

VERMONT'S EARLY CHILDHOOD ACTION PLAN

DRAFT

3-3-14

A Companion
Document to
Vermont's
Early
Childhood
Framework

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MESSAGE FROM THE ACTION PLANNING COMMITTEE

This Action Plan reflects the culmination of a year-long process that was initiated in March 2013. It began with the development of Vermont's Early Childhood Framework, followed by the Governor's Early Childhood Summit in October 2013. The Action Plan is a companion document to the Framework; it charts a course of action to help us achieve the Framework's six goals. In the spirit of continuous quality improvement, the Plan is intended to be a living document—one that we will use to mark progress and highlight where we need to make mid-course corrections based on new information. It is intended to fit in with other plans and support efforts not reflected in the Plan that help move us closer to the Framework's six goals. Building Bright Futures—with a team from the Governor's Office, the Agency of Human Services and the Agency of Education—will be responsible for monitoring and reporting on progress made on the strategies and actions in the Plan. However, this Plan belongs to all of us. Everyone has a part to play in making the work in the plan a reality. We hope that Vermonters across the state will play a role in its implementation and success over time.

The Action Planning Committee wishes to thank Governor Peter Shumlin for his vision and commitment to realizing the promise of every Vermont child, Agency of Human Services Secretary Doug Racine for his leadership, and former and current Agency of Education Secretaries Armando Vilaseca and Rebecca Holcombe for their unflinching support for young children from birth through grade 3. The Committee also extends hearty thanks to the hundreds of Vermonters who attended action planning forums and provided input online and through conference calls. The creation of the Early Childhood Framework and the accompanying Early Childhood Action Plan have been highly collaborative endeavors that demonstrate our shared responsibility to provide a good start for all our children.

INTRODUCTION

Vermont's Early Childhood Framework

The Framework, which became official at the Governor's Early Childhood Summit held in October 2013, builds on Vermont's early childhood vision statement: *To realize the promise of every Vermont child*. The Framework recognizes that we will be able to achieve the goals established in this Framework only by sharing the responsibility and working together. It also acknowledges that when all our children and families are thriving, we all benefit.

The Framework includes six goals, which are intended to keep us all headed in the same direction as we work to realize the promise of every Vermont child:

- Goal 1: A Healthy Start for All Children
- Goal 2: Families and Communities Play a Leading Role
- Goal 3: High-Quality Opportunities for All Children
- Goal 4: Invest Now for Our Future
- Goal 5: Know We're Making a Difference
- Goal 6: An Innovative and Connected System

The Framework also includes twelve principles that span all the goals:

- Think about the whole child
- Consider all children
- Focus on quality
- Build on what we know is working
- Take the long view
- Hold ourselves accountable
- Involve communities and families as equal partners
- Strengthen connections between education, human services and health
- Invest early
- Promote families' economic security
- Emphasize prevention
- Keep collaboration at the heart of our work together

Getting to Action

Vermont's Early Childhood Framework is the "what"--what we will do in a broad way to realize the promise of every Vermont child. This accompanying statewide Early Childhood Action Plan is the "how"—how we plan to move ahead together on those goals and how we will measure our progress. It is intended to be both aspirational—what we hope to achieve—and a reflection of work already underway, including major areas of work in the Race to the Top Early Learning Challenge (RTT-ELC) grant.

A statewide Action Planning Committee developed this Plan (see Appendix B for a list of Committee members). The Committee carefully considered input received in December 2013 and January 2014 through eight regional action planning forums, several meetings with statewide organizations, three surveys, and three conference calls (open to the public). The Committee is grateful for all the feedback provided on proposed strategies and actions (generated by work leading up to and at the Summit).

Overview of Results-Based Accountability

The State of Vermont has already invested significant time and resources in Results-Based Accountability (RBA), both on the training and implementation side. In keeping with that direction, the Action Plan Committee used RBA to guide the thinking and the format of the Action Plan. RBA "is a disciplined way of thinking and taking action that communities can use to improve the lives of children, families and the community as a whole. RBA can also be used by agencies to improve the performance of their programs. RBA can be adapted to fit the unique needs and circumstances of different communities and programs."¹

Here are the Action Plan's Results, which turn the original Framework goals into conditions of well-being we want to see in Vermont:

1. All children have a healthy start.
2. Families and communities play a leading role in children's well-being.

3. All families have access to high-quality opportunities that meet their needs.
4. Vermont invests in prevention and plans for the future success of children.
5. Data and accountability drive progress in early childhood outcomes.
6. The early childhood system is innovative and integrated across sectors in order to better serve children and families.

