

FIRST 5 FIRST STEPS QUALITY ASSURANCE PLAN

Updated October 2022

Purpose:

The purpose of the First Steps quality assurance plan is to ensure that First Steps provides high-quality services to families enrolled in the program while ensuring fidelity to the Healthy Families America (HFA) model. The Quality Assurance (QA) Plan will be implemented in to ensure consistent service delivery.

Important Notice: The QA Plan outlined in this document reflects the minimum standards sites should adhere to in the First Steps program. may develop their own QA practices and procedures, provided these practices and procedures meet the required minimum as stated in this plan. Sites will need to submit their QA Plan to AAP-CA3 for review to ensure that it is aligned with the First Step program's intent and goals and HFA Best Practice Standards (BPS) before implementation.

HFA as a Continuous Quality Improvement Model

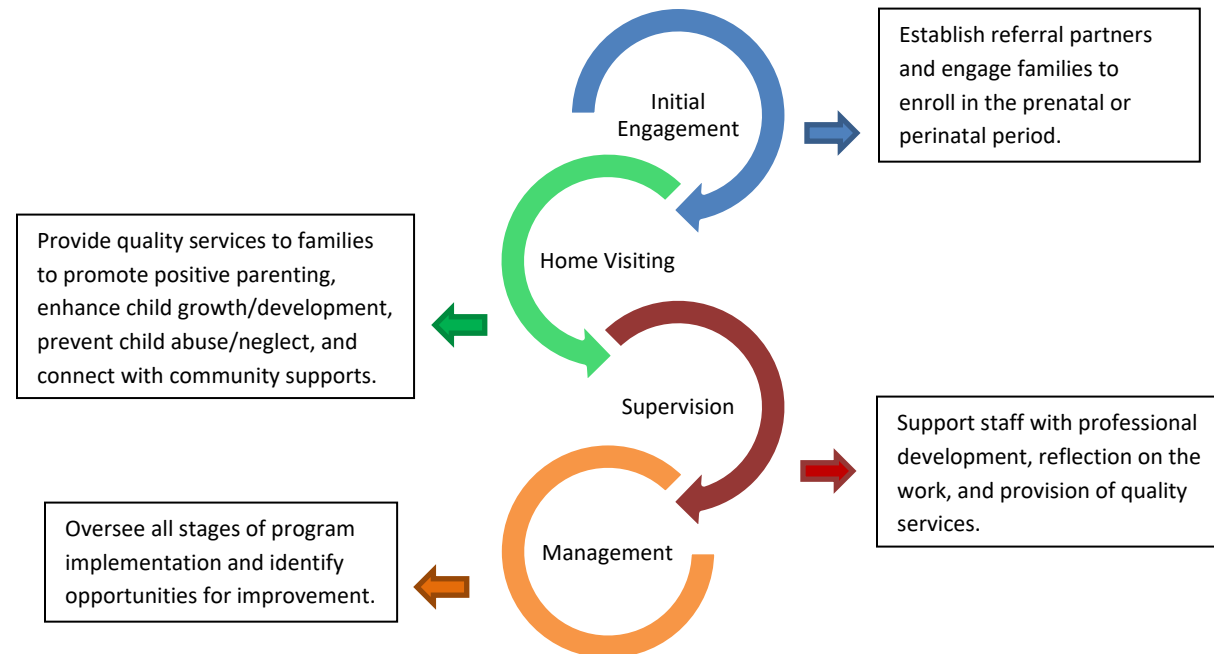
HFA is a continuous quality improvement model. Regular and ongoing monitoring of implementation of the First Steps program allows sites to understand their progress and identify improvement opportunities to provide better services for families. The First Steps Policies and Procedures Manual serves as the foundation for implementing services, and the activities outlined in this QA Plan support sites in monitoring all aspects of program implementation to reveal strengths and find opportunities for change or quality improvement.



