



Tennessee Department of Children's Services  
**Continuous Quality Improvement (CQI)**

**Region:** \_\_\_\_\_ **Program Area:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Contact Person's Email:** \_\_\_\_\_  
**Date of Referral:** \_\_\_\_\_

☐ CQI Referral (*policy, practice, and idea sharing*)

<b>Referral Topic:</b>	
<b>Concerns: Describe in detail what the problem is, how often it has occurred, and how it impacts your daily work:</b>	
<b>What, if anything, has been done by the submitting team to help resolve the problem?</b>	
<b>Desired outcome and expectations of this referral:</b>	
<b>Any additional information?</b>	

Please attach supporting documentation including, but not limited to:

- ☐ Meeting Minutes (CS-0987)
- ☐ Relevant data or evidence of issue
- ☐ Policies with suggested wording changes
- ☐ Other

Was this PQI Referral vetted by ☐ Quality Practice Team or by ☐ Regional Leadership?

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: Original: PQI Team Minutes Notebook  
Copies: Regional PQI Coordinator

RDA SW16  
RDA SW-5