With Results-Based Accountability (RBA) in mind, the Action Plan is organized around:

- **Results:** A condition of well-being for children, adults, families or communities or a subset of the whole population (children in Vermont birth through age 8 and their families).
- **Indicators (for each result):** Ways of measuring progress in relation to desired outcomes/results. Trend lines (patterns over time) for each indicator using historical data points as far back as we can show where we have been. That most current point on the trend line tells us where we are now. We can forecast (through data analytics) to gauge where we think we will be if we do nothing to make change. We can select a target on that trend line to identify where we hope to be in the next year and the years following. Changes in the indicators demonstrate the effectiveness of the strategies.
- **Strategies:** A coherent collection of actions often implemented as programs, initiatives, systems and services that have a reasonable chance of improving results (measured by leverage, feasibility, specificity, values. Many strategies in this Action Plan are listed under a particular result but address other results as well—an indication of an integrated early childhood system.
- **Actions:** The steps necessary to achieve the selected strategies successfully, taken by individual partners and/or collaborative groups.
- **Measures of progress:** Steps you would take to show progress on an action
- **Time frames for each action:** The time frame refers to the anticipated period within which implementation will occur. Some actions can be achieved immediately, while others will occur over time.
- **Lead:** The organization, agency, committee or group that is accountable for progress on the action steps. This does not mean the lead does all the work envisioned in the action steps. Its role includes:
 - Convening the group/meetings;
 - Actively involving interested partners in the work;
 - Setting the scope of work and agendas;
 - Establishing a process to make decisions and finalize work product;
 - Clarifying roles of those involved;
 - Documenting commitments and tasks and ensure accountability;
 - Sharing information with the team and other stakeholders;
 - Serving as the content expert while regularly soliciting input from others.

[Note: The leads in brackets below have not been confirmed as of 3-3-14. Identification and confirmation of lead organizations/agencies for all strategies will be complete by 3-28-14.]

To ensure clear accountability, the Action Planning Committee limited the number of lead agencies/organizations for each strategy to no more than two. However, the Committee expects those leads to identify and work closely with all interested collaborating partners. If you or your organization would like to be a collaborating partner in any of the work outlined in the Action Plan, be sure to let the lead organization/agency know of your interest so you can get involved. See Appendix A for contact information for lead organizations/agencies.

One outgrowth of Vermont's Early Childhood Framework is the formation of a State Early Childhood Leadership Team, which includes a representative from the Governor's Office, the Vermont Agency of Education, the Vermont Agency of Education, and Building Bright Futures. While not a decision-making body, this Team will serve as a coordination hub and catalyst for collaboration at the state and community level. It will be the lead, at least in the short term, for some of the cross-sector strategies listed in the Action Plan.

Definition of Key Terms

The pre-Summit focus sessions and action planning forums highlighted the importance of creating a common language to facilitate conversations across disciplines and sectors in our early childhood system—consumers, health care providers, early childhood educators, professionals working in human services, and public schools educators and administrators). As a first step, the Action Planning Committee created a preliminary Glossary of Terms (see Appendix B). The Action Plan foresees completion and wide distribution of this Glossary.

Below are several key terms used in the Action Plan:

- **Collaboration:** "A mutually beneficial and well-defined relationship entered into by two or more entities to achieve common goals that could not be achieved by working alone. When we truly collaborate, we no longer protect our own possessions or turf, but come together to create something different and larger than either or our former parts. Common, new mission and goals are created. More comprehensive planning is required; many levels of communication are created, since clear information is a keystone of success. Control and risk are shared and mutual. In our collaborative moods, our language changes. We become linked together to accomplish a new thing neither of us thought about before we came together and listened to each other. Power is shared, resources are pooled."ⁱⁱ
- **Community:** "A group of people bound by common geographical area or common interest"ⁱⁱⁱ
- **Early childhood:** Birth through third grade including an emphasis on the importance of good health care for pregnant women and young families
- **Early childhood system:** The early learning and development, health, human services and K-3 education sectors that interact and together form a unified whole
- **Early childhood workforce:** Professionals across sectors (early learning and development, health, human services and K-3 education) who work with children and their families
- **Family:** Biological and adoptive parents, foster parents, grandparents and other caregivers with whom a child resides or who are responsible for a child's welfare

Vermont's Early Childhood Action Plan

- **Family leadership:** “Family leadership emerges when community members and parents gain the knowledge and skills needed to succeed in meaningful leadership roles that help shape the future of families, youth, schools and communities”^{iv}
- **Health:** “a state of complete physical, mental and social well-being not merely the absence of disease or infirmity” (source: World Health Organization)
- **Integration:** [definition to be added]
- **Performance Management:** The process by which individuals and organizations/programs/systems routinely monitor data and performance measures to make informed decisions about how to move forward
- **System:** A group of independent elements that interact and that together form a unified whole

Criteria for Selecting Key Strategies

In order to keep the number of strategies to an achievable number, the Committee decided on a maximum of five strategies per goal. That meant making some tough decisions about where to focus our collective energy. The Committee used the following criteria—developed with extensive public input and informed by a Results-Based Accountability approach—to determine which strategies to include in this plan. To be included in the Plan, strategies had to meet most but not necessarily all the criteria listed below.

- Accountability
 - Does the strategy have a proven track record? If not, can innovative initiatives be linked to measurable outcomes?
 - Can the strategy’s effectiveness be measured by existing data? If not, is there capacity to generate the necessary data?
- Breadth
 - Does the strategy put systems in place that are cross-sector (health, child development, human services and education) and enhance integration?
 - Is the strategy holistic in its view of children, families and the early childhood system (health, human services, early learning and development and K-3 education)?
- Reach
 - Is the strategy feasible?
 - Are the resources available to effectively accomplish the strategy?
 - Can the strategy be sustained over time? If not, is that acceptable?
 - Does the strategy touch the whole population and/or a targeted sub-population?
 - Does the strategy involve a solution that addresses the root causes of the conditions that undermine optimal child development and family stability?
- Efficiency
 - Does the strategy build in some way on work already underway without duplicating services or programs?
- Leverage
 - How much difference will the proposed strategy make as measured by critical indicators?
- Specificity
 - Is the strategy specific enough to be implemented?

- Values
 - Is the strategy consistent with our community values?

[Note pertaining to this draft only: Measures of progress, timeframes and leads (where not yet determined) will be filled in by March 28th, the Action Planning Committee's deadline for finalizing the Action Plan.]

RESULT #1

All children have a healthy start.

Headline Indicators

- % of children living at or below 200% of the Federal Poverty Level (AHS/Annie Casey Foundation)
- % of pregnant women receiving prenatal care (AHS)
- % of children receiving well-child visits annually (AHS)
- % of children ready for school in all 5 domains of healthy development (AOE)

Data Development Agenda

- % of children receiving appropriate developmental screening according to Bright Futures
- % of families who feel prepared and equipped to raise their children successfully
- % of families with special needs children who feel prepared and equipped to raise their children successfully

Strategies	Action Steps	Measures of Progress	Timeframe	Lead(s)
<p>#1: Implement <u>Help Me Grow</u> (RTT-ELC) to establish a voluntary system that connects children birth through 3rd grade with the resources they need to support optimal growth and development</p>	<ul style="list-style-type: none"> • Establish a Help Me Grow (HMG) Leadership Team, including representatives from the health, K-3 education, human services and early learning and development sectors • Inventory who (including schools) is doing assessments and which tool(s) they are using • Receive technical assistance from HMG national center • Design and implement HMG VT with health and safety consultation components • Reinstate health care consultation by nurses to early learning & development programs in each region (RTT-ELC) • Establish the HMG data collection and evaluation component 		<p>[to be added as determined by RTT-ELC]</p>	<p>VDH & AOE with <i>Help Me Grow</i> Leadership Team</p>

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#2: Promote access to prenatal care, child health services (birth through 3rd grade), including preventive dental care & mental health treatment, & substance abuse treatment for adults

- Promote Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents (3rd edition) as the preventive service standard for high-quality well care in medical homes (this action also relates to Result #3)
- Establish a comprehensive medical and dental home model statewide
- Explore inclusion of maternity care medical homes in the Blueprint for Health, including depression screening, domestic violence screening and substance abuse cessation

VDH & American Academy of Pediatrics (VT chapter)

#3: Establish evidence-based home visiting^v

- Initiate or expand the following evidence-based home visiting models throughout the state:
 - Nurse family partnership
 - Parents as Teachers
 - Maternal Early Childhood Sustained Home Visiting (MECSH)
 - Early Start
 - Early Head Start
- Explore use of Medicaid/EPSTDT funding to expand home visiting and other services offered through Children's Integrated Services (CIS)

AHS & [Home Visiting Alliance]

#4: Make it possible for parents to care for their children at critical times

- Explore establishing paid parental leave
- Explore passage of sick days legislation
- Educate employers and employees about flexible work arrangements allowable under Vermont law

TBD

RESULT #2

Families and communities play a leading role in children's well-being.

Headline Indicators

- % of families who report participating in school decision-making processes (AOE)
- % of families utilizing opportunities for increasing social supports (AHS – Strengthening Families)
- % of families with special needs children who report involvement and satisfaction in their child's early intervention/special education services birth-21 years (CIS and EEE)
- Rate per 1,000 children with DCF-ESD involvement (investigation, ongoing services, supervision, or custody)

Data Development Agenda

- % of board and planning commission membership bringing a family-centered perspective to decisions
- % of boards and regional planning commissions that recruit families to participate

Strategies	Action Steps	Measures of Progress	Timeframe	Lead
<p>#1: Promote and support family stability and economic security</p>	<ul style="list-style-type: none"> ● Implement the Promise Communities (RTT-ELC) initiative^{vi} ● Implement policies that enhance family stability & economic security <ul style="list-style-type: none"> ○ Explore expansion of the current <i>child care tax credit</i> to all families who utilize nationally accredited or STARS-rated child care ○ Promote initiatives that lead to a <i>livable wage</i> for all families including annual increases in the minimum wage ○ <i>Strengthen Reach Up Program</i>^{vii} based on the recommendations of the <i>Reach Up Work Group</i> ○ Reduce homelessness by increasing the <i>Emergency Solutions Grant Program</i> in the SFY15 budget ○ Expand the <i>Family Supportive Housing</i> program statewide and further enhance Community Housing Grants in SFY15 budget ○ Support new and expanded low to <i>moderate-income housing</i> initiatives designed to include families with young children 			<p>State Leadership Team (Governor's Office, Agency of Human Services, Agency of Education and Building Bright Futures)</p>

- Review and revise existing state policies and practices that create *barriers to housing stability* for families with children, including families with an incarcerated or recently incarcerated family member
- Explore an increase the state subsidy for *LIHEAP Fuel Assistance* to meet an average of at least 33% of annual household need
- Provide outreach and enrollment in programs that promote family economic stability
- Double the number of families in the SFY15 budget housed with the *Vermont Rental Subsidy Program*
- Ensure access to emergency heating services through *Crisis Fuel Assistance* so that people are eligible for emergency assistance even if they did not receive the Seasonal Fuel benefit
- Increase participation in existing *food and nutrition programs* and expand capacity of such programs, including community food shelves and farm to community/school initiatives
- Identify administrative barriers for child care providers enrolling in the *Child and Adult Care Food Program* and execute strategies to remove them

#2: Support parents as their child's first and most important teacher

- Develop and implement intentional, evidence-based parent education and support opportunities (including care of children with special needs (RTT-ELC))
- Create a family guide to the Vermont Early Learning Standards

Agency of Human Services
and Agency of Education

- Implement a statewide early multi-tiered social system of support system (MTSS) from birth through 3rd grade to provide evidence-based professional development and family education that support children’s social development and emotional well-being (also see Result #3)

#3: Develop a statewide approach that enriches and expands family leadership at the provider, agency and community level

- Convene a statewide Family Leadership Team, comprised of 50% parents, to develop a statewide family leadership plan that includes:
 - An agreed-upon approach to family leadership
 - Family leadership standards^{viii} to inform practice throughout the early childhood system & with all families including but not limited to advocacy^x
 - An inventory of existing community-based opportunities for family-directed decision-making & leadership training
 - Evidence-based family leadership training for professionals and parents based on chosen approach
 - Clear implementation steps & timeline
 - A fundraising plan to ensure sustainable funding
- Develop & implement the plan
- Secure sustainable funding for all elements of the plan including training
- Engage local PTAs/ PTOs to enhance family leadership for children in grades K-3

[Vermont Family Network & the Federation of Families of Children’s Mental Health] convene Family Leadership Team (longer-term leads to be determined by Team)

#4: Promote family-centered employment policies that support the physical and social emotional needs of children and their parents

- Provide businesses with the tools they need to implement family-friendly workplace policies

TBD

#5: Strengthen community decision-making with respect to resource allocation and service delivery systems

- Implement Integrated Family Services (IFS) in all AHS regions
 - Inventory funding in each region and determine what can be combined
 - Determine fiscal model for payment structure including flexibility
 - Establish guidelines for fiscal health of organizations
 - Establish outcomes expected based on funding
 - Establish shared savings and reinvestment strategies
 - Create master grants for identified community providers
- Explore other ways to strengthen community decision-making through the Building Bright Futures Regional Councils

Agency of Human Services and Building Bright Futures

RESULT #3

All families have access to high-quality opportunities that meet their needs.

Headline Indicators

- % of school districts offering pre-k (AOE)
- % of children enrolled in pre-k programs (AOE)
- Regulated early learning and development providers by STAR Level (including after-school care) (AHS)
- % of families who can access early learning and development opportunities within ____ miles from residence (AHS)

Data Development Agenda

- % of families who believe opportunities are affordable
- % of families who feel able to choose in-home or out-of-home care from 0-8 years

Strategies	Action Steps	Measures of Progress	Timeframe	Lead
<p>#1: Expand <u>access to high-quality services for all families with young children by increasing capacity and affordability</u></p>	<ul style="list-style-type: none"> • Establish universal pre-k services in all school districts that provide a minimum of 20 hours a week of service and are carried out in multiple ways including partnership with qualified private early childhood providers who provide full day/full year services to assure continuity for children and to minimize costs for families • Where excess capacity exists, encourage increased use of public schools for early childhood service delivery (e.g. dental care, mental health) and as community centers that 			<p>Department for Children and Families and Building Bright Futures</p>

are open year round and serve as the hub(s) for connecting people

- Expand prevention programs and services for children at risk of abuse and neglect and their families
- Identify and assess potential areas for investment and/or expansion in early learning and development programs, including but not limited to:
 - *Child Care Financial Assistance Program (CCFAP)^x*
 - *Head Start:* Expand capacity to assure access to Head Start and Early Head Start programs for families above 100% of the Federal Poverty Level to create inclusive settings
 - *Before-/after-school and summer school:* Expand opportunities for learning outside of the school day, including summer, for children birth through grade 3 including but not limited to 21st Century After-School grants
 - *Strengthening Families Centers Grant Program:* Expand with a focus on continuity of care and affordable access to comprehensive services for families and high needs children – ensure all HQ centers serving high needs children are included and expand to FCC Homes in partnership with Vermont Birth to Three
 - Expand funding to support multi-generational, *community-based activities and events*

#2: Strengthen the quality of early childhood services throughout the early childhood system through a focus on alignment & best practice

- Use science, research data and promising practices to drive quality
 - Agree on (where there isn't agreement) or formalize (where there is agreement) definitions of quality based on evidence & research in the areas of:
 - Early learning & development
 - Home visiting (see Result #1)
 - Developmental screenings (see Result #1)
 - Parent training (see Result #2)
 - Prenatal care (see Result #1)
 - Establish common measures and shared outcomes for all home visiting programs based on standards developed by the Home Visiting Alliance (also see Result #1)
 - Determine changes required at the state and/or program level to reflect these agreements
 - Finalize and disseminate the revised Vermont Early Learning Standards (VELS) to reflect a birth through Grade 3 continuum (RTT-ELC)
 - Strengthen VT STARS (RTT-ELC) by:
 - Conducting a 3rd party evaluation of the STARS program (RTT-ELC)

Child Development Division and Agency of Education

- Improving the Environmental Ratings Scales (ERS) validity/monitoring
 - Implementing annual rewards to early childhood educators
 - Sustaining annual rewards beyond RTT-ELC funding
- Ensure sound implementation of high-quality early childhood supports & services
 - Provide statewide training in VT Early Learning Standards (VELS)
 - Implement new child care licensing regulations (RTT-ELC)
 - Expand the use of Teaching Strategies GOLD (birth-grade 3) so educators use child data to individualize and inform their practices
 - Implement the Classroom Scoring System (birth-grade 3) to provide data on quality of adult/child and child/child interactions and use the data to improve practices
- Build alignment among the early childhood sectors, especially early learning & development & K-3 education (also see related actions in Result #6)
 - Implement a PreK-Grade 3 approach that aligns curriculum and practices across settings in selected high-needs school communities (RTT-ELC)
- Develop a monitoring system for publicly-funded pre-kindergarten programs (RTT-ELC)

#3: Ensure quality by adequately supporting the early childhood workforce^{xi}

- Equip the early childhood workforce across sectors in the early childhood system with the common knowledge and skills needed to support children's optimal learning and development and family stability
 - Implement a statewide early multi-tiered social system of support system (MTSS) from birth through 3rd grade to provide evidence-based professional development and family education that support children's social development and emotional well-being (also see Result #2)
 - Build required common knowledge and skills into each discipline's core competencies and continuing education (CE) requirements
 - Expand the Apprenticeship Program (RTT-ELC)
 - Promote M.A.T.C.H.^{xii} & other relationship-based professional development opportunities (RTT-ELC)
 - Implement T.E.A.C.H. (Teacher Education and Compensation Helps)
 - Increase access among professionals in the early learning and development and K-3 EDUCATION sectors to higher degrees and early childhood licensure

Child Development Division and Agency of Education

- Build increased cultural and linguistic competency into workforce development by:
 - Identifying a research-based training to be offered statewide by multiple agencies/organizations
 - Ensuring adequate resources for interpreters
 - Building family leadership in diverse communities (culture, ethnicity, language, socio-economic, age, disability, rural, urban, etc. (see also Result #2)
 - Using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to guide practice

- Increase compensation of and benefits available to the early childhood workforce without creating a cost shift to parents
 - Establish baseline comparative wage information by identifying compensation levels within the various sectors of the early childhood workforce
 - Explore new approaches to increase compensation and benefits for ECE workforce including but not limited to W.A.G.E.S. and School Readiness Tax Credits

RESULT #4

Vermont invests in prevention and plans for the future success of children.

Headline Indicators

% of child care providers charging the Vermont Child Care Financial Assistance base rate or less (AHS)% of state contracts and grants funding prevention programs (AHS, AOE)

% of SOV budget appropriated to address prevention and early childhood (AHS, AOE)

Data Development Agenda

% of businesses with family flexible policies

% of early childhood workforce engaged in ongoing professional development

Strategies	Action Steps	Measures of Progress	Timeframe	Lead
<p>#1: Develop a rational approach to guide Vermont’s current & future early</p>	<ul style="list-style-type: none"> ● Create an early childhood finance and investment plan that utilizes existing resources and newly-acquired funds; 			<p>State Leadership Team</p>

Vermont's Early Childhood Action Plan

childhood expenditures

emphasizes quality assurance; enables flexible use of resources; promotes sustainability; and ensures equitable distribution of resources among regions

- Develop a children's global budget that safeguards Vermont's investment in early childhood

#2: Promote sustainable business models

- Encourage shared services alliances
- Research other approaches that could reduce costs in early learning & development programs without sacrificing quality or resulting in a cost-shift to parents or personnel

TBD

#3: Increase the early childhood focus in health care payment reform efforts

- Seek representation of early childhood health representatives (policy & provider) in policy conversations related to health care reform
- Explore financing options for early childhood in health care reform with particular attention paid to:
 - Payment reforms including exploration of maximizing EPSDT reimbursement
 - Legislation that requires that some of the ACO shared savings has to be invested in early childhood health and developmental promotion, prevention and early intervention services

Department of Health

#4: Incrementally shift resources from treatment to prevention for the whole population with a focus on children and families

- Encourage re-investment of savings in prevention (ACO/IFS models)
- Encourage public & private investments in prevention & promotion of healthy

AHS and Building Bright Futures

development

#5: Build public will for an increased investment in early childhood^{xviii}

- Launch a statewide a public awareness campaign
- Develop new champions

Permanent Fund and Vermont Early Childhood Alliance

RESULT #5

Data and accountability drive progress in early childhood outcomes.