Table of Contents

The QA Plan clarifies key tasks and supports the review and monitoring of all aspects of site implementation, organized by role:

1. Initial Engagement
 - a. Evaluator/Lead
 - b. Lead
 - c. Supervisor
2. Home Visitation
 - a. Evaluator/Lead
 - b. Lead
 - c. Lead/Supervisor
 - d. Supervisor
3. Supervision
 - a. Lead
 - b. Lead/Supervisor
 - c. Supervisor
4. Management
 - a. Lead
 - b. Evaluator/Supervisor
5. Signature Page



DEFINITIONS:

- **Responsible** – The person(s) responsible for the specific QA Plan activity.
- **HFA BPS** – Best Practice Standard(s) associated with the QA activities.
- **Activity** – QA actions to support monitoring program implementation aligned with HFA Standards and First Steps Policies and Procedures.
- **Frequency** – How often or when the activities should be completed during the **fiscal year** (e.g., annual activities should be completed once during each fiscal year).
- **Documentation** - Reflects options for documenting QA activities.
- **Progress** – Use the dropdown menu to select your site’s status in completing outlined activities. Include additional notes as needed. Alternatively, you may submit updates and track progress on the First Steps Member Corner.

Initial Engagement

Goals:

1. Maintain relationships with community partners.
2. Educate the community on First Steps and the program's approach to family support services.
3. Monitor the initial engagement process including referrals, screening (New Baby Questionnaire – NBQ), assessment (Family Resilience and Opportunities for Growth – FROG) and acceptance (receipt of 1st home visit).
4. Collaboratively monitor and address challenges in the initial engagement process.

Methods of Site Monitoring and Implementation:

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Evaluator/Lead					
Evaluator, Lead	1-1.C	Review referral data by source and eligibility status each quarter(i.e., did the referral meet the First Steps eligibility criteria?).	Quarterly	Tableau Dashboards	
Evaluator, Lead	1-2.B 1-3.B 1-4.A	Provide feedback to AAP-CA3 during the Initial Engagement and Acceptance Rate data QA process for each Tableau dashboard to ensure data quality.	As outlined in HFA & Tableau Data QA Calendar	E-mails, spreadsheets	
Lead					
Lead	1-1.C 1-2.C	Use data on referrals and the initial engagement process to: <ol style="list-style-type: none"> 1. Work with Advisory Board to monitor program capacity and develop strategies to engage families to enroll or reduce gaps in service availability. 	Annually	Acceptance Rate Tableau Dashboards; First Steps Strategy and Analysis	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		2. Work with team to develop strategies for improvement of the initial engagement process including steps to reduce barriers in access when less than 90% of families referred are offered services.		Form (online form)	
Lead	1-1.A	1. Site has a description of: <ul style="list-style-type: none"> ○ Its eligibility criteria, ○ Community data (with source/year) used to decide criteria, ○ The geographic service area ○ The total number of families projected to be served annually 2. Description and data used are reviewed by the site's community advisory board at least every 4 years.	Every 4 years	Site Narrative	
Lead	1-1.B	1. Establish formal or informal agreements (e.g., MOUs) with referral partners. 2. Connect with referral partners to maintain relationships and discuss challenges in the referral process (if applicable). 3. Sites follow-up on all referrals.	Ongoing	Acceptance Rate Tableau Dashboards; First Steps Team Member Corner Data Page - Partner Form (HFA BPS 1-1.B) <u>Optional:</u> Memorandum of Understanding (MOU)	
Lead	1-4.B GA-2.B	1. Leads, Evaluators, Supervisors and Family Support Specialists (FSS) partner to discuss trends and patterns in program acceptance.	Every 2 years	First Steps Strategy and Analysis Form (online form)	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		<ol style="list-style-type: none"> 2. Leads complete analysis of initial engagement, including formal data (numbers and percentages) and anecdotal information on families offered services, comparing those who accept to those who decline services. 3. Analysis includes at least one factor (e.g., race/ethnicity) impacting acceptance rates. 4. Discussions and data inform analysis to better understand possible reasons for changes in the site's acceptance rates. 5. Optionally, develop a quality improvement plan with goals and strategies to improve program acceptance. 6. Analysis not required if at least 90% of families offered services over a two-year period accept services. 		<u>Optional:</u> Quality Improvement Plan	
Supervisor					
Supervisor	5-4.A, GA-2.A, GA-3.B	Conduct at least one QA contact per FSS (e.g., phone calls or in-person) with families to solicit feedback on initial engagement experience, including: <ol style="list-style-type: none"> 1. Screening and assessment process. 2. Level of comfort with FSS. 3. Understanding of client rights and the voluntary nature of program. 	Annually	Parent Experience Call Form – Initial Engagement; Supervision Binder	
Supervisor	2-1.D, 12-2.C	If FSS conducts FROG assessments, shadow FSS to ensure FROG assessments are conducted, scored and documented accurately. Note: If an FSS begins conducting FROGs more than 6 months after hire, a shadow should be completed within 90 days of their transition to conducting FROGs.	Once within 6 months of hire; Annually for FSS in role for 6+ months	FROG Shadow Form	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
FSS with guidance from Supervisor	GA-2.A	Complete two peer reviews of client charts to clarify completion of initial engagement forms, including: <ul style="list-style-type: none"> • Referral • NBQ • FROG • Consent/Notices • Release of Information 	Twice annually for each FSS	Client File Checklist	

