

Project Summary

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The Vermont Birth through Five (B-5) System Improvement Project will build upon the strengths and accomplishments of Vermont’s collective work to realize the promise of every Vermont child by employing well developed networks and relationships that support our innovative and connected early childhood (EC) state system including a mixed delivery system for children B-5 and their families. The project will (1) improve our understanding of how children, families, and EC professionals are served in the system, with particular attention to vulnerable populations in our rural state, (2) identify and address unmet needs and gaps, and (3) sustain and grow emerging innovations.

- Activity 1: B-5 Needs Assessment. Vermont will conduct four analyses: (1) assess the unduplicated count of children B-5 participating in childcare subsidies, Head Start, publicly funded Pre-K (UPK), and IDEA Parts B and C; (2) more clearly determine the capacity of early childhood care and education (ECCE) services for B-5 including UPK services; (3) conduct an evaluation of the EC professional development system (ECPDS); and (4) analyze gaps in existing data needed to track child and systems outcomes described in Vermont’s Early Childhood Action Plan (ECAP). Results of all analyses will inform the Strategic Plan in Activity 2.
- Activity 2: B-5 Strategic Plan. Building Bright Futures (BBF) will conduct an inclusive strategic planning process to make targeted updates to Vermont’s ECAP within a Results-Based Accountability (RBA) framework.
- Activity 3: Maximizing Parental Knowledge and Choice. Vermont will (1) increase capacity and reach of the *Help Me Grow* system as a resource for parents and other B-5 system participants and (2) support robust development of the BBF Parent and Communities Committee to increase the leadership of parents in the system and develop a strong plan for on-going parent engagement.
- Activity 4: Sharing Best Practices. Multiple strategies will be implemented to support and share best practices among ECCE providers and among Higher Education Institutions (HIE) providing EC coursework and degrees; also, technical assistance will be provided to Vermont communities to support young children and build resilience.
- Activity 5: Improving Overall Quality. Based on the results of Activities 1 and 2, Vermont proposes to improve quality through 1) expanding Early Care and Learning Practice Improvement Hubs; (2) expanding regional professional development opportunities. (3) further developing data systems (e.g. CIS Data System); (4) expanding community access to EC data (VT Insights).
- Evaluation Plan. The VT Child Health Improvement (VCHIP) will develop a mixed-methods formative program performance evaluation that will evaluate the success of activities proposed in the Project and contribute to continuous quality improvement in Vermont’s B-5 EC system, particularly the mixed delivery system of ECCE programs across the state.

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Project Description

Early Childhood System & Mixed Delivery System Description and Vision Statement

Vermont applies a socio-ecological approach to its state B-5 EC system, including a mixed delivery system (MDS), understanding that children grow in the context of families as first teachers and that families live in an environment of social connections and informal networks in the context of unique communities with local norms and formal services which are affected by broader economic, policy, political, social and environmental influences. (See Socio-ecological Model, File 2, p.5).

Vermont’s vision is to realize the promise of every child, which is a commitment to ensuring that young children in our state grow up happy, healthy and ready for a lifetime of learning. This vision is drawn from *Vermont’s Early Childhood Framework* (2013) (Framework). (See Activity 2, p. 30.)

Landscape of Vermont’s Existing Mixed Delivery System. Vermont believes this vision is advanced by providing an innovative and connected system of high-quality services that are developmentally beneficial for children and strengthen families. The circle of community networks and formal services that wrap closely around families in Vermont’s small towns include approximately 1,255 public and private regulated ECCE programs comprised of registered and licensed Family CC Homes and licensed Center Based CC and Preschool Programs which include Early Head Start, Head Start and publicly operated pre-kindergarten programs (VT Insights, 2018). All types of ECCE programs are subject to common program standards – Child Care (CC) Licensing standards administered by the Agency of Human Services (AHS) through its Department of Children and Families’ (DCF) CDD (CDD) and UPK Standards administered jointly by CDD and the Agency of Education (AOE). All types of

programs may voluntarily participate in VT’s Quality Rating and Improvement System known as the VT STep Ahead Recognition System or VT STARS.

This circle also includes an array of community-based public and private health, education, economic, and family support services designed to engage, strengthen, and stabilize families so that they are better able to nurture optimal development in their young children. Vermont prioritizes inclusive settings, and most services in the system serve children and families of mixed-ability and socio-economic status. Within this context, we work to ensure that the needs of our most vulnerable children are met. (See Definitions, p. 21).

The core components of Vermont’s EC system are administered through the AHS and AOE. These agencies develop policy and regulations and provide oversight and funding to public programs and private partners that implement direct services for children and families. (See Organizational Capacity and Management (OCM), p. 9) and Entities Chart (p. 3, File 2).

Building Bright Futures (BBF) is Vermont’s Governor-appointed Early Childhood State Advisory Council on Early Education and Care. It serves as a public-private backbone organization catalyzing collective action to develop and enhance Vermont’s EC system and achieve goals identified in Vermont’s EC Framework and Early Childhood Action Plan. BBF saw tremendous growth under VT’s Race to the Top-Early Learning Challenge grant (RTT-ELCG), and has emerged as a well-respected, collaborative, and unifying catalyst for action in VT’s B-5 EC system. (See OCM, p. 11 and BBF Organizational Chart, p. 6, File 2). The BBF structure incorporates 12 Regional Councils across the state that leverage a wide range of local stakeholders from all sectors of the EC system, as well as those outside of the system, to work together toward common goals.

Challenges and Opportunities for Improvement. Vermont faces EC-related challenges common to many states: (1) lack of access to affordable high quality ECCE services for families; (3) a supply of childcare that does not meet perceived demand, particularly for infant and toddler care (4) a decline in family CC homes (a critical component of rural childcare supply); (5) challenges driven by the rural nature of our state such as transportation and economies of scale to support quality in very small ECCE settings; (6) child poverty; (7) the impact of the opiate crisis on child welfare, particularly for children B-5; (8) lack of sufficient and sustainable EC financing; and (9) an insufficient number of skilled and competent staff to work in ECCE programs. These challenges influence the development of a comprehensive, innovative and connected system of services for children B-5 and their families in our state. These challenges will be considered in the strategic planning process proposed for Activity 2 and will influence the Strategic Plan created in the Project. Many of the strategies that we employ to address these challenges are described in the Progress and Successes section below and inform the strategies we propose for Activities 3-5.

As a small, fiscally conservative state, Vermont also faces the challenge of **constrained government capacity**. While evaluation and research are valued, the number of state employees and dedicated funds to conduct or oversee this work is limited. We overcome this challenge by studying related research, by collaborating with private funders, and when possible, by accessing federal resources to support data infrastructure development and specific assessment and evaluation.

Progress and Successes. Vermont has demonstrated a longstanding political and financial investment in young children and families that has endured across administrations. We rank 8th

among 50 states in the overall well-being of our children. We rank 5th overall for education, and 3rd overall for the strength of our families and communities. (*Kids Count*, 2018)

Our collective work is informed by developmental science, evidence-based and -informed practice, and on-going evaluation. We are committed to an integrated B-5 EC system engaging collaboration across the health, education, and human service sectors at state and local levels.

Vermont's **philanthropic sector** is robustly engaged in the well-being of children. For example, **VT Birth to Five (VB-5)**, established in 2011, is a non-profit entity committed to ensuring that Vermont families have affordable access to high-quality early care and learning by 2025. VB-5 works to support a sustainable and high-functioning childcare industry with the capacity and resources to meet demand. VB-5's work has a positive impact on Vermont's B-5 system strengths including: elevating quality of ECCE programs; creating new high-quality ECCE slots in communities; and exploring Shared Services as a means to create economies of scale, increase resources for quality and make childcare a more sustainable profession. VB-5 is primarily funded by three private philanthropies: the A.D. Henderson Foundation, the Permanent Fund for Vermont's Children, and the Turrell Fund.

Since the 1980s, Vermont has provided increasing opportunities for preschool children through publicly funded Pre-K (**UPK**). In 2015, the Vermont Legislature passed Act 166, providing an entitlement to UPK for 10 hours a week, 35 weeks a year, for all three- and four-year old children in Vermont. Parents can use their portable annual tuition voucher at prequalified UPK programs operated by a public school, Head Start or private provider. In each year since the Act went into effect, enrollment in UPK has increased. In the 2016-2017 school year, 382 programs were prequalified to deliver UPK, (35.6% public school operated and 64.4% Head Start or private) and 8,878 three- and four-year old children received UPK services – an

increase of 2,597 children over the 2014-2015 school year. AOE and CDD co-administer this program.

In 2016, CDD implemented revised **Child Care Licensing regulations** incorporating all health and safety standards required in the CCDBG Act of 2014. All ECCE programs in Vermont are subject to these standards. CDD used new federal CCDF funds in 2018 to add 3 Licensing Field Specialists to monitor compliance with regulations, provide technical assistance to existing ECCE programs and support programs opening or expanding services.

The **Child Care Financial Assistance Program (CCFAP)** assists families with incomes up to 300% FPL in paying for childcare and includes assistance for vulnerable populations (see Definitions, p. 21). In 2018, CDD significantly raised infant and toddler rates in CCFAP to align with the most current (2017) market rate survey. CCFAP rates for preschoolers in low-income families are supplemented by UPK tuition.

Quality in ECCE programs in Vermont is increasing. 76% of all regulated programs of all types voluntarily participate in VT STARS (increase from 15% in 2011). Seventy-seven percent of all ECCE slots for children B-5 have achieved a rating of 3 or more STARS. The CCFAP has tiered reimbursement rates. A 5 STAR program receives a rate 40% higher than a program not in VT STARS. This results in lower co-payments for subsidized families in higher quality programs. Sixty-three percent of all children participating in the CCFAP are in program with 3 or more STARS (an increase from 23% in 2010). RTT-ELCG supported a rigorous 3rd party validation study and evaluation of VT STARS. A committee of stakeholders is recommending improvements to VT STARS efficiency and effectiveness for implementation over the next two years.

In Vermont, Head Start programs, Local Education Agencies (LEAs), preschoolers, and families benefit from **Head Start-LEA Pre-K Partnerships**. Six of seven Head Start grantees have partnerships with 23 LEAs at 28 sites providing quality pre-k education to 493 Head Start-enrolled children and 190 additional children from the community not enrolled in Head Start. Ninety-two percent of Head Start-enrolled children benefit from a combined resource of Head Start and UPK. (VT Head Start State Collaboration Office Report, 2014)

Children’s Integrated Services (CIS) is an innovative model for integrating **EC health, mental health, home visiting, early intervention and specialized childcare services** for pregnant and postpartum women and children birth to age six. The model is designed to improve child and family outcomes by providing family-centric holistic services, effective service coordination, and flexible funding to address prevention, early intervention, health promotion, and accountability. Administered by CDD, CIS is delivered by 12 collaborative teams of community services providers across the state.

Vermont’s **home visiting** continuum, *Strong Families Vermont*, supports pregnant and new parents through home visits delivered by trained professionals using a continuum of services coordinated through CIS. CDD and the MCH share responsibility for these services.

In 2018, CDD convened a public-private **capacity building coalition** to address significant childcare capacity challenges in Vermont. The coalition identified six priority strategies which coalition members are actively implementing. This work is now promoted and monitored by the BBF Early Learning and Development Committee.

Leveraging Stakeholders to Achieve Vision. Our approach to achieving an integrated and coordinated B-5 system that best serves Vermont’s young children and families utilizes a collective impact framework requiring that we all pull in the same direction with common vision,

goals, measures and shared accountability. Our collective work includes a diversity of stakeholders representative of the following constituencies: Pre-K-12 public education, health and health care, mental health, business, parents, ECCE providers, labor & commerce, legislators, higher education, state and local Government, philanthropy and other stakeholders. (See OCM, p. 9 and File 2: Organizational Chart of State Entity & Partnering Entities, p. 3, and Community Service Providers and Stakeholders Chart, p. 4)

Organizational Capacity & Management

Roles and Responsibilities, Experience and Expertise of Primary Project Partners. This is a summary of the lead entity and key public and private partners and key staff, their roles and responsibilities and relevant management and programmatic experience and expertise. The list articulates where each partner will take the lead on Activities and Strategies. All named partners in this section have collaborated on this project proposal and agreed to the roles and responsibilities described here. All primary partners will participate collaboratively in project oversight and in the assessment and strategic planning activities described in Activities 1 and 2. (See Organization Chart, File 2, p. 3)

Applicant/Lead Entity: The Child Development Division (CDD) in the Department for Children and Families (DCF) within the VT Agency of Human Services (AHS), has responsibility to administer and manage the Vermont's Birth through 5 System Improvement Project. CDD is the state entity with a primary focus on the B-5 population and is responsible for a number of federal and state EC programs and services. CDD currently manages a complex state and federal budget of over \$83.7 million distributed to community partners, including ECCE programs for the delivery of EC services across the state. CDD is responsible for key programs in the B-5 EC system including: CC Licensing; CC subsidies (CCDF); CC quality and

workforce (CCDF) including VT STARS and the ECPDS; CIS; CBCAP, Parent Child Centers and the Strengthening Families Framework.