Headline Indicators

% of state-funded early childhood programs that have and regularly report on measures indicating client improvement (AHS, AOE)

% of early childhood system partners and providers using performance management to improve client results (BBF, AHS, AOE)

of visits to BBF – ECDRS site (BBF)

Data Development Agenda

% of communities who are using community-specific data to inform decisions that impact children and families

Strategies

Action Steps

Measures of Progress

Timeframe

Leads

#1: Increase the knowledge, experience & application of Results-Based Accountability (RBA) as the accountability framework for the Early Childhood Action Plan

- Require Building Bright Futures to build an RBA accountability system into BBF's regional plans (RTT-ELC)
- Require and resource Building Bright Futures to use data to keep cross-sector regional plans updated
- Encourage state agencies to consider RBA as an accountability system in their work
- Develop and pursue a data development agenda through Integrated Family Services
- Establish policies & procedures that enhance the use of data for continuous quality improvement

Building Bright Futures State Council and Governor's office

#2: Establish a data governance structure & related processes

- Create state-wide Data Governance Council (RTT-ELC)
- Identify the critical policy questions we want to answer through data
- Do an inventory of existing data and analysis of data in relationship to the critical policy questions we want to answer
- Identify a data development agenda (key data gaps to be filled) and determine a process for incrementally pursuing that agenda
- Determine how to use consistent identifiers for individual children across data collection systems

Governor's Office and Department of Information and Innovation

#3: Enhance data & its use to inform policy and practice

- Improve data access and collection across programs and systems (RTT-ELC)
 - Build the capacity of the State Longitudinal Data System (SLDS) at the Agency of Education to improve and incorporate early childhood data i.e., Part B 619, publicly funded pre-k, Head Start, Teaching Strategies Gold, pre-k data, Kindergarten Readiness Survey (RTT-ELC)
 - Connect & simplify various reporting systems for public funding (state & federal funds)
 - Develop and implement the Children's Integrated Services (CIS) data and case management system (RTT-ELC)
 - Expand the capacity of the Early Childhood Data

Agency of Human Services and Agency of Education

Reporting System
(ECDRS)

- Integrate and improve data analysis and data literacy across early childhood sectors (early learning & development, K-3 education, health & human services)
 - Promote data use for the purpose of improving program effectiveness
 - “Connect the dots” (paint a comprehensive picture of child and family well-being) by strengthening the links between data related to early learning and development, K-3 education, health, human services, family support and economic security
 - Develop better indicators
 - Develop better methods for using data to evaluate effectiveness, including statistical modeling
 - Develop better contextual information so stakeholders can better understand what inferences are supported by data
 - Connect data to Vermont’s public awareness campaign (educate the public about the scope of early childhood resources & how children are doing)
-

RESULT #6

The early childhood system is innovative and integrated across sectors in order to better serve children and families.

Headline Indicators

- % of communities with an innovative funding model for early childhood services(AHS, AOE)
- % of state-funded early childhood-focused programs that are accountable to shared performance measures across contracts/grants (AHS, AOE)
- Achievement Gap: Test score gaps between students eligible for free and reduced lunch and those not eligible as determined by: % proficient in math, % proficient in reading, % proficient in science
- % of children reading at or above grade level in 3rd grade (AOE)
- % of children under age 8 who are in families who apply for ESD- General Assistance vouchers for temporary shelter (AHS)
- Pre-K attendance rate (waiting on language from AOE)

Data Development Agenda

- % of stakeholders that can articulate their contribution to realizing the promise of every child

Strategies	Action Steps	Performance Measures	Timeframe	Leads
<p>#1: Develop a clear <u>governance structure for coordinated leadership and shared work</u></p>	<ul style="list-style-type: none"> • Develop an agreement among the Governor’s office, Agency of Education, Agency of Human Services & Building Bright Futures that clearly articulates purpose of this group, delineates roles and responsibilities, ensures regular communication & clarifies where ultimate decision-making authority lies especially when difficult funding decisions are concerned • Support the Building Bright Futures State Council as the statewide forum per Act 104 where all sectors come together regularly and hold each other accountable for ensuring positive outcomes for children 			<p>Governor’s Office</p>
<p>#2: Create a <u>culture of collaboration at the state and local level that fosters systems-building across sectors</u></p>	<ul style="list-style-type: none"> • Create a clearinghouse within an existing structure/agreement for vetting funding (grant) opportunities • Build on the Child Development Division’s collaboration grant to reach agreement on and implement a collaboration plan to guide collaboration at the state and community level^{xiv} • Provide training on collaboration (e.g. build into professional development) • Build time for relationship-building and joint planning into contracts, grants, etc. • Move from a competitive to a collaborative approach to resource allocation at the community level (IFS) by: <ul style="list-style-type: none"> ○ Removing as many barriers as 			<p>State Leadership Team</p>