Home Visitation

Goals:

1. Monitor and analyze program retention rates.
2. Identify children with development concerns, based on AAP-CA3 guidelines, and refer to developmental services, as available.
3. Support target children in accessing and remaining up to date on immunizations and well-child visits.
4. Promote safer sleep with all pregnant parents and families with children birth to 12 months.
5. Identify caregivers with mental health concerns, based on Patient Health Questionnaire-9 (PHQ-9) screening or self-report, and refer to appropriate services, as available.
6. Provide all families with quality services to support parents and children by promoting the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development within a caring community.
7. Provide families with the appropriate dosage of service based on program service level and completion of visits.
8. Support positive parent-child interactions (PCI) for all families.

Methods of Site Monitoring and Implementation:

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Evaluator/Lead					
Evaluator, Lead	3-4.B	<ol style="list-style-type: none"> 1. Complete an analysis of retention rates including team review and conversation regarding retention rates to better understand why some families leave and others remain in services. 2. Analysis includes formal data (numbers and percentages) and informal/anecdotal information from staff. 3. Analysis includes at least one factor (e.g., race/ethnicity) comparing those who remained in services to those who left during the same period. 	Every 2 years	Retention Rate Tableau Dashboards; Team Meeting Notes; First Steps Strategy and Analysis Form (online form)	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Evaluator, Lead	7-1.C	Review trends on receipt of well-child visits and develop strategies to address identified barriers in access.	Annually	Well-Child Visits Tableau Dashboards; Child Follow-up; First Steps Strategy and Analysis Form (online form)	
Evaluator, Lead	6-3.D 6-5.B-C 7-1 7-2 7-4 GA-2.B	Provide feedback to AAP-CA3 during the data QA process for the below Tableau dashboards to ensure data quality. Review data for trends and develop goals and strategies for improvement as needed. <ol style="list-style-type: none"> 1. CCI 2. Developmental Screening 3. Medical Home 4. Well-Child Visits 5. Immunization 6. Depression Screening (PHQ-9) 	As outlined in HFA & Tableau Data QA Calendar	E-mails, spreadsheets, etc. <u>Optional:</u> Quality Improvement Plan	
Lead					
Lead	6-3.D-E	Plan and facilitate team skill-building conversations to ensure accurate observations of CHEERS both using the CHEERS Check-In tool and during home visits.	Ongoing monitoring CCI - Annually	Meeting Minutes; CCI Tableau Dashboards	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Lead/Supervisor					
Lead, Supervisor	6-5.D 7-1.B, 7-3.B-D 7-4.E	<ol style="list-style-type: none"> 1. Site tracks and follows up on referrals for all children suspected of having a developmental delay based on the ASQ-3, ASQ:SE-2 or parent concerns. 2. Monitor referrals and referral outcomes for mental health services following depression screening (elevated PHQ-9 scores) or parent reporting. 3. Site tracks and follows up on other referrals (e.g., health care, community resources). 	Ongoing	Referral Log; CMEDS Report; HFA ASQ-3/ASQ:SE-2 Worksheets	
Supervisor					
Supervisor	6-1.B	<ol style="list-style-type: none"> 1. Initial Family Service Plans (FSP) are developed within two weeks of enrollment including family risk factors and strengths identified during the FROG and activities to support the family and build protective factors. 2. FSPs are updated throughout services with any domains missed in the FROG, parent-child interaction concerns (i.e., CCI items rated 4 or less), elevated screenings and challenging issues identified after the FROG. 	<p>Initial FSP within two weeks of enrollment</p> <p>FSP is updated: monthly for Levels 1, 1b, SS; every other month for level 2; quarterly for level 3</p>	FROG Scale; Family Service Plan; Home Visit Records	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Supervisor	4-1.B	Monitor that weekly services were offered to all families at the onset of services, including transfer and re-enrolling families (with the exception of families who enroll on level 2P).	Ongoing	Family Progress Review	
Supervisor	6-1.C	FSSs work with their supervisors to prioritize implementation of activities outlined in the FSP to address FROG concerns based on family readiness. Additional activities are developed based on risk factors identified throughout the course of services.	Ongoing	Family Service Plan; Home Visit Record; Referral Log; Family Progress Review	
Supervisor	7-4.E	FSSs document in the FSP and provide activities to support primary caregivers with elevated PHQ-9 scores or self-reported concerns (e.g., Mothers & Babies)	Ongoing	Home Visit Record; Family Service Plan	
Supervisor	4-2.B	Track home visit completion rates by FSS.	Update Quarterly	HFA Home Visit Completion/Caseload Tracker	
Supervisor	6-2.B-C	1. FSSs work with families on the goal setting process throughout the course of services, supporting the identification of family priorities,	Initial development within 60	Family Goal Process form; Family Progress Review	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		<p>strengths and resources and celebrating successes.</p> <p>2. FSSs and Supervisors regularly review goal progress.</p>	days of enrollment; ongoing throughout services		
Supervisor	4-2.C	FSSs and Supervisors review and agree on family progress prior to moving a family to a new service level.	Ongoing	Level Change Form; Family Progress Review	
Supervisor	4-2.D	FSSs ensure families meet level change criteria and discuss progression to a new level with the family.	At least one month prior to estimated level change date	Level Change Form; Home Visit Record	
Supervisor	6-3.B-C, 6-3.E	<p>Ensure FSSs document all aspects of CHEERS, including:</p> <ol style="list-style-type: none"> 1. At least one domain for prenatal families in the 2nd trimester. 2. Two domains for prenatal families in the 3rd trimester. 3. At least three domains for all postnatal families including when visits are virtual. 4. The 3-step process. 5. Use of Reflective or Baby TALK Strategies for promoting positive PCI and addressing concerning PCI. 	Ongoing	Home Visit Record; Supervision and Professional Support, Family Progress Review	
Supervisor	6-4.B-D	1. Evidence-informed parenting materials (e.g., Baby TALK) are used to promote healthy child development, nurturing parent-child relationships, parenting skills, health and safety,	Ongoing	Home Visit Record; Family Service Plan; CMEDS Report for M&B	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		<p>and safer sleep. This includes visit planning with Baby TALK protocols.</p> <p>2. Supervisors monitor delivery of First Steps curricula to ensure they are implemented as intended (e.g., all 9 sessions in order for Mothers & Babies (M&B))</p>			
Supervisor	7-2.A-C	FSSs promote the importance of immunizations with families and explore barriers to obtaining vaccines (e.g., following up on missed appointments).	Ongoing	Child Follow-up; Immunization Schedule Form; Home Visit Record	
Supervisor	4-3.B	Ensure families are offered services for a minimum of three years after birth or enrollment (whichever is later). Exceptions may be made in accordance with their enrollment date (e.g., CalWORKs families) and the service period allowed by the funder.	Annually	Program Completion Form; Transition Plan	
Supervisor	4-4.B	Transition planning is used to support all families with a planned closure, and whenever possible for families with an unplanned service closure.	At least 3 months prior to closure; as soon as possible for unplanned closure	Transition Plan	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Supervisor	6-1.C, 6-2.B-C, 6-3.B-E, 6-4.B-C, 12-2.B	Conduct shadowing and provide feedback for FSSs to ensure the following: <ol style="list-style-type: none"> 1. Promotion of positive parent-child interactions (including CHEERS observations). 2. Promotion of healthy childhood growth & development, nurturing parent-child relationships, parenting skills, health, safety, and safer sleep. 3. Enhancement of family functioning. 	Once within 6 months of hire for new FSS Annually for FSS with 6+ months experience	Home Visit Shadow Form; Home Visit Record	
Supervisor	GA-2.A	Monitor use of the below tools to ensure FSSs complete according to AAP-CA3 outlined timepoints using the appropriate tool version, if applicable: <ol style="list-style-type: none"> a. ASQ-3 & ASQ:SE-2 b. Child Follow-Up c. CHEERS Check-in (CCI) d. HFPI e. Other Caregiver Information (As Needed) f. Parent Follow-Up g. Parent Satisfaction Survey h. PHQ-9 i. UISPP 	Ongoing	Family Progress Review; Tableau Dashboards; Client File Checklist; ASQ-3/ASQ:SE-2 Worksheets	
Supervisor	GA-2.A	Conduct at least one QA contact per FSS with families to solicit feedback on home visitation experience, including: <ol style="list-style-type: none"> 1. Activities 2. Referrals 3. Family Goals 4. Screenings and assessments 5. Level change/visit frequency 6. Transition planning 	Annually	Parent Experience Call Form – Home Visiting	

Supervision

Goals:

1. Ensure maximum case weight is consistent with HFA Best Practice Standards (BPS).
2. Ensure direct service staff, including FSSs and supervisors, receive sufficient support and guidance on a regular basis.
3. Provide supervisors with monthly supervision.
4. Ensure that the ratio of supervisors to direct service staff is consistent with the HFA BPS.
5. Program Managers receive support and feedback on the quality of their work.
6. All direct service staff receive quality and timely training as outlined in the HFA BPS.
7. All direct service staff receive professional support to build skills and knowledge and continuously improve the quality of their home visiting services.

Methods of Site Monitoring and Implementation:

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Lead					
Lead	12-1.C	For reflective consultation groups, ensure: <ol style="list-style-type: none"> 1. Consistency and quality of groups. 2. Documentation includes who attended, content topics covered, and name/credentials of facilitator. 3. Groups are only counted toward weekly supervision if staff have been in their role for a minimum of 12 months. 	Every 6 months	Meeting Minutes; Review of Group Supervision Documentation; Supervision of Supervisor Form	
Lead	12-3.B-C	Ensure supervisors receive: <ol style="list-style-type: none"> 1. Monthly administrative supervision, 2. Feedback on the quality of their work, 	Monthly	Supervision of Supervisor Form; Supervision Shadow Forms (FROG, Home Visit); Training Trackers	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		3. Skill development and professional support, and 4. A minimum of every other month of reflective supervision (monthly reflective supervision is highly encouraged).			
Lead	12-4.B	Program Manager receives support and feedback to enhance the quality of their work, refine and develop their skills and promote overall professional growth.	Monthly	Meeting Minutes, Log, or Narrative	
Lead	12-3.B	Shadow one supervision session annually per supervisor followed by a debrief. The shadow may be of a FROG or home visit as outlined below: <ol style="list-style-type: none"> Shadow FROG supervision and review relevant documentation, including Family Service Plans. Shadow home visitation supervision and review relevant supervision documentation. 	Annually	Supervision Shadow Form – FROG; Supervision Shadow Form - Home Visit	
Lead/Supervisor					
Lead, Supervisor	9-4	Evaluate factors associated with staff turnover. Consider factors such as job category, staff demographics, role clarity, acknowledgment of work performed, satisfaction with salary and benefits, reasonable workload, etc.	Ongoing	Staff Retention Tracker; Staff Retention and Satisfaction Survey; First Steps Strategy and Analysis Form (online form)	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Lead, Supervisor	12-1.B	Provide all direct service staff, volunteers, and interns with: <ol style="list-style-type: none"> Weekly individual supervision for a minimum of 1.5 hours for full-time staff (pro-rated for part-time staff as outlined in the First Steps Policies & Procedures Manual). Reflective supervision as it relates to the staff growth and development as well as their relationships with families. 	Weekly	Supervision and Professional Support Form; HFA Supervision Tracker; Family Progress Review	
Lead, Supervisor	10-11 12-2.B	Monitor completion of all required staff training as outlined in the HFA BPS and funder/contract specified trainings (e.g., CalWORKs 101).	Ongoing	Training Tracker	
Supervisor					
Supervisor	8-1.B, 8-2.B	<ol style="list-style-type: none"> Supervisors consider the criteria outlined in the “Managing Caseloads (HFA 8-2.A)” section of the First Steps Policies and Procedures Manual when assigning families. Monitor caseloads to ensure full-time direct service staff do not exceed a case weight of 30 points, and case weights are pro-rated for staff working less than 40 hours per week. 	Update Quarterly	Home Visit Completion and Caseload Calculator Worksheet	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Supervisor	11-4.A, 12-2.B-C	Support all staff in developing work-related goals and pursuing professional development and annual training opportunities related to individual knowledge and skill base.	Ongoing	Supervision and Professional Support Form; Annual reviews; Training Tracker	
Supervisor	12-1.D	Ensure the supervisor-to-staff ratio does not exceed 6:1 for full-time staff (see First Steps Policy and Procedures Manual for pro-rated ratio).	Ongoing	Record supervisor-to-staff ratio	
Supervisor	11-4.B-C	Ensure staff receive annual child abuse & neglect and diversity, equity and inclusion trainings along with annual professional development opportunities.	Annually	Training Tracker	
Supervisor	GA-3	<ol style="list-style-type: none"> 1. Ensure all families are informed of their rights and confidentiality verbally and in writing at the onset of services and sign related consent forms. 2. Release of information forms are signed each time information is shared with an external source and annually for continued release with the same source. 	Ongoing	Confidentiality Agreement; Family Rights and Responsibilities; Agency's Notice of Privacy Practices (NPP); First 5's NPP; Release of Information; Grievance policy;	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		3. Sites respond to participant complaints in accordance with their policy.		Any additional funder required consent forms	
Supervisor	GA-2.A	Examine client chart organization and completeness by randomly reviewing one client chart per FSS each quarter.	Quarterly	Client File Checklist	

Management

Goals:

1. Ensure families understand that First Steps is a voluntary family support service and that family information shared with the program will be kept confidential.
2. Ensure that new hires are a good fit for the agency, program and target population.
3. Enter client data in a complete, accurate and timely manner using First 5's data management system, CMEDS and the Efforts to Outcomes (ETO) database if applicable.
4. Maintain up to date family chart records for all families served by First Steps.
5. Ensure availability of files for site visits (electronic format for virtual site visits).
6. Maintain up to date, complete staff personnel files.
7. Provide a supportive and positive work environment for all staff.
8. Integrate family feedback into program improvement strategies.
9. Select one to two goals annually based on the site's quality assurance activities to develop a quality improvement plan inclusive of steps for monitoring progress and follow-up mechanisms.