CDD follows state procurement processes consistent with federal Uniform Federal Guidance. CDD has created and implemented state and federally approved programmatic and financial grant monitoring procedures. VT's RTT-ELCG was financially managed by AHS, CDD's umbrella organization. CDD managed or co-managed 12 of Vermont's 24 RTT-ELCG projects and provided programmatic oversight for project management of RTT-ELCG. CDD has strong leadership with expertise in EC policy development, program administration, child development, program implementation and Results Based Accountability (RBA). CDD's Bright Futures Information System (BFIS) is a primary data source for administrative data related to the B-5 MDS and CDD regularly shares data to support informed policy development and cost analysis.

As part of a large human services agency, CDD has access to supports that ensure services are culturally and linguistically sensitive. These include providing interpreter services, translating documents and electronic materials; creating materials that are written in Plain Language and publishing in accessible formats. In addition, the division partners with the Department of Disabilities, Aging and Independent Living (DAIL) to access assistive technology when appropriate. The division provides grants to address cultural and economic diversity, including grants to provide additional services to New Americans, and to provide services in areas that may have economic or location barriers. CDD requires grantees to provide translation and interpretation services and provides culturally and linguistically appropriate materials to grantees and partners to support families. CDD has strong connections with the full range of participants administering and delivering services in the B-5 EC system, and is wholly

committed to advancing integration and collaboration. Staff from CDD Co-chair the BBF State Early Childhood Advisory Council (SAC) and six of the seven BBF Committees.

Experience and Expertise: *described above*

Project Responsibilities: Accountability for oversight of all grant activities, federal reporting and monitoring of sub-recipients; Distribute and monitor funds to sub-recipients including Primary Partners with delegated responsibilities specified in the project plan; Collaborate with BBF on dissemination of reports, products, project outputs and other information to target audiences.

Activity 1: Provide administrative data for assessment 1, develop, issue, manage and oversee Request for Proposals (RFP) for assessment 3, produce final assessment report for federal approval; Activity 4: develop, issue, manage and oversee RFP and implementation for Practice Improvement Hub, partner with Agency of Commerce and Community Development (ACCD) on sharing best business practices through Small Business Development Centers (SBDC), develop, issue, manage and oversee RFP and implementation for technical assistance related to VT Guiding Principles, develop, issue, manage and oversee RFP and implementation for supporting Starting Points Networks, partner with Department of Mental Health (DMH) to develop, issue, manage and oversee RFP and implementation for Building Flourishing Communities; Activity 5: Partner to expand professional development opportunities, oversee continued development and completion of CIS Data System, expand and monitor expansion of Practice Improvement Hub(s)

Primary Partner: Building Bright Futures (BBF): SAC and 12 Regional Councils

Experience and Expertise: **BBF** has been established as a public-private partnership, operating as an independent 501(c)(3) organization. It operates both statewide and regionally. The BBF SAC, a governing council of 23 members, is Vermont's State Advisory Council on Early Education

and Care providing statewide guidance and support to Vermont's B-5 health, human services and education system. Members are appointed by the Governor and include government leaders, legislators, and EC, health, human services and education representatives from various stakeholder groups including parents. The SAC sets annual priorities based on Vermont's Early Childhood Action Plan (ECAP), reviews EC data, and gathers regional input to develop annual policy recommendations. BBF serves as the steward and ambassador of the ECAP by convening committees that are made up of diverse cross-sector EC partners. BBF Committees work to set and align common priorities, monitor progress, and move this strategic statewide work forward. BBF also manages Vermont Insights (VT Insights) which is an online data reporting system, QRIS participation, custody rates, child poverty rates, and more. BBF supports 12 Regional Councils across the state that work locally to identify gaps, share best practices, and act to improve systems for young children and families. The Regional Councils also advise the BBF SAC on opportunities to strengthen systems of care, health, and education.

Project Responsibilities:

Collaborate with CDD on dissemination of reports, products, project outputs and other information to target audiences.

Activity 1: Conduct assessment 2 of ECCE programs and Universal Pre-K (UPK)_capacity; oversee assessment 4 - data gaps analysis and emerging data agenda; Activity 2: Conduct strategic planning process, update Strategic Plan for federal approval; Activity 3: Support the family engagement activities of the BBF Families and Communities Committee; Activity 4: convene and facilitate local/regional EC Communities of Practice linking public schools and private ECCE providers focused on pedagogy and transitions; Activity 5: Expand community access to EC data through VT Insights.

Primary Partner: Maternal and Child Health Division (MCH) in Department of Health (VDH)

Experience and Expertise: VDH is Vermont’s lead public health organization. MCH provides leadership for clinical, community, and public health services and systems for Vermont’s pregnant women, young children and their families. MCH administers key programs in the B-5 system including: Children with Special Health Needs (CSHN); child injury prevention; EPSDT and child preventative Medicaid services; and quality improvement in clinical care and community programs (in partnership with VCHIP). MCH is also responsible for VT’s **Maternal Infant and Early Childhood Home Visiting Program (MIECHV)**, *Help Me Grow VT*, and **Women, Infants, and Children (WIC)**.

Project Responsibilities:

Activity 3: Maximize parent knowledge and choice through 4 components of *Help Me Grow VT*.

Primary Partner: Vermont Agency of Education (AOE)

Experience and Expertise: AOE shares authority with CDD to oversee UPK, administers the Kindergarten Readiness Survey (Ready4Kids!), and IDEA Part B, Preschool Special Education, and is a co-lead for IDEA Part C with CDD. AOE is responsible for Title I, Early Multi-Tiered System of Support (Early MTSS) and the Child Nutrition program (CACFP). It also designed and implemented the Higher Education Collaborative-Early Childhood/Early Childhood Special Education (ECE/ECSE) teacher licensure program. AOE provides guidance and oversees **LEAs**.

Project Responsibilities:

Activity 1: Provide administrative data for assessment 1, conduct assessment 1 for unduplicated count of children; Activity 4: Advise on Early MTSS Pyramid Model for the EC Practice

Improvement Hub design, contract for and oversee continued best practice among Higher Education Institutions (HIE) through the VT Higher Education-Early Childhood Consortium.

Evaluation Partner: Vermont Child Health Improvement Project (VCHIP)

Experience and Expertise: **VCHIP** is a population-based maternal and child health services research and quality improvement program at the University of VT's Larner College of Medicine. Since 1999, VCHIP has worked to improve health care by providing content expertise, quality improvement and research and evaluation support. VCHIP has long standing partnerships with the VDH, the VT chapters of the American Academy of Pediatrics and the American Academy of Family Physicians, BBF, private foundations, and works with most of the hospital-based and private pediatric and family medicine practices as well as many ECCE programs around the state. VCHIP has extensive experience in conducting systems evaluations state-wide using well-established qualitative methods.

Project Responsibilities:

Develop and implement program performance evaluation for VT's PDG B-5 project

Advise on Continuous Quality Improvement and Produce final evaluation report.

Key Staff Knowledge, Experience and Capabilities.

CDD: Reeva Sullivan Murphy, M.Ed., *Project Director*, has served as Deputy Commissioner for VT DCF since 2009. She has over 35 years of professional experience in EC development, care and learning in a variety of private and public direct service and policy positions. She was an active participant and leader in the development of VT's Early Childhood Framework and ECAP. She served on the Blue-Ribbon Commission on Access to Affordable High-Quality CC convened by the VT Legislature in 2016, attended the Building VT's Future Summit and is a

member of the associated Think Tank. She holds a B.A., Humanities from Providence College and a M.A., Early Childhood Education and Special Education from Rhode Island College.

Melissa Riegel-Garrett, M.Ed., is the Policy Director at CDD, also serving as the CCDF State CC Administrator for Vermont. Melissa has worked in the field of EC since 1992 when she graduated from the University of VT with a B.S. in Education and Early Childhood Development. She also has an M.S. in Education and Early Childhood Leadership from Bank Street College of Education in New York. Ms. Riegel-Garrett was Executive Director of the VT Association for the Education of Young Children. Prior to her position in CDD Melissa was the UPK Program Manager at AOE.

Heather Mattison, Data and Communication Administrator, holds a M.A., Educational Leadership from the University of VT. She has worked in a variety of EC and afterschool settings and has supported families as a CC referral specialist and subsidy eligibility specialist. Ms. Mattison provides consultation and support in CDD in communication strategies and appropriate use of data. She is the trained SOV Information Office for CDD. She has been data steward for the BFIS for five years and performs complex data extraction and analysis for DCF, AOA, and the legislature. She is Chair of the BBF Data and Evaluation Committee.

Vermont B-5 System Improvement Project Manager (TO BE HIRED (TBH)) – A professionally prepared 1 full-time equivalent (FTE) Program Manager will be hired to provide day-to-day oversight of all Program activities. A minimum of a BA in EC, Human Services administration, or a related field will be required. The Program Manager will report to the Deputy Commissioner.

Vermont B-5 System Improvement Project Finance Manager TBH – A professionally prepared (minimum bachelor's degree and three years' experience) 1 FTE Finance Manager will

be hired to provide financial oversight and management of the Project. The Finance Manager will report to the CDD Operations Director.

B-5 Data and Reporting Coordinator TBH - A professionally prepared 1 FTE Data and Reporting Coordinator will be hired to support extraction and preparation of administrative data from BFIS and assist in communication and dissemination. The Data and Reporting Coordinator will report to the CDD Data and Communication Administrator.

BBF: Sarah Squirrel, M.S., has served as **Executive Director** since 2016. Prior to that, she was the Executive Director for the VT Cooperative for Practice Improvement and Innovation. Sarah has over 15 years of experience in community mental health and education. Her prior career included developing a multi-county public school-based mental health program in Vermont and working in residential and community settings with adolescents.

Carolyn Wesley, B.A., has been Deputy Director of BBF since 2017. She previously served as Project Manager for VT's *RTT-ELCG* grant. Before that, she served as Director of Constituent Services in VT Governor Peter Shumlin's office.

Nick Adams, M.P.H., Director, VT Insights, joined BBF in 2014. He has extensive experience in qualitative and quantitative research methodologies, statistics, website design, computer programming, and public health initiatives.

Dora Levinson, M.P.H., VT Insights Data Coordinator, serves as both Data Coordinator for VT Insights and as one of BBF's 12 Regional Coordinators. Dora received her M.P.H. from Tufts University. Prior to joining BBF, Dora worked both domestically and internationally from assessing barriers to monitor, evaluate, and implement public health programs.

Beth Truzansky, ECAP Coordinator, joined BBF in 2014 as a Regional Coordinator. She has served as the ECAP Coordinator since March 2017. Ms. Truzansky has expertise in infusing diversity and equity into systems as they evolve.

VDH/MCH: Breena Welch Holmes, M.D., is the Director of Maternal and Child Health at VDH. Dr. Holmes is a board-certified pediatrician, the past chair of the Council on School Health for the American Academy of Pediatrics, and pediatric faculty at University of VT College of Medicine. Dr. Holmes is a graduate of Dartmouth College and University of Massachusetts Medical School.

Janet Kilburn, LICSW, Child Development Coordinator, has an MA in social work and has worked with children and families in a clinical capacity for over twenty years. She supported CSHCN as a medical social worker working on CIS local teams. She is Ambassador for the CDC's *Learn the Signs. Act Early.* Program and state lead for *Help Me Grow* VT.

Lauren Smith, LCMHC, Universal Developmental Screening Registry Manager, is a certified trainer for the ASQ-3® and ASQ:SE2®. She is co-chair of the BBF Early Childhood Wellness Committee. She has an MA counseling psychology and worked for seven years providing clinical services to children, pregnant and parenting adolescents, and adults. She is a certified trainer for the ASQ-3® and ASQ:SE2®.

AOE: Kate Rogers, M.S., Early Learning Team Manager, oversees EC programs and services administered by AOE. Ms. Rogers has a B.S., Early Childhood Education and Early Childhood Special Education from Norwich University and an M.S. in Education from the University of VT. Ms. Rogers reports directly to the Secretary of Education.

Wendy Geller, PhD., is Division Director of Analysis & Data Management. Ms. Geller supervises a team that supports empirically-based practice and policy decision-making. She leads

the analytic activities at AOE as well as plans, develops, and manages data governance, data protocols, and procedures. Ms. Geller has a B.A., Sociology from St. Michael's College; an M.A., Sociology, and a Ph.D., Sociology from National University of Ireland. Ms. Geller reports to the Deputy Secretary of AOE.

IT System Developer TBH – A highly qualified 1 FTE responsible for analysis, design, implementation and maintenance of new or existing software applications and programming, data base administration, and systems analysis related to EC. A minimum of a BA in computer science and experience in computer or network support, programming and analysis or database administration will be required.

Data Governance/Business Process Analyst TBH - A professionally prepared 1 FTE responsible for consultative, administrative, and technical work supporting State Longitudinal Data System (SLDS) project planning and management related to EC data. A minimum of a BA in computer science and professional certification in Project Management, Business Process Management, or Quality Processes AND two (2) years or more of professional work experience will be required.

Data/Business Analyst TBH – 2 well qualified FTEs to help manage EC data system infrastructure and bring disparate EC datasets together, incorporate these data sets fully into the SLDS, and create longitudinal data system input and analysis-ready data reports. A minimum of an AA in computer science and experience in computer or network support, programming and analysis or database administration will be required.

VCHIP: Julianne Krulewitz, PhD, *Project Evaluator*, has been an evaluator at VCHIP at the UVM's Robert Larner College of Medicine since 2007. She currently evaluates several projects including Universal Developmental Screening work and the implementation of the *Help Me*

Grow VT System for the VDH. Dr. Krulewitz also leads a team that has evaluated and now provides continuous quality improvement support to the Blueprint for Health, a state-led, nationally recognized initiative transforming the way primary care and comprehensive health services are delivered and financed.

Expected Outcomes

The State of Vermont anticipates the following short-term outcomes from the Project: (1) Improved understanding of unmet needs in Vermont’s B-5 EC system; (2) Development of an updated strategic plan to (a) address gaps and unmet needs identified in the Needs Assessment; (b) identify targeted strategies to build on current strengths and assets and; (c) increase collaboration, coordination, and policy alignment to leverage existing and new resources efficaciously in Vermont’s B-5 EC system; (3) Increased knowledge, engagement, partnership and empowerment of families as critical informants and drivers in the B-5 EC system in Vermont; (4) Increased understanding of the impact of new and enhanced strategies for sharing evidenced-based and evidence-informed best practice across ECCE programs, EC system allies and Vermont communities; (5) Incremental improvements in the quality of programs through expanding regional professional development opportunities for the workforce and practice improvement activities for programs; and (6) Improved capacity to measure progress on goals for the B-5 EC system through enhanced data collection, management and reporting.

Our specific goals for activities implemented as part of the Project are also articulated in the Logic Model (see p. 54).

Project Approach

The Vermont B-5 System Improvement Project (the Project) will build upon the strengths and accomplishments of Vermont’s work to realize the promise of every Vermont child. The

Project will improve our understanding of how children, families, and EC professionals are served in the evolving system with particular attention to vulnerable populations in our rural state, identify and address unmet needs and gaps, and sustain and grow emerging innovations.

Activity 1: B-5 Needs Assessment **Budget: \$530,064**

Definitions: Vermont defines key terms as follows: **Quality early childhood care and**

education is provided by programs that strive to realize the promise of each and every child.

These programs focus on: child health and safety; early care, education and child development; family and community engagement; and leadership and management systems. They seek to move up the quality continuum in VT STARS and to achieve high quality standards as indicated by 5 STARS, Accreditation and/or Federal Head Start Monitoring (Blue Ribbon Commission final report, 2016); **Availability** is the confluence of access and affordability; **Access** means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs. This encompasses factors such as program quality, location, hours and days care is available, transportation, and linkages to other sectors (Child Trends/OPRE); **Affordable** means that a family's income after taxes can support the cost of high quality childcare for their children **and** all of their other basic needs - such as housing, food, and transportation.; **Vulnerable children** means children, from B-5, who are in low-income families; have developmental disabilities or delays; are English language learners; are refugees; are migrant and/or undocumented; are homeless; are geographically isolated; have parents who are incarcerated; or children who are at risk of, or have experienced, abuse or neglect or who are victims of trauma including children in foster care. We would consider any of these children **underserved** when economic or environmental challenges or lack of family or

public resources limit access to services and supports that are developmentally beneficial for the child and strengthen their family.

Populations of children

Children in rural areas: Vermont is the second least populous state in the U.S. (population 623,657), and the sixth smallest (9,349.94 square miles). The state is a collection of small towns scattered across a challenging terrain of mountains and river valleys. It has an average population density of 67 people per square mile. (See population density map File 2, p. 5) Six percent (6%) of Vermont's population (36,818) are young children B-5. According to the U.S. Census Bureau, (2017), 3 of Vermont's 14 counties are completely rural, 10 are mostly rural, and only one county (Chittenden) is characterized as mostly urban. The majority of Vermont's children (70%) live in rural areas. Because it is a highly rural state, poverty in Vermont exists in pockets scattered throughout its geography rather than being concentrated in urban and suburban environments. This becomes a vulnerability when children and families are geographically isolated—they have many needs but live in communities lacking the resources to meet them.

Too many of Vermont's children are **poor**. About 17.2% of Vermont's children under age 5 live in poverty (U.S. Census, 2016). VT Insights reports that approximately 40% of all Vermont children ages B-5 live in households with incomes of less than 200% of poverty. Poverty rates exceed 50% in Vermont's three most rural counties.

Vulnerable populations: Of approximately 36,818 children B-5 in Vermont approximately 3,051 are receiving services under IDEA Part C or Part B Section 619 indicating developmental disabilities or delays; 5% (under 18) speak a language other than English at home; and 8% (under 18) are immigrants. At the January 2018 point in time count of homeless individuals in Vermont, 292 (23%) of those counted were under 18. About 1 in 17 Vermont children have an

incarcerated parent (Lamoille Restorative Justice). Children under 6 in state custody rose from under 300 in 2014 to over 500 in 2016. CIS serves approximately 5,000 children B-5 annually – all children with significant challenges related to vulnerability. Over the past 15 years, the percentage of people of color in Vermont has nearly doubled. In 2016, 7% of the population are people of color, and 93% were white, non-Hispanic. Vermont has a growing number of refugees. In 2016 and earlier, about 300 refugees were resettled each year, including recent arrivals from all over the globe.

Project Plan. Result 6 of Vermont’s ECAP (Know We’re Making a Difference) confirms a strong commitment to data and accountability that drive progress in EC outcomes. In Activity 1, we will increase our analytic capacity to leverage existing administrative data assets and relevant federal and state needs assessments to increase understanding of critical aspects of Vermont’s B-5 EC system. The needs assessment project, will examine: 1) access and barriers to utilization of EC services, especially high quality services, by identified vulnerable populations; 2) available supply and quality of ECCE services across Vermont; 3) strengths and challenges of the EC professional development system (ECPDS); gaps in the data or research about availability and quality of EC services and supports and participation of vulnerable populations; and a plan to fill those gaps including what we know and can track as indicators of progress toward a high quality, responsive B-5 EC system in Vermont. We will conduct four key analyses in the first six months of this Project:

(1) An analysis of the unduplicated count of children B-5 participating in CC subsidies (CC FAP), Early Head Start/Head Start, Universal Pre-K (publicly funded), and IDEA Parts C and B Section 619. (Bonus points) Vermont only recently completed the federally funded SLDS to collect and maintain data for grades K-12. Using RTT-ELCG resources, we

were able to add capacity for five EC data sets to the new system. This new wealth of administrative data did not arrive with an increase in AOE's capacity to manage, mine and analyze it. This Project will fund four data/business positions dedicated to EC at AOE to build capacity and infrastructure to capture reports and design and complete complex analyses with these EC data sets. For this first analysis of an unduplicated count of child participation, CDD will share data from BFIS on CC subsidy enrollment with AOE. The findings will be limited to children who participate in these age and income targeted programs. The report will include analysis across VT geographic areas such as counties, school districts, and AHS service regions. To the extent possible we will also examine indicators of family income such as eligibility for Free and Reduced School Lunch (FRSL) to assess economic status and other vulnerabilities and how this informs equitable access. Despite considerable administrative data assets, it is has proven difficult to directly enumerate the total number of children B-5 enrolled in regulated ECCE programs because private providers are not required to report enrollment for children who are not supported by state funding. Head Start maintains data on eligible children potentially waiting for EHS/HS services. Vermont does not maintain a waiting list of CC FAP eligible children because all children who apply and meet eligibility requirements receive benefits. Similarly, UPK is now an entitlement for all 3- and 4-year-old children in the state so any parent electing to enroll their child will receive tuition support. We believe that by achieving an unduplicated count of participants (analysis 1), developing a clearer picture of supply and quality (analysis 2 below) and demand (VT CC Demand Study, p. 28), we will better understand which children, particularly which vulnerable populations or individuals, may be underserved or “waiting;”

(2) **An analysis of the quality and capacity of ECCE programs** will be conducted by VT Insights. This analysis will explore the strengths and weaknesses of existing studies, such as *Stalled at the Start* (Let's Grow Kids, 2016), which considered access to high quality early childhood education and care for infants and toddlers, and determine how best to design and implement a study of ECCE program full-time and part-time capacity for preschool aged children, including UPK capacity.

(3) **An assessment to identify strengths and challenges of ECPDS** will be conducted by an experienced third party evaluator procured by CDD. The ECPDS includes structures and services that support the professional growth of and professional development opportunities for the EC workforce. The professional qualifications and competence of the workforce are critical to the provision of high quality services in the B-5 MDS, and this analysis will inform our ability to continuously improve professional workforce supports. The components of the VT ECPDS to be evaluated include: the systems, elements and functions of Northern Lights @ CCV; BFIS as a professional registry system; regionally based career advisors/coaches; and regional professional development opportunities. Information gained from the evaluation will inform future decision-making for establishing a well-coordinated, integrated and aligned ECPDS in Vermont that is clear and known; supportive of professional growth; research-based and relevant; integrated and aligned; accessible; and financially supported and evaluated periodically. The outcomes of the evaluation will include: (1) A report on the current professional development system that includes information about the availability, accessibility, affordability, and quality of PD opportunities and about how these support achievement of professional credentials.; (2) Identification of data gaps and recommendations for methodologies to capture missing data; (3) Recommendations for streamlining ECPDS data collection to focus on what is most useful and

informative; and (4) An evaluation plan and tool(s) based on the RBA framework for use by the BBF Professional Preparation and Development Committee for ongoing monitoring and evaluation of Vermont's ECPDS. Results will inform the on-going transformation of the system initiated in 2016 by CDD as well as an expansion of regional professional development opportunities planned in Activity 5.

(4) **An analysis of gaps in available data needed to track child and system outcomes described in Vermont's ECAP.** The BBF Data and Evaluation Committee (BBF Data) (see BBF Organizational Chart, File 2) will summarize gaps in data or research across Vermont's B-5 EC system and MDS to be included in the needs assessment report, as well as strategies to address those gaps to be included in the strategic plan under Activity 2. BBF Data provides data support to the other BBF Committees. The Committees are currently in the process of developing research questions related to their data needs for strategic planning and action. (See Activity 2, p. 32).

These four analyses will be completed no later than July 2019 and will be the foundation of the Project's Needs Assessment. Results from these planned analyses leveraged with findings from existing or current studies and evaluations (see Activity 1, p. 24) will inform the Strategic Plan in Activity 2 and be submitted in a Needs Assessment Report to the federal Office of CC for approval in July 2019.

Data Assets. (1) The **Bright Futures Information System (BFIS)** is a comprehensive database implemented in 2005 to manage and monitor CCDF subsidy and quality activities at CDD. The system includes demographic, enrollment and attendance information for low-income and at-risk children and families who participate in the CCFAP; CC licensing records; information about regulated ECCE programs including descriptive data, enrollment capacity,

rates, and quality; individual staff information serving as a professional credentials registry for staff in ECCE programs; and financial records for CC FAP and other EC expenditures. BFIS features a secure and confidential component and an outward facing portal that families can use to search for regulated ECCE programs and to access an ECCE program's history of licensing compliance; (2) The Pre-K–12 **State Longitudinal Data System (SLDS)**, newly implemented at AOE, includes five EC data sets: Early Head Start/Head Start enrollment, IDEA Parts C and B, Section 619 enrollment, UPK enrollment, child level data on developmental progress for children enrolled in UPK programs (TS Gold); and children's readiness for kindergarten as reported annually by kindergarten teachers in the R4K!S; and (3) **VT Insights** is a program of BBF and a partner with the VT State Data Center at UVM. It is an innovative, online, interactive data commons that allows users to find and use data to understand the well-being of Vermont's children, families and communities. Data is vetted from trusted sources, analyzed and organized in one platform. It is open to all users

Other Relevant Assessments. (1) *VT CC Market Rate Survey*, biennial, (most recent 2017), required by the federal CC Development Fund. CDD extracts provider rate data from BFIS to analyze what Vermont providers charge, assesses affordability for CCFAP assisted families, and recommends provider reimbursement rates for the CCFAP to the administration and legislature; (2) *MIECHV and Title V needs assessments* are completed periodically by VDH; (3) *Stalled at the Start, Let's Grow Kids*, CDD, VB-5, MCH and BBF (2018), an analysis of the supply and demand for regulated infant and toddler care in Vermont, including an analysis of the availability of high quality slots; (4) *The VT Head Start and Early Head Start Needs Assessment Report* (2018). This is federally mandated by Office of Head Start. annual needs assessment of VT Head Start's grantees in the areas of coordination, collaboration and alignment of services, curricula,

assessments, and standards used; (5) *The Status of Head Start Pre-Kindergarten Partnerships in Vermont and Nationally Report (2014)* summarizes the benefits Head Start-LEA Pre-K Partnerships bring to EC systems. It maps capacity, classroom composition, child development assessment services, and how resources between partners are exchanged.; (6) *VT CC Demand Study (2018)* conducted (in process) by the National Opinion Research Center (NORC) at the University of Chicago, funded through RTT-ELCG funds and VT state funds. The study is a partnership with BBF, CDD, and VB-5; The primary purpose of this study is to better understand the current need for childcare among families with young children in Vermont and more specifically the type of childcare that families use now. The study is modeled on the methods in the 2012 National Survey of Early Care and Education. Beginning in September 2018, this study surveyed a sample of 650 Vermont households with young children. Study results will be available in 2019; (7) *VT's Early Childhood Workforce Survey (2015)*, Education Development Center, using RTT-ELCG funds, gathered and analyzed information regarding the demographics, education and credentials, wages, benefits, and aspirations of the EC workforce; (8) *Comparison of Measures of Child/Student Poverty* DVHA and AOE (2019). VT's RTT-ELCG project established a Prenatal-Grade 12 Data Governance Program to oversee interagency data sharing, analysis and reporting activities. One of the outcomes of this work was to develop a “proof case,” to help identify the processes that need to be standardized and documented for future projects. The proposed proof case examines the match rate between two measures of child or student poverty, Dr. Dynasaur (SCHIP) at AHS, and FRSL data; and 9) *Final Report: Blue Ribbon Commission on Financing High Quality Affordable, CC (2016)*. Public Consulting Group, Inc and Vermont stakeholders funded by private philanthropy. The Commission met from September 2015-November 2016. Through national best practices research, review of

Vermont’s current early care landscape, and public input from across the state, the Commission defined the components of early care and learning programs essential to high quality, estimated the cost of operating a high-quality care program, analyzed and defined affordability, and determined recommendations for immediate and long-term next steps.

*Periodic Needs Assessment. **How Are Vermont’s Young Children and Families? (HVYCF)*** is an annual report developed and published by BBF since 2013. This provides a factual depiction of the state of young child and family well-being in Vermont, as well as progress on selected indicators and outcomes for the all sectors across Vermont’s EC system. HVYCF will be informed by the needs assessment in Activity 1 and is our strategy to sustain on-going and periodic assessment of the availability and quality of ECCE programs in the state and how these impact outcomes for vulnerable and underserved populations.

Activity 2: Updating Vermont’s B-5 Strategic Plan **Budget: \$200,478**

*Building on a Connected History of Strategic Planning in EC. **Vermont’s Early Childhood Framework (Framework) (2013) and Early Childhood Action Plan (ECAP) (2014)*** are Vermont’s enduring strategic plans for the EC system and ECCE services. The *Framework* established six goals and recognized that these goals could only be achieved by working collectively across sectors. The goals are: (1) A Healthy Start for All Children; 2) Families and Communities Play a Leading Role; (3) High-Quality Opportunities for All Children; (4) Invest Now for Our Future; (5) Know We’re Making a Difference; and (6) An Innovative and Connected System. ECAP applies an RBA approach to these six goals and creates strategies and related actions that operationalizes them. These include indicators, strategies, action steps, measures of progress, time frame and leadership. In this way, the goals are translated into results.

BBF was charged with leading efforts to support ECAP, monitor its implementation, and update it as required. In 2016, BBF established a formal structure to accomplish this. This includes BBF Committees that drive collective action and monitor progress toward each of the Action Plan results, and an annual implementation cycle that requires each committee to identify priority actions and performance measures. (See Vermont’s ECAP Implementation Cycle, File 2, p. 6).

In 2015, the Vermont legislature established the Blue-Ribbon Commission on Financing High Quality Affordable CC. The Commission worked to support goals and strategies within the Framework and ECAP

The Commission’s inquiry indicated that investments in the current B-5 MDS are not enough to significantly advance early care and learning for Vermont children and families. They recommended increasing access to ECCE programs for all children and families in Vermont as a long-term goal with the recognition that this would require significant shifts in funding, governance, and the delivery model. The Commission recommended that the state make immediate, incremental investments to strengthen Vermont’s EC system. The Commission’s charge did not include providing specific recommendations for systemic changes, so they recommended that BBF facilitate a statewide effort to explore and develop recommendations for a high quality, comprehensive, integrated MDS.

BBF convened a summit, *Building VT’s Future from the Child Up*, in 2017 engaging diverse statewide stakeholders to develop recommendations for a high quality, comprehensive, integrated EC system and MDS. A report with final recommendations was issued. Ideas generated at the summit provided tangible opportunities for innovation and implementation but did not present a comprehensive blueprint for the future system, as envisioned by the Blue

Ribbon Commission. BBF convened a small group of stakeholders, Building VT's Future Think Tank, with the policy and implementation expertise needed to build on the framework provided by the Summit report, and develop a refined, comprehensive EC system and MDS blueprint. BBF SAC will approve recommendations from the Think Tank to present to the Administration and Legislature in January 2019. The cumulative work of the Commission, Summit, and Think Tank have not yet been formally integrated into Vermont's ECAP. This formal integration will be one aspect of Vermont's actions in the Project as we update our Strategic Plan.

There is strong alignment between the ECAP and the VT State Health Improvement Plan (SHIP), which acknowledges the early social determinants of health and provides a bridge between Vermont's robust public health strategic planning processes and strategic planning in EC. The SHIP includes a goal to Optimize Child Development with the following strategies: in ECCE and health settings, complete developmental screenings for all children at recommended intervals (*Help Me Grow*); promote *Bright Futures* guidelines for health supervision of infants, children and adolescents; promote a centralized access point to assist families and professionals in connecting children to appropriate community-based programs and services (*Help Me Grow*); expand access to an array of home visiting services for pregnant women and families (*Strong Families Vermont*); expand and sustain cross-sector practice improvement and professional development for ECCE providers to support the social and emotional development of all children (*Early MTSS*); support greater access to high quality affordable ECCE opportunities; and promote cross-sector, community-based collaboration informed by family voices and the SFF.

Project Plan. BBF's SAC will leverage the existing resources, infrastructure, and partnerships of the BBF council and committee network to conduct a strategic planning process in order to make targeted updates to Vermont's ECAP within an RBA framework. The process

will focus on: increasing collaboration, coordination & improved partnerships across the B-5 EC SYSTEM; catalyzing family leadership and maximizing family preference and choice; promoting and supporting practice improvement across programs and systems applying evidence as the basis for best practice; improving transitions for young children and families within the B-5 MDS and into kindergarten; incorporating recommendations of the Building VT's Future Think Tank; and infusing the *Vermont Guiding Principles for Ensuring the Full Participation of Each and Every Child (VT Guiding Principles)* into all aspects of the B-5 EC system, with the goal of better serving young children and their families and increasing participation in high quality ECCE programs and EC services.

The ECAP Leadership Team, comprised of the public and private co-chairs of each of the seven BBF committees, will take the lead in updating the ECAP for this Project. They will be supported by the BBF Action Plan Coordinator. Additionally, BBF will contract with a consultant with expertise in strategic planning and RBA to support the planning process. BBF will work with a consultant to incorporate a consistent emphasis on the *VT Guiding Principles* into the overall strategic planning effort. The consultant will review and provide input on project tools, documents, and plans to ensure consistent attention to supporting children who are culturally, linguistically, and individually diverse and their families.

The strategic planning process will take place in the first six months of the Project and an updated version of the ECAP will be completed no later than July 2019. The planning process will take advantage of existing monthly meetings of the ECAP Leadership Team and ECAP Committees, as well as a retreat with ECAP Leadership in February or March of 2019.

Improving Transitions. Vermont has developed 18 guiding concepts for transition planning (AOE, Off to Kindergarten Book, 2000) to assure continuity, consistency, communication, and

collaboration for children and parents during transitions. Planning activities that will improve children's transitions across B-5 ECCE programs and then from those programs into elementary school will draw upon these guiding concepts and include (1) family-centered activities and (2) systems-focused activities.

Activity 3: Maximizing Parental Knowledge & Choice **Budget:\$840,484**

Timely and Accurate Information and Linkages for Parents. Our goal in Activity 3 is to better reach parents and families where they are, in a culturally and linguistically sensitive manner, via community partners and services and online media.

Project Plan. The project plan for Activity 3 includes two components: (1) Supporting the continued development and implementation of the *HMG* system led by MCH; and (2) Development of a parent engagement improvement plan led by BBF.

(1) *Help Me Grow*® Vermont (*HMG* VT) is a statewide system for improving access to existing resources and services for young children and their families. *HMG* VT addresses families' concerns and questions about their child's behavior, development, and learning and connects them to community resources. By strengthening protective factors in families, *HMG* VT supports parents and caregivers to better understand and promote their child's social and emotional well-being. It encourages children's readiness to learn and succeed in school. *HMG* VT builds a coordinated, region-wide system by supporting collaboration between health professionals, EC professionals, human services providers, and families to better identify and address the needs of children. In Vermont, *HMG* system strategies include: (a) Screening all children for development at recommended intervals in ECCE programs and health settings and using the Universal Developmental Screening Registry for sharing developmental screening information, (b) Promoting a centralized access point to assist families and professionals in

connecting children to appropriate community-based programs and services, and (c) Building community capacity and relationship across families and ECCE programs and health settings to optimize child development and strengthen families. To support culturally and linguistically sensitive practices through *HMG*, EC professionals have access to key CDC developmental monitoring materials translated into the nine languages most commonly used by Vermont's English language learners. Interpreters have received specific training in administering the Ages & Stages Questionnaires®, Third Edition (ASQ®-3) to better serve our culturally and linguistically diverse populations.

HMG system development and implementation for this Project focuses on four related goals: (i) Increasing use of Universal Developmental Screening Registry (UDSR): Vermont currently trains ECCE and health care providers in the use of our UDSR, a technology platform and communication tool, to ensure all Vermont children receive equitable, intentional, quality observation of their development over time and across various settings. The registry engages families in completion of a validated developmental screening tool (e.g., ASQ and ASQ-SE), increases collaboration among early care, health care, community service providers and educators for improved early identification across the state, and reduces screening duplication. It also informs policy and improves service provision and developmental promotion efforts in communities; (ii) Increasing ongoing collaboration with IDEA Child Find: *HMG* enhances EC professional's knowledge of developmental monitoring and screening using training and coaching. To date, 516 EC professionals serving 5,270 children have benefitted. This support will be enhanced through this Project. Since this *Help Me Grow* training began in Vermont, there have been increased referrals to IDEA Part C Early Intervention (up 20% from 2014 baseline year in the county where we started this training) and the average age of referral to

Early Intervention for young children with developmental and behavioral concerns has dropped significantly - from 26 months in 2014 to 14 months in 2017. Additionally, the results from a family survey with 768 responses revealed that 95% of families felt comfortable bringing up questions or concerns about their child's development and 96% felt that their family's culture, language, and preferences are respected; (iii) Increasing the use of *HMG* VT's Contact Center, which helps families and providers navigate resources and referrals through an efficient, centralized system. Contact center staff connect families with information, services and resources, and provide ongoing support for families during times of transition from birth through preschool and into elementary school. Staff provide information and coaching to improve parents' knowledge of child development milestones and support healthy caregiving practices; and (iv) Increase Parent Engagement, Outreach and Education: *HMG* supports families as their child's first and best teacher, observer, and advocate and aligns with VT's Building Flourishing Communities. (see Activity 4, p. 44). This works to increase awareness about the effects of adversity on health and wellness. Through innovative community outreach strategies coordinated through BBF regional councils and engaging parents and caregivers, *HMG* works with families and communities to build understanding of the five protective factors that are the foundation of the Strengthening Families Approach. *HMG* will support Master Trainer N.E.A.R. (Neuroscience, Epigenetics, Adverse Childhood Experiences, Resilience) Sciences trainings for providers and families.

(2) BBF's Families and Communities Committee will lead the development of a parent engagement improvement plan with new and enhanced strategies and activities to: improve how families are provided with timely, accurate information in a culturally and linguistically sensitive manner; improve systems to smooth families' transition experiences within and across the EC

system and into kindergarten; and increase opportunities for families to play a leadership role in Vermont's B-5 EC system. Parents comprise most of its members. The VT Head Start State Collaboration Office Director is the public co-chair and a parent if the private co-chair. The planning process and the resulting plan will be informed by the Parent, Family, and Community Engagement Framework for Early Childhood Systems developed by the National Center on Parent, Family, and Community Engagement. Qualitative data will be gathered from parent and provider perspectives regarding the most effective methods of offering information, family friendly EC system and service improvements, and how community service providers and partners can improve providing information to families in a culturally and linguistically sensitive manner. The results will inform the improvement plan.

Given the focus on reaching families where they are, the stakeholder engagement and data collection will be conducted at the regional level, with a focus on high needs communities and certain populations like fathers, families of vulnerable children. Committee members will work with service providers to design engagement and data collection. The project design will be informed by their collective expertise as well as established best practice in family engagement.

The Families and Communities Committee will be provided with funds for the planning and execution of family engagement activities around the state. The Committee plans to take a “train the trainer” approach to empower members with the skills and resources needed to facilitate community level conversations. BBF Regional Coordinators will support engagement activities and outreach. Parents participating in community events will be offered parent stipends for time, food, transportation, and childcare. An explicit focus on equitable approaches for supporting children and families who are culturally, linguistically, and individually diverse and their families will be incorporated.

Culturally and Linguistically Sensitive Practices. The State of Vermont has endorsed and adopted *Guiding Principles to Support the Full Participation of Each and Every Child (VT Guiding Principles)* related to programs and services for culturally, linguistically and individual diverse children and families. Development, supported by RTT-ELCG, occurred over the course of a year with broad input and participation from EC professionals and other stakeholders. These include “to best support each and every child, EC professionals need the knowledge and skill to design, implement, assess, and adapt developmentally, culturally, linguistically, and individually appropriate practices.” To assure appropriate access and care, many of Vermont’s public and private agencies have developed strategies to improve cultural and linguistic competence (CLC).