- possible to braiding & blending funds
- Exploring the ability to bundle rates, and create global budget at the state level with shared outcome measures
- Combining programmatic funding
- Tying funding to outcomes with a shared savings model (incentives)
- Streamlining how funding is used to create flexibility
- Creating community outcome reporting
- Developing a system plan to assess needs and strengths
- Create regional inter-agency, cross-sector teams that link service providers and consumers by building on an existing structures (create an IFS team in every region, use the Community Health Teams or use the BBF Regional Councils)
- Ensure that BBF Regional Councils include diverse partners in the development of regional plans that respond to data and community needs^{xv}

#3: Maximize efficiency & streamline wherever possible to create a seamless system for families

- Standardize policies, practices and language wherever possible by:
 - Building a common language across sectors by completing, distributing and regularly updating the Glossary of Terms (see Action Plan, Appendix C)
 - Standardizing (preferable) or align state regulations, standards & reporting requirements
 - Completing work on a common application for all child development & family support services
 - Unifying and simplifying administrative & program oversight activities (IFS)
 - Analyzing the array of diverse grants and contracts across AHS to create a shared proposal for a more streamlined and consistent approach to more robustly and consistently supporting their core functions across Vermont catchment areas
- Build connections among early childhood service providers and sectors to facilitate families' access to community resources by:
 - Creating seamless transitions from early childhood to K-12 system
 - Increasing the number of full-service schools

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#4: Maximize resources, strengthen collaboration and minimize duplication by integrating policies, practices and systems wherever possible^{xvi}

- Create and get approval by AHS Secretary & Commissioners of a funding allocation methodology that takes into account poverty level, number of children in region, number of children in poverty, regional size & other relevant region-specific factors
- Move from a competitive to a collaborative approach to resource allocation at the community level by:
 - Removing as many barriers as possible to braiding & blending funds;
 - Bundling rates, global budget at the state level and shared outcome measures;
 - Combining programmatic funding;
 - Tying funding to outcomes with a shared savings model;
 - Streamlining how funding is used to permit greater flexibility;
 - Creating community outcome reporting;
 - Developing a system plan to assess needs and strengths
- Establish a regional clearinghouse (physical place & online) for all child development & family services through the BBF Regional Council office
- Create a cross-sector, inter-disciplinary early childhood workforce by:
 - Creating a standing, cross-sector, inter-disciplinary Workforce Committee to Identify a permanent home^{xvii} for developing and implementing a cross-sector, inter-disciplinary workforce plan^{xviii}
 - Developing & implementing a cross-sector, inter-disciplinary workforce plan
 - Conducting a comprehensive (cross-sector) workforce study (RTT-ELC) that includes a crosswalk of cross-sector competencies in order to identify cross-sector commonalities re. skills & knowledge & how they fit into Vermont's Early Childhood Framework
 - Working with institutions of higher education to increase professionals' access to professional development by ensuring course sequencing and consistency across institutions regarding credits accepted (RTT-ELC)

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- Require that BBF regional councils work with diverse partners to develop and track multi-sector measures related to families' economic security (i.e. housing, transportation, fuel, nutrition)^{xix}
 - Establish a forum for developing consistent early childhood legislative priorities across agencies and advocacy groups
 - Develop and agree on early childhood priorities for each legislative session
-

NEXT STEPS

What an achievement to have created a statewide Early Childhood Framework and companion Early Childhood Action Plan! Both documents represent significant public input, thoughtful consideration of sometimes competing priorities and careful selection of key priorities to guide our work. It is the Action Planning Committee's hope that everyone who reads this Plan and wants to be a part of it in some way will see a potential role for themselves. While overall coordination of the work envisioned in the Action Plan will take place at the statewide level, the actual work entailed in most actions will take place at the community level.

As of April 2014, Building Bright Futures will assume a leadership role in keeping us all on track and capturing the work accomplished so we can see progress. Monitoring progress in this way will require a feedback loop with the lead organizations/agencies regarding actions taken and how Vermonters are using the Framework and Action Plan. BBF will fulfill this role in the Action Plan's implementation in close collaboration with its state partners: the Vermont Agency of Human Services (which includes the Department for Children and Families' Child Development Division and the Department of Health), the Vermont Agency of Education, and the Governor's office. Building Bright Futures will convene us each year to review the Action Plan, celebrate our successes, identify where we missed the mark and make mid-course corrections. Despite Building Bright Future's key role, however, it is up to each of us to keep the Framework and this Action Plan living, dynamic documents that guide daily decision-making, planning, collaboration and service delivery. Let them be vivid and constant reminders of the responsibility we share for helping *to realize the promise of every Vermont child.*

For more information, contact:

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[Note: Between now and March 28th, please direct questions regarding this Action Plan to Action Plan Developer Kim Friedman at kfriedman@svcable.net or 802-348-9879.]

APPENDIX A

Contact Information for Lead Organizations and Agencies

[to be added once leads have been confirmed]

APPENDIX B

Action Planning Partners

Governor Peter Shumlin wishes to thank the following partners for their commitment to developing this Action Plan. Their sustained support will be critical to realizing the promise of every Vermont child and creating the comprehensive early childhood system envisioned in Vermont's Early Childhood Framework and this Early Childhood Action Plan.