Methods of Site Monitoring and Implementation:

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Lead					
Lead	9-1.B-D 9-2.E 9-3.A-B	When hiring staff: <ol style="list-style-type: none"> 1. Ensure screening and selection of all program staff is consistent with HFA BPS criteria (HFA BPS 9-1). 2. Use standardized interview questions and a minimum of 2 references for each hire (performance appraisals may be used for internal hires). 3. Background checks are completed at the time of hire for all staff. 	As needed	Job descriptions; interview questions; resumes; references; background checks; HR Letter	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
		4. Comply with the Equal Opportunities Act and communicate this practice in recruitment, employment, transfer and promotion of employees.			
Lead	5-4.A-B, 9-4	<p>Obtain direct input from staff and families to provide culturally respectful and responsive services on a variety of factors, including but not limited to:</p> <ol style="list-style-type: none"> 1. Respectful team environment and work conditions, 2. Job satisfaction, 3. Culturally sensitive practices during the initial engagement period and throughout the course of services (including assessment tools and curriculum materials), 4. Strengthening relational skills focused on diversity, equity, and inclusion, 5. Engaging and partnering with families to elevate family voices and honor diversity, 6. Addressing barriers and promoting equity for those served and employed and 7. Suggestions for improvement 	Annually	Staff Satisfaction Survey; Parent Satisfaction Survey; Parent Experience Call forms	
Lead	9-4	Review results from the Staff Retention and Satisfaction Survey and develop and implement strategies to improve staff retention.	Annually	First Steps Strategy and Analysis Form (online form)	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Lead	5-4.B	Develop an equity plan that incorporates a summary of family and staff input with strategies based on what is learned. The equity plan is updated a minimum of annually.	Update Annually	Equity Plan <u>Optional:</u> Formal assessment tool related to diversity, equity, inclusion, and belonging.	
Lead	GA-1.A-C	The site Lead partners with an Advisory Board by providing relevant site information and works to identify and address any gaps in membership. The Advisory Board: <ol style="list-style-type: none"> 1. Meets quarterly to provide guidance and support for First Steps planning, implementation, and continuous quality improvement efforts. 2. Has a range of skills, strengths, community knowledge, and cultural characteristics. 	Annually	Board Meeting Minutes from Past Year; Advisory Group Surveys	
Lead	G-A-2.B	<ol style="list-style-type: none"> 1. Identify one or more goals for program improvement and develop a quality improvement plan (e.g., Acceptance, Retention, Developmental Screening, etc.) 2. Monitor progress towards the site's goal(s)/objective(s) and implement follow-up mechanisms for areas of improvement. 	Annually	Quality Improvement Plan	

Responsible	HFA BPS	Activity	Frequency	Documentation	Progress
Lead	GA-4.B-C	<ol style="list-style-type: none"> The site ensures staff are aware of their status as mandated reporters. All suspected child abuse and neglect cases are reported to the proper authorities, and staff immediately notify their supervisor or program manager. The site tracks and follows up on reports to ensure safety concerns are addressed. 	Ongoing	Log or Narrative	
Lead	GA-5.B	The site provides support as outlined in the First Steps Policies and Procedures Manual for situations involving a participant death.	As needed	Log or Narrative	
Lead	GA-2.A	<ol style="list-style-type: none"> The site regularly reviews the Quality Assurance (QA) Plan and updates the “Progress” column to document completion status. Site Lead reviews progress and completes signature page annually. 	Ongoing Updates; Annual Completion	QA Plan Progress Column; QA Plan Signature Page	
Evaluator/Supervisor					
Evaluator, Supervisor	12-2.B	Ensure that FSS and/or data entry staff enter complete and accurate client data in CMEDS in a timely manner.	Quarterly	Evaluator Emails; Supervision Notes	

*Please see General Evaluation Roles and Responsibilities section of the First 5 contract for further information regarding evaluation requirements and database management.

Signature Page

Quality Assurance Plan was last reviewed by _____ on _____

By adding your signature below, you confirm that your site has completed or attempted to complete all required activities outlined in this QA Plan. Sections that have not been completed include plans for future completion and/or steps your site has taken to date to meet the outlined activities.

Program Manager Signature