Current Parent Information Assets to Assess, Incorporate, Align and Improve.(See Community Partners File 2, p. 4): (1) Regional CC Referral Specialists in Community CC Support Agencies (CCCSAs) who provide consumer education, help families find providers, and connect families with CC FAP; (2) Children’s Integrated Services (CIS) a partnership between CDD and coalitions of local service providers that provides an integrated continuum of services and supports to vulnerable children and their families including timely and accurate information about services and other resources. (See OCM, p. 9); (3) Parent Child Centers (PCCs) a network of 15 child and family serving agencies established in state statute and embedded in Vermont communities. Outreach and Referral is one of the 8 core services PCCs provide; (4) CDD website. Families can search for programs by various criteria. The website is targeted to a 6th grade reading level and is accessibility compliant. Families can also find other publications and information about choosing childcare and other EC topics there. CDD also has a Facebook page; and (5) The AOE website offers information to parents specific to UPK including a fact sheet, a list of qualified programs, and links to related information.

Vermont also promotes partnerships with parents and family members around the development and education for their children in the following ways: (1) BBF Councils work actively to engage local families and seek parent perspectives to inform regional council work CC licensing regulations requires frequent and positive two-way communication with families, activities to encourage parental involvement, and support for family diversity and preferences; (2) VT STARS includes families and communities as one of its five main arenas on which quality is assessed. ECCE programs gain points in the system for engaging effectively with families; (3) Vermont is a Strengthening Families® state and incorporates the Strengthening Families Framework (SFF) and approach into policies and practice; and (4) Vermont’s Head Start and Early Head Start programs work to break the cycle of poverty through a two-generation approach that incorporates evidence-informed best practices in family partnerships.

Activity 4: Sharing Best Practices **Budget: \$1,353,908**

Effective Sharing of Best Practices to Increase Collaboration and Efficiency and Improve Transitions. Vermont’s EC system provides a rich environment for sharing best practices among ECCE program providers. We will take a “whole system approach” to implement seven new or enhanced strategies for sharing evidence-based and evidence-informed best practice across the B-5 EC system.

Project Plan. (1) Vermont will develop and pilot an **Early Care and Learning Practice Improvement Hub** (Hubs) focused on supporting implementation of an Early MTSS Pyramid Model and embedding the Strengthening Families® (SF) framework in ECCE programs. Hubs are envisioned as coordinating bodies that pull together resources focused on children and families in a defined regional area and coordinate existing resources and services in an efficient, cost effective, and family-centric way. We believe this will address some of the challenges

related to scaling up and supporting high quality in small and rural ECCE programs. Vermont successfully piloted the Early MTSS Pyramid Model in over 22 ECCE programs across Vermont as project of RTT-ELCG. Lessons learned from implementation will be leveraged to embed this into a hub model with potential to deploy statewide. The Early MTSS Pyramid Model provides an organized framework of promotion, prevention, and intervention strategies that families, EC educators, special educators and mental health consultants can use to improve social and emotional outcomes for young children. Early MTSS Pyramid Model strategies have been proven to create a positive and sustained impact on teaching practices associated with positive changes in children's behaviors.

SF increases family strengths enhances child development and reduces the likelihood of child abuse and neglect. It engages families, ECCE programs and communities in building five protective factors: (1) Parental resilience; (2) Social connections; (3) Knowledge of parenting and child development; (4) Concrete support in times of need and (4) Social and emotional competence of children. Vermont has been providing SF training and coaching in ECCE programs since 2011 with a positive impact on ECCE program quality. Expansion and evaluation of this approach was part of Vermont's RTT-ELCG.

Embedding MTSS and SF in the Hub will improve systemic supports for ECCE programs statewide. Hubs will coordinate and organize practice improvement and professional development efforts with both public and private ECCE partners, including: Coordinating a centralized professional development strategy; Housing and coordinating centralized coaching and mentoring support; Coordinating cross-sector training and communities of practice opportunities; and (4) Disseminating best practices broadly across the health, human services and education sectors. CDD will procure a qualified entity to implement and execute the pilot Hub

for the Project. By the end of the Project, Vermont will have increased capacity to implement the Early MTSS Pyramid Model and SF with greater fidelity. ECCE programs will demonstrate improved practices. Vermont will summarize the strengths and challenges of the evolving hub model and develop a plan to further expand and embed Early MTSS and Strengthening Families frameworks across the B-5 MDS.

(2) Vermont will increase sustainability of ECCE programs through **improved CC business practices**: (a) To enhance access to business expertise, CDD and BBF will partner with the VT Agency of Commerce and Community Development (ACCD) and BBF Regional Councils to develop childcare industry specific business training, delivered at no or low cost to current or aspiring childcare businesses. Further, we will incorporate childcare expertise into resources available through Vermont’s existing network of Regional Small Business Development Centers (SBDC). BBF Regional Council coordinators will build relationships with SBDC representatives and engage with them to share best practices through Regional Council meetings and EC professional networks; and (b) CDD will procure a qualified community partner to support private ECCE programs in implementing a CC management software system that streamlines enrollment, billing, payment processing, attendance, scheduling, parent communication, daily reports and a host of other tasks that sustain CC quality and improve business practices. This is a strategy that VB-5 has piloted through a Shared Services project supported by philanthropic funding. Project funds will be used to expand the pilot to 25 more programs. Enrollment in the pilot by interested programs will take place in at the start of the Project. A software system will be provided at no cost to the program during the project year. Training on installation and use of the system, technical assistance, and implementation support will be provided throughout the year. Data will be collected on key success metrics. These best

business practices address issues of scale, supply, and quality in the CC sector serving Vermont's small and dispersed population and will help to increase capacity and resources to support quality programming.

(3) Using Vermont's *VT Guiding Principles* (See CLS Practices p. 36), we will increase **cultural and linguistic competence** in meeting the needs of each child. Vermont will contract with a consultant to develop, implement and evaluate a PD sequence empowering ECCE programs to enhance their cultural and linguistic competence (CLC). This effort will leverage existing PD systems and organizations in VT. The consultant will (a) Conduct regional PD sessions in conjunction with state partners to promote understanding of the VT Guiding Principles, the evidence-based practices for implementing them, and free resources to support their use; (b) Conduct four Master Classes for faculty, instructors, and PD providers on resources and strategies for implementing the content of the *VT Guiding Principles* in their courses and PD offerings; (c) Work with Northern Lights @ Community College of VT (CCV) to design and implement a process for incorporating an emphasis on the *VT Guiding Principles* across all course offerings; (d) Prepare and disseminate a monthly listserv with resources for implementing the *VT Guiding Principles*; and (e) Work with BBF to develop, disseminate, and update a repository of information and resources related to the *VT Guiding Principles* on their web-site. This will increase the CLC of ECCE programs and professionals and create more inclusive and welcoming environments for children and families.

(4) Vermont will decrease the isolation of rural ECCE providers by increasing investment in provider led **peer-to-peer support groups**. As Vermont's peer-peer networks for family CC home programs and small centers, Starting Points groups are a desirable and cost-effective way for providers to create social connections that support resilience, and receive and receive on-

going peer mentoring and training. The Starting Points Network connects the groups and focuses on leadership development, member engagement and structured peer support strategies. CDD will procure a community partner to support and monitor the Starting Points Network. That partner will award small grants to Starting Points regional groups early in the Project year based on a competitive grant process. The approximately 55 network leaders will gather in Spring and Fall 2019 to share leadership best practices and plan for the future. In August of 2019, a survey of Starting Points members will be conducted, and results will be shared with network and state leaders at the Fall meeting.

(5) Vermont will support local **Early Childhood Partnerships** between public and private ECCE programs to align pedagogy, child assessment, and professional development opportunities, and improve transition within and among ECCE programs and across the age spectrum from infancy through kindergarten. BBF Regional Councils have a proven history of coordinating improved transition practices by convening Kindergarten Transition summits, promoting shared professional development and information sharing across programs, and supporting transition events and resources for the families. Regional Coordinators will facilitate efforts to build and strengthen local Early Childhood Partnerships in each region.

Regional BBF Councils typically include representation from all types of private ECCE programs, local public schools and Early Head Start/Head Start as well as community service providers such as Parent Child Centers, CIS, regional MCH nurses, and VB-5. This forum ensures broad dissemination of best practice and the development of positive collegial relationships centered around shared goals for young children and families specific to regions.

(6) Vermont will sustain a strategy to share best among HIE relating to EC coursework and degrees through the **VT Higher Education – Early Childhood Consortium (HE-ECC)**. HE-

ECC was established in 2015 and supported by RTT-ELCG funding. Its membership includes 12 HEI along with a number of professional development organizations (such as Northern Lights @ CCV), practitioners, funders, and policy makers. Over the last three years, the HE-ECC has successfully mapped the availability of programs/courses around the state and sources of financial assistance for coursework; developed articulation agreements between and among institutions; strengthened alternative pathways to undergraduate degrees, licensure, and endorsements; and worked with AOE and standards boards to consolidate the number of EC competencies. CDD will grant funds to one of the institutions that lead the HE-ECC to house and facilitate an expansion of this work. This will include funding for a week-long Early Childhood Institute founded, collaboratively planned, and hosted by the HE-ECC to provide intensive credit-bearing training and education to EC professionals.

(7) **Building Flourishing Communities (BFC)** is a movement and practice that shares evidence-based information about how Vermont communities can prevent adverse childhood experiences (ACEs), build resilience and help families flourish. Vermont will increase communities' capacity to provide a nurturing environment for all children and families, particularly those in vulnerable populations based upon BFC by providing technical assistance and training to local communities and organizations on EC toxic stress and trauma and its impact on development, and on building resilience in communities and in families through community support. This work will be conducted under the leadership of the BFC Steering Committee and utilize more than 20 "Master Trainers." This will project will help to sustain the work of Promise Communities supported by VT's RTT-ELCG. BFC complements and amplifies work being done by BBF and HMG. This effort will make a positive impact on Vermont's growing population of people of color, migrant workers, refugees and families who live in poverty.

Activity 5: Improving Overall Quality **Budget: \$1,007,208**

If this proposal is successful, Vermont plans to complete Activities 1 & 2 and submit a Needs Assessment Report and Strategic Plan to the Office of CC approximately 6 months from the start of the Project. This will leave approximately 6 months to implement Activity 5. The benefits Vermont has gained from participation in the RTT-ELCG and from the Preschool Development and Expansion Grant (PDEG), have strengthened our B-5 infrastructure, programs, and services. The proposed ambitious Project builds on those gains.

Project Plan. Based on the results of Activities 1 and 2, Vermont proposes four strategies to improve the overall quality of the EC system and ECCE programs in Vermont:

(1) **Expand the Early Care and Learning Practice Improvement Hub Pilot.** In Activity 4 of the Project we propose to pilot an Early Care and Learning Practice Improvement Hub (Hub) focused on implementing the Early MTSS Pyramid Model and embedding the SF approach in ECCE programs in a designated region. (see Activity 4, p. 39). VCHIP will evaluate the effectiveness of the Hub in systematically improving quality in ECCE programs in the designated region through fidelity to these evidence-based practice improvement models. After 6 months of implementation, based on the VCHIP assessment, the Project partners, in consultation with the organization implementing the Hub pilot, will determine the most effective strategy for expansion. Options include: expanding the Hub pilot to additional region(s) and/or expanding the Hub pilot to additional areas of practice improvement. CDD will amend the contract for implementation of the Hub pilot to add the new regions or functions identified for improving quality of ECCE programs, especially for vulnerable children.

(4) **Expand regional professional development opportunities in VT ECPDS for the EC workforce.** In Activity 1, the BBF Professional Preparation and Development Committee will

oversee an evaluation of VT's ECPDS. (see Activity 1, p. 25). As part of the evaluation, the supply, quality and range of regional professional development opportunities for the EC workforce will be examined to determine if these meet the needs of the EC workforce for professional growth and achievement of qualifications commensurate with the provision of high-quality EC services. The ECPDS evaluation report will make recommendations about increasing professional development opportunities around specific topics and/or for workforce participants and/or in certain regions of the state. CDD will work with Northern Lights @ CCV and other training sponsors to apply resources from the Project to implement the recommendations in the ECPDS evaluation during the last six months of the Project year. Complete the development of a **Children's Integrated Services (CIS) Data System**. CIS in CDD administers a network of providers that deliver EC services to vulnerable children and their families from prenatal through age 6 (See EC System Successes, p. 8). Many of those services are delivered in and/or support ECCE programs serving those same children. CIS serves approximately 5,000 children and pregnant women annually. CDD contracts with 12 fiscal agents, who each oversee a regional network of providers, community partners and other agencies that share resources, identify local priorities within the CIS services array and coordinate services to best meet individual child and family's needs. The CIS state team in CDD provide technical assistance on governance and best practice to regions and monitors child and system outcomes. CIS has critical business processes and reporting requirements that are largely manual, and paper based. These manual processes create system inefficiencies and are burdensome for both community providers and state staff. The lack of automation results in minimal data about these critical services and supports in the B-5 EC system. A technology solution was developed and begun under RTT-ELCG but institutional policy and organizational shifts in the Vermont government IT support environment

created a series of reboots and delays that did not allow completion of the data system. With federal approval, RTT-ELCG funds for supporting completion of the system were re-purposed even as progress was made under RTT-ELCG. Funding from this Project will allow the work on the CIS System, now assigned to a high functioning development team at VDH to continue toward completion.

(2) Expand community access to EC data and assessment results through continued development of VT **Insights**. VT Insights has a unique role in bringing together Vermont-specific EC, cross-sector, and cross-agency data in one publicly accessible online platform. Resources from RTT-ELCG allowed Vermont to develop the capacity to easily publish and use data on a uniform online platform (v2.0, released April 2016.) Vermont is among a handful of states across the country that has accomplished this goal. Over 1,600 Vermonters - in policy, organizational, and community venues - across 86 cities and towns - use data found online at VT Insights' website. VT Insights is the first platform of its kind in Vermont, it is a go-to data resource for Vermont-specific child, family, and community data. VT Insights currently includes 58 interactive data reports related to Vermont's children, families, and communities. The Project will advance critical development goals and benchmarks to be obtained to secure this as a resource in on-going monitoring and assessment of ECAP benchmarks and goals including: (a) Growing and strengthening the content, functionality, and design of VT Insights; (b) Building a strong VT Insights customer base that includes both data consumers and data suppliers; and (c) Creating sustainable financial models and partnerships across the Birth to Five early care, health and education system in Vermont. The Project will allow the VT Insights Team to bring on additional resources to apply to activities to reach these goals while maintaining day-to-day operations.

Timeline Milestone	Application Section	Project Quarter(s)				Primarily Responsible Agencies
		1 (Jan-Mar 19)	2 (Apr-Jun 19)	3 (Jul-Sep 19)	4 (Oct-Dec 19)	
Recruit & Hire Program Staff	Organizational Capacity & Management (OCM)	X				CDD/AOE
Conduct needs assessment analyses	Activity 1	X	X			Multiple
Update strategic plan	Activity 2	X	X			BBF
Support <i>Help Me Grow</i> VT	Activity 3	X	X	X	X	VDH
Support BBF Parent & Communities Committee Planning & Implementation	Activity 3	X	X	X	X	BBF
Establish Practice Improvement Hubs	Activity 4	X	X	X	X	Contractor TBD
Share ECCE business best practices	Activity 4	X	X	X	X	Multiple
Cultural Competence Training and Enhancements	Activity 4	X	X	X	X	Consultant TBD
Convene Early Childhood Partnerships	Activity 4	X	X	X	X	BBF
Support Higher Education re: EC-HEC	Activity 4	X	X	X	X	AOE
Building Flourishing Communities	Activity 4	X	X	X	X	Contractor TBD
Expand Practice Improvement Hub(s)	Activity 5			X	X	Contractor TBD
Expand Regional Professional Development Opportunities	Activity 5			X	X	Multiple
Continue development of CIS data system	Activity 5			X	X	CDD/VDH IT
Continue development of VT Insights	Activity 5			X	X	BBF
Initiate and continue project evaluation	Prog Perf Evaluation Plan	X	X	X	X	VCHIP
Assure sustainability activities	Sustainability			X	X	Multiple

Program Performance Evaluation Plan

The VT Child Improvement Program (VCHIP) (see OMC, p. 14) proposes to develop a mixed-methods formative program performance evaluation that will contribute to continuous quality improvement of Vermont's EC system and MDS across the state. Quantitative and qualitative evaluation activities will help the state more effectively and efficiently use existing resources and design system improvements. VCHIP will attend relevant program meetings to identify Project changes that influence the evaluation plan and will share evaluation updates, results, and recommendations at regular intervals to facilitate ongoing process improvement as the Project and EC system evolve. A final report will be issued at the end of the grant year.

VCHIP's evaluation will include both metrics of program processes and assessment of progress made toward short term outcomes and long-term goals. VCHIP will track program costs and adherence to proposed implementation plans and timelines. Data collection methods will include observation, survey, and individual and/or group interview/focus group. In addition, VCHIP will conduct secondary analyses of existing documents and datasets. Quantitative analyses will primarily be descriptive; measures of distribution, central tendency, and dispersion, and qualitative data will be reviewed, coded, and analyzed thematically. VCHIP will manage and analyze data using Microsoft Office Excel and Word programs (spreadsheets and documents), NVivo (qualitative data analysis, and SPSS (quantitative statistical package). REDCap, a secure system for data collection managed by the University of VT's Larner College of Medicine may be used to collect and manage survey data, in addition to other cloud-based software for file sharing.

Evaluation of Activity 1: VCHIP's evaluation of Activity 1 will focus on the four analyses outlined in the project plan. For each, VCHIP will assess if appropriate data was available for

analysis, which reports were read, and which datasets were accessed, how decisions around data inclusion/exclusion were made, and if gap analyses were performed as planned. In addition, VCHIP will identify which individuals or groups were involved in these activities and how these were performed. Data for evaluation will be gathered from key program partners through interviews, during meetings through observation, and by review of documents.

Evaluation of Activity 2: VCHIP will track program leaders' steps taken to identify and invite input from key stakeholders and consumers, to review existing reports and plans, and to develop a process for updating Vermont's ECAP. One primary question the evaluation will ask is: have recommendations of the *Blue-Ribbon Commission, Building VT's Future from the Child Up*, and *Building VT's Future Think Tank* been integrated into Vermont's ECAP? VCHIP will capture data on strategic planning meetings such as number of meetings and the number and breadth of groups represented. The evaluation may either survey or interview key stakeholders about their experience with the process; satisfaction with meeting structure and decision-making processes and perceived knowledge of early care and education system strengths and challenges and of the final strategic plan. Efforts will be made to solicit feedback from as many groups providing planning input as possible, including individuals and groups that represent children and families served by the EC system and MDS, families that are vulnerable and underserved. Although recruiting community groups and families is often an evaluation challenge, VCHIP anticipates prior experience working with these groups and the families they serve and its willingness to gather data using different modalities will result in high rates of participation. Evaluation results will be shared with project leaders as well as others involved in strategic planning as they are discovered in order to improve planning and implementation processes.

Evaluation of Activity 3: Evaluation of Activity 3 will include a review of strategies Vermont employs to ensure families are receiving timely and accurate information. The evaluator will identify if currently available services and partners align with these strategies. VCHIP will gather, analyze, and report data from the *HMG* VT contact center regarding quantity of calls, types of information shared, and referrals made, and if families' needs were met. It will also count and categorize Regional CC Referral Specialist, CIS, and PCC staff activities as available. VCHIP proposes interviewing or surveying families served by *HMG* VT, regional CC referral specialists, and CIS to identify if family knowledge and choice has been maximized. VCHIP's evaluator will identify if information provided has been culturally and linguistically appropriate for families seeking services.

The evaluation will assess the frequency and geographic distribution of BBF Regional Council meetings, including BBF Parents and Communities Committee, through document review. It will also seek to identify demographics of meeting participants and the extent to which a diverse set of parent and family perspectives are represented through document review and observation of meetings. Committee members will be surveyed or interviewed about their experiences with the committee at least two points in time to identify satisfaction with the development and use of the committee, and to solicit suggestions for improving the efficacy of the group.

Finally, to evaluate the effectiveness of Vermont's proposed parent engagement improvement plan, using document review, observation, and interview, the evaluation will study if sites have been identified as planned, if data collection methods have been tested and documented, and how family and provider perspectives have been gathered. In addition,

participating stakeholders, families and providers will be surveyed about their perceptions of the plan.

Evaluation of Activity 4: VCHIP will measure changes in capacity for partnership and collaboration that result from the planned Early Care and Learning Practice Improvement Hub. VCHIP will assess Hub membership, breadth of services offered, and use among ECCE providers. Through observation and document review the evaluation will also track if lessons learned and best practices are communicated regularly and the hub's fidelity to Early MTSS Pyramid Model and SF frameworks. At 6 months VCHIP will advise Project partners on best options to expand Hub supports. VCHIP will ascertain if a plan to disseminate information about strengths and challenges to the model and to expand the hub model has been made by the end of the year.

The evaluation will also include an assessment of changes to existing VT Small Business Development Centers to identify the degree to which they have increased their CC expertise. To do this, VCHIP will track attendance and content at relevant meetings, action item completion rate, and will identify what, if any, final products resulted from new and expanded collaborations between early care and education and commerce groups.

VCHIP will track technical assistance provided around cultural and linguistic diversity and inclusivity and will assess if TA provided adheres to VT Guiding Principles. It will also assess if local/regional Early Childhood Partnerships (groups of public schools and private ECCE providers) have been convened and will count the number of meetings, number attending, and track agendas and actions. VCHIP will assess ECCE providers perceived or actual changes in knowledge of both diversity and transitions as well as experiences with participation in these groups and activities.

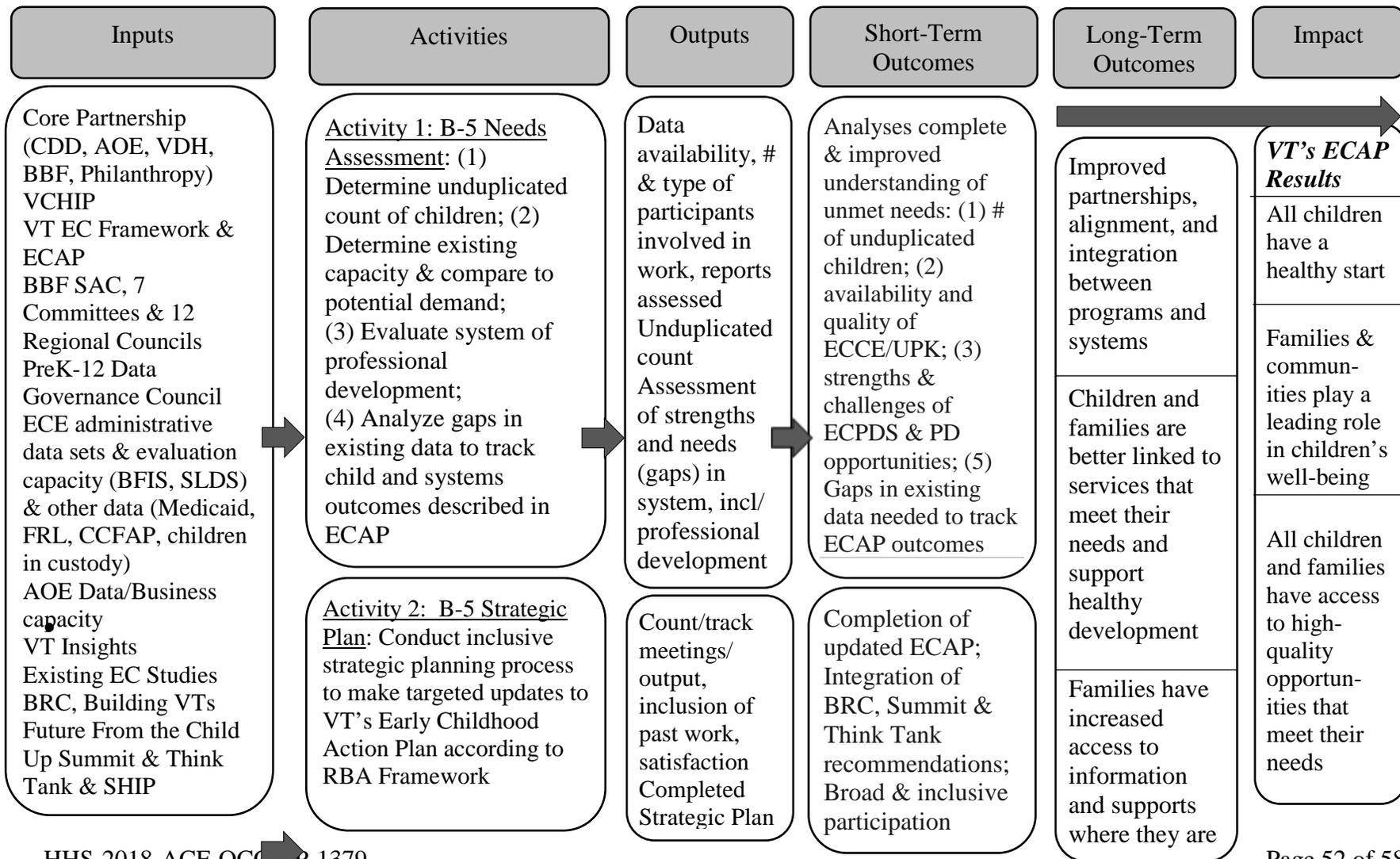
VCHIP will review meeting minutes, documents developed, and interview key informants about actions taken to build systems and sustain efforts to identify if Vermont continues to share best practices around EC coursework and degrees. The evaluation will also assess the degree to which BFC work has supported communities to address child and family trauma and build resilience. Key informants across the state will be asked about their experiences.

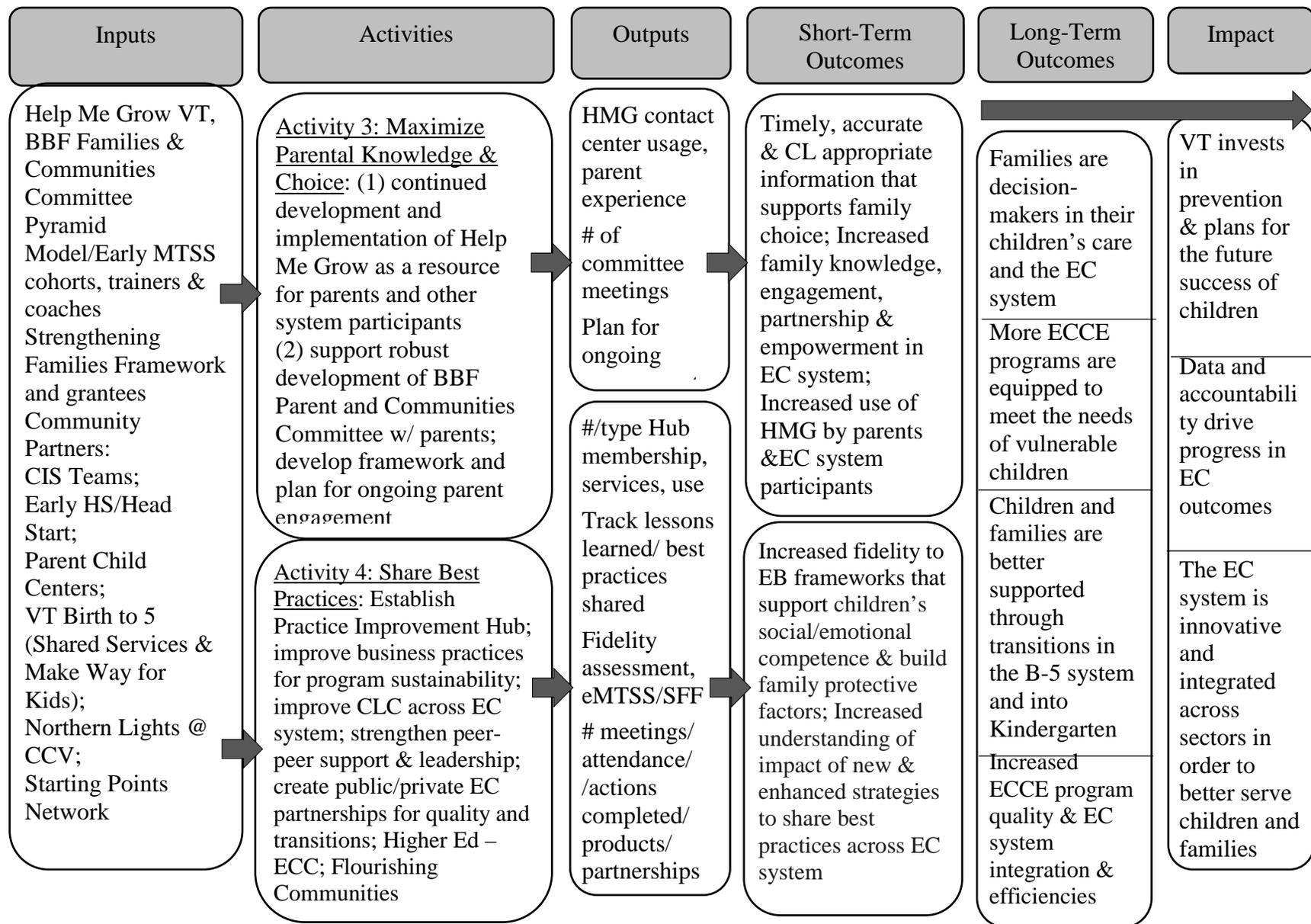
Evaluation of Activity 5: Improvements to the overall quality of ECCE programs in Vermont will be evaluated. Specifically, VCHIP will interview key informants about practice and quality improvement related to expansion of Hubs, and professional development opportunities and progress on CIS data systems, VT Insights development. Questions will focus on topics such as how Hub expansion has been planned and executed as well as strengths and challenges faced by expansion; and how expanded regional professional development opportunities have supported professional growth, increased qualifications and improved practice. Also, how VT Insights has grown and strengthened content and how it has improved system functionality. VCHIP may also observe meetings focused on implementation and program analysis to track participants, goals, and outcomes related to the 4 quality improvement strategies in Activity 5.

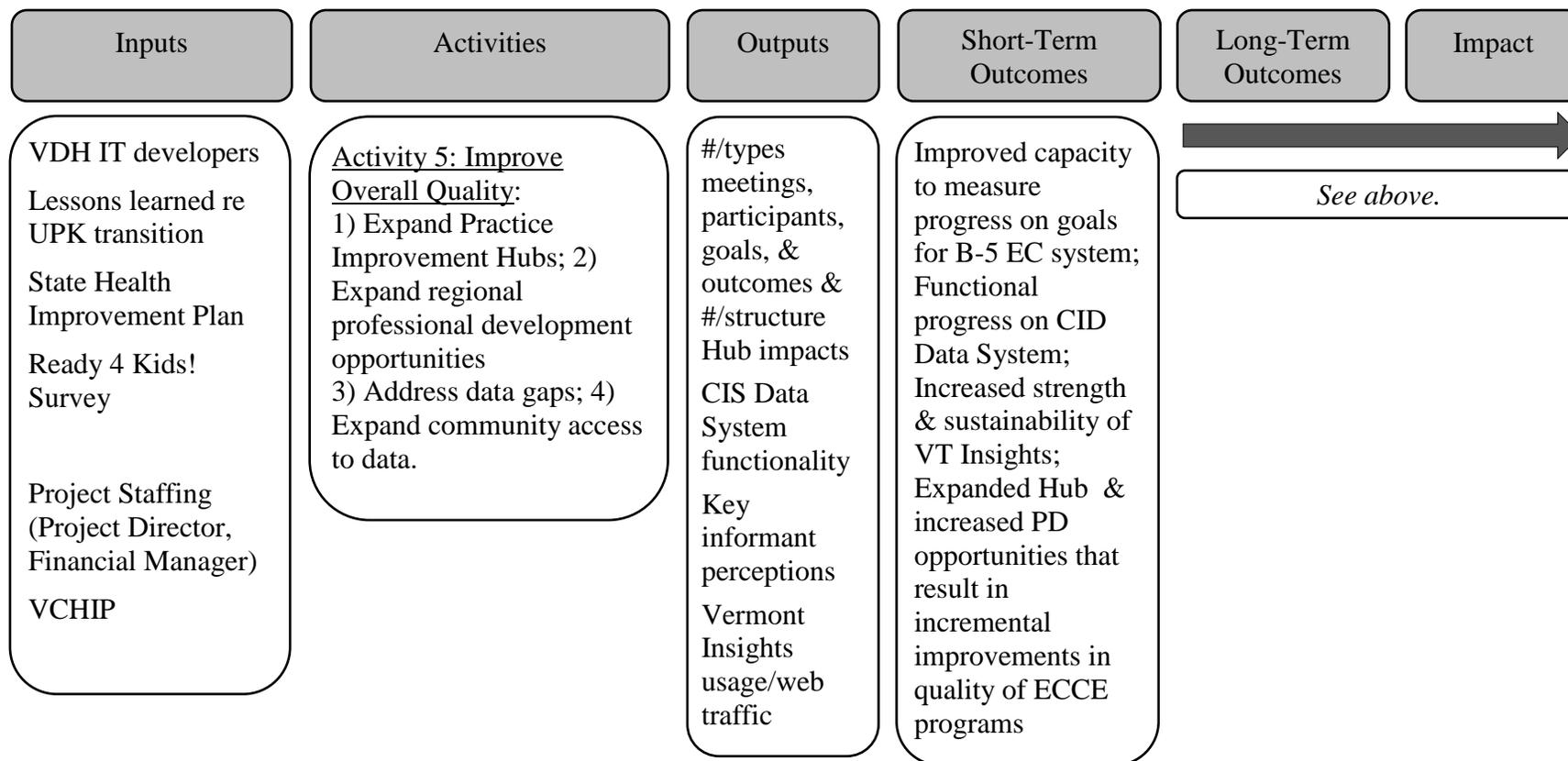
In addition to primary data collection, the evaluation will also gather and review data such as website traffic, documentation from meetings, and implementation planning and analysis reports to identify the State's progress and to identify opportunities for improvement. VCHIP will adapt program evaluation questions, data collection strategies, and reporting techniques with the support of the designated federal technical assistance provider to meet evolving needs of the implementation team, emerging outcomes, and funder requirements.

Logic Model

Goal: Understand gaps and opportunities and move VT EC system forward towards a long-term vision to realize the promise of every Vermont child.







Evaluation Plan: The Vermont Child Health Improvement Program (VCHIP) will develop a mixed-methods formative program performance evaluation that will evaluate the success of Activities proposed in the Vermont B-5 System Improvement Project and contribute to continuous quality improvement in Vermont’s B-5 EC system across the state.

Sustainability Plan

The Vermont B-5 System Improvement Project is securely rooted in well established relationships among state and local agencies, community partners, and other EC stakeholders, including a significant and committed philanthropic sector, working collectively toward shared goals for Vermont’s young children and their families. **BBF (BBF)**, our strong and vibrant Statewide Advisory Council and 12 Regional Councils, is the backbone organization that holds the coalition together, provides focus and direction, and monitors progress. BBF is established in state statute and is supported by a base grant from the CDD. In RTT-ELCG, BBF worked to “right-size” its infrastructure and create a sustainable budget for on-going operations that include maintaining VT Insights as a valued asset. BBF has established a long-term, Council approved, development plan to increase state and local investment and access additional funding sources, including business and philanthropy, to maintain a well-resourced organization able to lead Vermont’s efforts to realize the promise of every Vermont child well into the future. In this Project, as in other recent EC related initiatives and policy discussions, BBF proves its worth and effectiveness to leaders and constituents that will support the realization of that development plan.

Vermont has a longstanding commitment to early childhood. It has engaged in multiple EC policy initiatives and has made EC public and private sector financial commitments that have been substantial, consistent, and sustained. These includes entitlement to CCFAP and UPK, commitment to CIS including sustained, evidence-based Home Visiting, investments in EC professional development and program quality, work to increase the capacity and quality of the MDS of ECCE programs as well as broader commitment indicated by investing in children’s health insurance, children’s mental health and social-emotional development and

child protection. As a state we work persistently to support the critical phase of early development that occurs from the prenatal period through age 5 as an investment in the future health and prosperity of Vermont citizens, families and communities. As part of its responsibility in state statute, BBF is charged with developing a **state EC budget** as a catalogue of investments in children birth through five and their families. As the picture of available resources becomes clearer, we believe we will be able to combine, layer and re-purpose resources to assure we are using all available funding to the greatest advantage for young children and their families. In this Project we explore the idea that achieving appropriate economies of scale, while preserving the human scale of ECCE programs that resonates in small rural communities, is one of the strategies that will help us to apply our resources and investments to best advantage. If our assessments and evaluations prove that case, it will help us to use existing resources more efficiently.

Strategies in Activity 1 (4 assessments) and Activity 5 (CIS Data System and VT Insights) of the Project address our capacity to **increase useful data** about the EC system and **use that data** to understand how children and families in Vermont are faring and which investments best support positive outcomes. At AOE, the additional IT staff for the Project year will develop and document infrastructures for supporting critical EC data architecture in the SLDS so that AOE staff can assume operational ownership and efficiently produce information from EC data sets in the future. These are one-time investments that will provide critical information over the long-term to hold us mutually accountable to make progress toward our goals.

The 7 strategies in Activity 4 are **catalysts**. The Project allows us to invest in emerging innovations and sustain or enhance promising strategies begun under RTT-ELCG or PDEG that are moving the EC system in Vermont in a positive direction. As these are found valuable and effective, we will find public and private resources to continue and expand them.

