Expected Date of Project Completion).</i></p> <p><b>Project Status:</b> Completed      Ongoing <i>(Circle the appropriate option).</i></p> <hr/> <p><b>Date of Status:</b> <i>(Enter Date Project Status Assessed).</i></p>