

Quality Enhancement Plan

Early Intervention Program Name: _____ Fiscal Year: _____

QEP Planning Team

Name	Role	Agency
	Advisor	Bureau of Early Intervention Services and Family Supports
	Consultant	Early Intervention Technical Assistance

The QEP is being developed/updated as a result of a:

- Annual Determination
 Progress Review
 Verification

Reminders of Important Dates

Date Determination Letter Issued	Date of QEP Development Meeting(s)	Date Determination QEP Submitted to BEISFS	Date Determination QEP Approved by BEISFS	Date(s) of Meeting(s) for Updates to QEP Part 1	Date assuring that activities to correct finding(s) have been addressed

**QEP Determination:
Correction of Determination Findings**

Outcome # ____: All findings from the Determination related to _____ (area) in the EI Program will be corrected within timelines.

Activities/Steps to Reach Outcome	Target Date	Person Responsible

How will progress on the outcome be measured?

Evidence	Data Source/Method	Data Review Schedule	Person(s) Responsible

Description of Progress in Reaching Outcome	Date activities completed to correct noncompliance
<u>Date reviewed:</u> <u>Team reviewing results:</u> <u>Summary of data review:</u>	Date:

Local EI Program Priority (optional)
EI Program Outcome:
EI Programs and/or Community Partners Participating in this Outcome:
We know that we've reached our outcome when:

Activities/Steps to Reach Outcome	Target Date	Person Responsible

How will progress on the outcome be measured?

Evidence	Data Source/Method	Data Review Schedule	Person(s) Responsible

Description of Progress
<u>Date reviewed:</u>
<u>Team reviewing results:</u>
<u>Summary of data review:</u>

QEP Verification Process

Date Verification Completed	Date of Verification Report Issued	Date Verification QEP Submitted to BEISFS	Date(s) of Meeting(s) for Updates to QEP Addendum	Validation of Verification findings due	BEISFS Validation Date

Correction of Child Record Findings from Verification
Outcome # 1: <i>All findings identified in <u>individual child records</u> that require correction will be completed within timelines.</i>

MCI # of Child Record to be Corrected	Verification Indicator Finding	Program Review Notes/Date	BEISFS Validation Date

Correction of Other Findings from Verification

Outcome # ____:

Activities/Steps to Reach Outcome	Target Date	Person Responsible

How will progress on the outcome be measured?

Evidence	Data Source/Method	Data Review Schedule	Person(s) Responsible

Description of Progress in Correcting Systemic Noncompliance	Date activities completed to correct noncompliance
<u>Date reviewed:</u> <u>Team reviewing results:</u> <u>Summary of data review:</u>	Date: