

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.)