Dissemination Plan

Vermont was identified as a state that implemented a strong communication plan in RTT-ELCG. We produced “Fast Facts” to explain and promote projects and report on impacts of RTT-ELCG investments. We maintained transparency for stakeholders by publishing Implementation Team activities, progress on projects and Annual Progress Reports on the BBF website. We created presentation materials used with the BBF SAC that served as an Advisory Body, state agency and administration leadership and the legislature. We used the network of BBF Regional Councils to bring information into communities. CDD and BBF are responsible for disseminating results from the activities undertaken in the Project. We will use strategies that were successful in RTT-ELCG to keep stakeholders and policy makers informed about Project work and impacts. CDD will add staff to prioritize communication as part of the funded work (.5 FTE of the Data and Communication Specialist. (See Key Staff p. 16)

Budget & Budget Justification

Applicant Budget Summary: Preschool Development Grant Birth – Five by Object Class Categories	
BUDGET LINE	AMOUNT Federal
a. Personnel (excluding salaries in-kind)	\$167,378
b. Fringe Benefits (excluding salaries in-kind)	\$88,710
c. Travel	\$3,176
d. Equipment: (not applicable) Technical equipment for each position (computer/laptop/wide screen)	\$13,500
e. Supplies:	\$0
f. Contractual	\$3,555,630
g. Construction (not applicable)	\$0
h. Other	\$478,514
i. Total Direct Charges (does not include in-kind time of project personnel)	\$4,306,908
j. Indirect Charges:	\$430,691
k. Total Direct/Indirect	\$4,737,599
NON FEDERAL RESOURCES	
State Funding	\$244,000
Other	\$1,180,054
TOTAL	\$6,161,653

Applicant Budget Summary: Preschool Development Grant Birth – Five by Program Activities (Federal Funding only)	
BUDGET LINE	AMOUNT
a. Activity 1	\$530,064
b. Activity 2	\$200,478
c. Activity 3	\$840,484
d. Activity 4	\$1,353,908
e. Activity 5	\$1,007,208
i. Total Activities	\$3,932,143

Please reference Project Budget entered on the Budget Information Standard Form, SF-424A

Budget & Budget Justification

Applicant Budget: Child Development Division Budget Justification	
BUDGET LINE	AMOUNT
a. Personnel (excluding salaries in-kind)	\$167,378
Grant Program Manager 1 FTE The grant manager is responsible for planning and monitoring the implementation of grant activities including budget utilization, reporting and coordination with sub-contractors.	\$57,970
Contracts & Grants Administrator 1 FTE This position will assist in managing the added volume of grants, contract and payment activity that will accompany CDD's responsibilities for implementation of the proposed PDG B-5 Activities.	\$54,704
Data and Reporting Coordinator 1 FTE This position will work at CDD to support the data activities and support communication and dissemination of the project information.	\$54,704
b. Fringe Benefits (excluding salaries in-kind)	\$88,710
The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual major components of this cost are FICA at approximately 7% of salary, and retirement and health insurance, each at about 16% of salary. Estimated cost of fringe benefits at 40% salary.	
c. Travel	
Travel for 2 staff to attend annual national meeting.	\$ 3,176
Airfare: 2 persons x \$350 per airfare; Hotel: 2 persons x 4 nights x \$250 per night, including taxes	
Subsistence allowance: 2 persons x 4 days x \$32 per diem; Ground transportation: 2 persons x \$25 each way	
Airport parking: 2 persons x 4 days x \$15 per day	
d. Equipment: (not applicable) Technical equipment for each position (computer/laptop/wide screen)	\$13,500
e. Supplies:	\$0
f. Contractual – Please reference sub-contractor budget justification noted in tables below	\$3,555,630
CDD: Contractor Support for the following: <ul style="list-style-type: none"> • ECPDS Eval - \$75,000 • Practice Improvement Hub pilot - \$227,000 • CC Business Practices & technology - \$129,897 • Starting Points Networks - \$251,000 • Guiding Principles (CLC) - \$138,000 • Flourishing Communities - \$218,800 • Practice Improvement Hub Expansion - \$100,000 • Expanded Regional PD Opportunities - \$300,000 	\$1,439,697

Budget & Budget Justification

<p>AOE: Agency Support for the following:</p> <ul style="list-style-type: none"> • Unduplicated Count - \$361,020 • HE EC Consortium & Summer Institute – \$251,000 <p>BBF: Agency Partner Support for the following:</p> <ul style="list-style-type: none"> • 1.2 CC & Preschool capacity - \$94,143 • 1.4 Data gaps and agenda • 2.0 Updated Strategic Plan - \$200,478 • 3.2 Families and Communities Committee - \$165,592 • 4.5 EC Communities of Practice - \$138,213 • 5.4 VT Insights -\$128,694 <p>VDH: Help Me Grow (HMG)</p> <p>VCHIP: Project Evaluation</p>	<p>\$612,020</p> <p>\$727,021</p> <p>\$674,892</p> <p>\$102,000</p>
g. Construction (not applicable)	\$0
h. Other (not applicable) CIS Data System	\$478,514
i. Total Direct Charges (does not include in-kind time of project personnel)	\$4,306,908
j. Indirect Charges: CDD uses the 10% de minimis rate	\$430,691
k. Total Direct/Indirect	\$4,737,599

Delegated Sub-Contractor Budget Justifications

Delegated Subcontractor: Vermont Agency of Education (AOE) Budget Justification	
BUDGET LINE	AMOUNT
a. Personnel	\$238,000
2 FTE Limited Service Data/Business Analyst positions: \$54,000 x 2 positions = \$108,000 Data/Business Analyst will help manage early childhood data system infrastructure to bring disparate early childhood datasets together, incorporate these data sets into the current K-12 longitudinal data system, creating longitudinal data system input and analysis ready datasets.	\$108,000
1 FTE Limited Service IT Systems Developer Analysis, design, implementation and maintenance of new or existing software applications within a State of Vermont organization, professional programming, data base administration, and systems analysis work for a department or agency of Vermont State Government.	\$65,000
1 FTE Limited Service Project Coordinator and Business Process Analysis work Consultative, administrative, and technical work supporting project planning and management. Act as project assistant and business process analyst for project and program managers on the project team.	\$65,000
b. Fringe Benefits	\$90,440
Health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes (38% salary)	
c. Travel	\$0
d. Equipment: Technical equipment for each position (computer/laptop/wide screen)	\$20,000

Budget & Budget Justification

e. Supplies: General office supplies for daily work including software to support work	\$12,000
f. Contractual	\$180,000
Execute a Personal Services Contract for a consultant with expertise in higher education to convene and support the work of the Early Childhood Higher Education Consortium	\$80,000
Execute a Contract with a higher education institution or professional development provider to offer a weeklong Summer Institute free to early childhood educators.	\$100,000
g. Construction (not applicable)	\$0
h. Other:	\$7,250
Printing and postage costs (printing = \$500, postage = \$750)	\$1,250
Funds to support convening of HEC on monthly basis. Costs may include venue fee, technical/virtual connection, printing, purchase of materials, guest speakers/consultants, etc.	\$6,000
i. Total Direct Charges	\$547,693
j. Indirect Charges: The Agency of Education's approved Indirect Rate is 18.5%.	\$64,327
k. Total Direct/Indirect	\$612,020

Delegated Subcontractor: Building Bright Futures State Advisory Council, Inc. Budget Justification	
BUDGET LINE	AMOUNT
a. Personnel (excluding salaries in-kind)	\$424,750
BBF Executive Director: Sarah Squirrell. Responsible for leadership and oversight of BBF's role in PDG B-5 activities 0.45 FTE	\$41,500
BBF Deputy Director: Carolyn Wesley. Responsible for leadership, oversight, coordinating, and communication of BBF work for ECAP needs assessment from all of Vermont throughout the 12 Regions. 0.85 FTE	\$59,600
BBF Vermont Insights Director, Nick Adams. Responsible for the study of supply and demand of ECE programs; analysis of the gaps in data required to prepare the needs assessment report; 0.7 FTE	\$52,500
BBF Vermont Insights Data Coordinator, Dora Levinson. Responsible for preparation of data sets; analysis support for the need's assessment report; and assistance and analysis for the supply and demand of ECE programs. .4 FTE	\$19,968
BBF Regional Coordinators Responsible for building and strengthening local ECE partnerships towards hub practices and improving transitions; 4.0 FTE	\$219,532
BBF ECAP Director, Beth Truzansky. Responsible for preparing an updated ECAP Strategic Plan; leadership and facilitation of Parent Engagement activities utilizing the developed plan for these activities; 0.5 FTE	\$31,650
b. Fringe Benefits (excluding salaries in-kind)	\$69,449
The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual major components of this	

Budget & Budget Justification

cost are FICA at approximately 7% of salary, and retirement and health insurance, each at about 16% of salary. Estimated cost of fringe benefits 40% salary.	
c. Travel	\$2,204
2 staff to attend annual national meeting. Airfare: 2 people x \$450 per airfare; Hotel: 2 people x 2 nights x \$250 per night; meal allowance: 2 people x 2 days x \$46 per diem; transportation/parking: \$120 round trip from airport to hotel	\$2,204
d. Equipment: (not applicable)	\$0
e. Supplies: (not applicable)	\$0
f. Contractual	\$69,225
Facilitation Consultant for Strategic Planning, 260 hours @ \$75/hour for facilitating ECAP summit/meeting	\$19,500
Technical Assistance Consultant for Needs Assessment and Survey, 66 hours @ \$75/hour	\$5,000
cTechnica - Vt Insights web hosting and technical support for data set updates, interfaces, and user experience	\$38,725
design. Estimated at 500 hours @ \$75/hour, annual hosting at \$1225/year.	\$5,000
RBA Consultant for Strategic Plan update and reporting preparation, 100 hours @ \$50/hour	\$1,000
Statistician for Survey and Needs Assessment Report, 20 hours @ \$50/hour	
g. Construction (not applicable)	\$0
h. Other (not applicable)	\$95,300
Stakeholder Coordination and Convening	\$60,000
Regional Council community convening/parent activities outreach (12 regions x \$5000 per region)	\$12,600
Parent "Training of Trainers" for stakeholder outreach (6 parent leaders for 12 community meetings)	\$8,200
Meeting support costs (facility rental, stipends for parents participation costs (childcare/travel/telecommute)	\$6,000
Parent engagement rack cards and posters for distribution to partners for reaching the entire community	\$1,000
Public Service Announcements (PSA's) and advertising placements to engage unserved populations	\$7,500
Survey and Analysis	
Analytic Software for compiling and analyzing survey data	
Survey Tools, SurveyGizmo (\$2,500), Mailed surveys (\$5,000 for 10,000 mailed surveys at \$.47/each postage and paper form @\$.03/each)	
i. Total Direct Charges	\$660,928
j. Indirect Charges (BBF uses the 10% de minimis rate)	\$66,093
k. Total Direct/Indirect	\$727,021

Budget & Budget Justification

Delegated Subcontractor: Vermont Department of Health Budget Justification	
BUDGET LINE	AMOUNT
a. Personnel (excluding salaries in-kind)	\$129,521
Child Development Coordinator: Janet Kilburn, LICSW, Child Development Coordinator in the Division of Maternal and Child Health, Responsible for coordinating the Help Me Grow Vermont system and activities and collaborating with key system and early childhood partners.	\$69,035
Developmental Screening Registry Manager: Lauren Smith, LMHC, Division of Maternal and Child Health, Vermont Department of Health. Responsible for implementing and administering Vermont's Universal Developmental Screening Registry database and communication system statewide.	\$60,486
b. Fringe Benefits (excluding salaries in-kind)	\$77,626
The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual major components of this cost are FICA at approximately 7% of salary, and retirement and health insurance, each at about 16% of salary. Estimated cost of fringe benefits at 40% salary.	
c. Travel	\$3,176
Travel for 2 staff to attend annual national meeting.	\$3,176
Airfare: 2 persons x \$350 per airfare; Hotel: 2 persons x 4 nights x \$250 per night, including taxes	
Subsistence allowance: 2 persons x 4 days x \$32 per diem; Ground transportation: 2 persons x \$25 each way	
Airport parking: 2 persons x 4 days x \$15 per day	
d. Equipment: (not applicable)	\$0
e. Supplies: promotional materials, website redesign and family educational materials	\$75,000
f. Contractual	\$273,000
Grant agreement to Vermont 2-1-1, a program of the United Ways of Vermont, for the centralized access point/contact center which serves as the hub to link children and their families to community-based services.	\$173,000
Grant agreements to Building Bright Futures for the family and community outreach component of the Help Me Grow system. Family engagement activities include opportunities for families to learn about developmental milestones, social and emotional development, and other health topics.	\$100,000
g. Construction (not applicable)	\$0
h. Other (not applicable)	\$0
i. Total Direct Charges (does not include in-kind time of project personnel)	\$558,323

Budget & Budget Justification

j. Indirect Charges: The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. Cost allocation plan is available for review as needed	\$116,569
k. Total Direct/Indirect	\$674,892

Delegated Sub-Contractor Vermont Child Health Improvement Program (VCHIP), University of Vermont Budget Justification	
BUDGET LINE	AMOUNT
a. Personnel	\$38,303
Principal Investigator/Lead Evaluator: Julianne Krulewitz, PhD, will serve as the lead program evaluator. She will develop a mixed-methods formative program performance evaluation that will contribute to continuous quality improvement of Vermont's early childhood care and education system in a mixed delivery system across the state. Dr. Krulewitz will dedicate 42% effort to the project	\$30,183
Project Coordinator: A to-be-named individual will coordinate data collection and perform logistical support for evaluation activities. The to-be-named project coordinator will dedicate 20% effort to the project in Year 1.	\$8,120
b. Fringe Benefits	\$17,449
Fringe benefits include items such as FICA, Worker's Compensation, Unemployment Compensation, insurance, retirement, tuition remission, and employee assistance programs. Rates are estimated at 45% for UVM/VCHIP staff in FY19 and 46.1% in FY20 for Year 1 of the project. Rates are charged based on the salary and level of effort of the faculty and staff identified in the grant.	
c. Travel	\$3,330
Travel for staff to attend annual national meeting. (\$400 airfare, \$1000 hotel (4 nights), \$215 meals, \$50transport) x2	\$3,330
d. Equipment: (not applicable)	\$0
e. Supplies: survey postage and office supplies	\$1,067
f. Contractual: wages for key informant interview and focus group staffing	\$15,000
g. Construction (not applicable)	\$0
h. Other (not applicable)	\$1,543
i. Total Direct Charges	\$76,692
j. Indirect Charges Indirect costs are set based on the University of Vermont's federally negotiated indirect cost rate agreement and are determined to be 33% of the total modified direct costs for this program (VCHIP On-Campus rate). The University of Vermont's current approved rate agreement, dated January 19, 2018, is available as needed	\$25,308
k. Total Direct/Indirect	\$102,000