

Georgia Department of Corrections
 Continuous Quality Improvement (CQI) Summary

MONTH: _____

YEAR: _____

TOPIC OF STUDY	PRIOR Compliance RESULTS (If repeat study/ NA if first time study)	ACTIONS TAKEN THIS PERIOD (Type of Study, Methods used, sampling size, etc.)	PERCENT COMPLIANCE of current study	RECOMMENDED ACTIONS BASED ON RESULTS (Follow-up study, new processes put in place, different sampling reviewed, etc.)

Form no. M25-01-01

Retention Schedule: Upon completion, this form shall be sent to Central Office (original) and a copy shall be given to the onsite CQI Coordinator. This form shall be maintained in the mental health area for 10 years.