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Vermont's Early Childhood Action Plan

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Foundations

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APPENDIX C

Glossary

Achievement gap: As used in the education field, this generally refers to the differences in grades and/or test scores between white students and students of color, students from high-income and from low-income families, and students in good health and students with disabilities. See also, Preparation gap.

Alignment: Alignment of early learning means that families, providers and teachers work together to ensure that each learning opportunity builds on children's prior learning and experiences, and that new skills and concepts children learn will prepare them for what they will learn next.

All children: As used in this plan, "all children" means each and every child, no matter the child's family income or circumstances, race, ethnicity, culture, creed, disability or other circumstances, and regardless of developmental level.

All, some, few: These terms show who benefits from a program, service or activity. In this plan, *all* means the general public or a whole population group, such as all 4-year-old children. *Some* means individuals or a group of the population who needs some extra help or who is doing exceptionally well. Examples are low-income, first-time mothers and fathers (need extra services) and early learning professionals who have gained extra education (doing exceptionally well). *Few* means children or families who are at high risk for poor outcomes. Examples are children and families who face barriers because of their ethnicity, race or income level, and children with disabilities.

Assessment: A systematic procedure for getting information about a child or a program, and using it to make judgments about characteristics of that child/program. The information can be obtained from observation, interviews, portfolios, projects, tests and/or other sources. For example, a kindergarten readiness assessment could use the observations of early learning professionals, school staff and parents about a child, together with a tool to measure what the child knows or can do, to determine how well prepared the child is for kindergarten learning.

Benchmarks: Clear, specific descriptions of knowledge or skills that a child should have by a particular stage of development, age or grade level. The knowledge or skills can be determined through observations or documentation of the child's behavior or by samples of the child's work. Benchmarks often are used in connection with a broadly stated content standard, that is, what a child should know and/or be able to do in the content area at a particular level.

Best practice: The most efficient (requires the least amount of effort) and most effective (gives the best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people. Generally, best practices are what experts or a large number of professionals in a field agree works best, even if the results are not yet proven by scientific research.

Caregivers: As used in this plan, the family members, friends and neighbors (FFN) who care for children on a regular or occasional basis (not parents and not licensed care providers).

Child/Children: For this plan, "children" refers to all children prenatal through third grade, regardless of developmental level, unless a different age range is given.

Community: "A group of people bound by common geographical area or common interest"^{xxx}

Coordination, Cooperation and Collaboration: Moving along a continuum from coordination to cooperation to collaboration takes time, practice and commitment. "Collaboration is the most intense level of working together. It is a structure and a process for creating change."^{xxi}

- Coordination: "Two or more agencies operate autonomously, yet work together to avoid duplication by sharing information and activities. This is almost a neutral point – I will agree not to compete with you. Organizational missions and goals are not taken into account – the basis for coordination is usually between individuals, but may be mandated by a 3rd party. No joint planning is required; interaction and information is on an as needed basis."
- Cooperation: "By sharing information and activities, some service integration between two or more entities occurs, but agencies do not lose autonomy. When we are cooperating, we see our common interests and values. Individual relationships are supported by the organizations they represent. Missions and goals of the individual organizations are reviewed for compatibility. Some project-specific planning is required."
- Collaboration: "A mutually beneficial and well-defined relationship entered into by two or more entities to achieve common goals that could not be achieved by working alone. When we truly collaborate, we no longer protect our own possessions or turf, but come together to create something different and larger than either or our former parts. Common, new mission and goals are created. More comprehensive planning is required; many levels of communication are created, since clear information is a keystone of success. Control and risk are shared and mutual. In our collaborative moods, our language changes. We become linked together to accomplish a new thing neither of us thought about before we came together and listened to each other. Power is shared, resources are pooled."

Community Agencies and Organizations – Inclusive term for community-based settings/programs that provide services to children and families birth to 8 years. The services may take place in the family's home, a school or early learning and development setting, at the agency, or in other locations that best meet the needs of the child/family.

Developmental delay: The identification a child who: (1) is identified by a multidisciplinary team, in one or more of the following areas: cognitive development, physical development, language/communication, social-emotional development, or adaptive behavior/skills development; or (2) has been diagnosed with a physical or medical condition that has a high probability of resulting in a substantial delay in function in one or more of these areas.

Disaggregated: Split apart. Data about children and students are often combined into a single score or percentage. This is helpful for understanding the big picture but does not show if there are differences for particular groups of children, such as children of color, low-income children, children with disabilities, etc.

Domain: A broad category or dimension of children's learning and development. These domains are often listed as: physical health, social/emotional, approaches to learning, cognitive (general knowledge), and language/communication/literacy.

Early learning and Development: A comprehensive term to include regulated child care centers, family child care programs, and afterschool programs serving children 0-8; public and private preschool programs; Head Start; and program-based services for children with disabilities (public school Essential Early Education for children ages 3-6 and the 0-3 CIS Early Intervention Program).

Early Childhood Special Education: [to be added]

Early childhood (Vermont-specific): Birth through third grade with a strong emphasis on good health care for pregnant women and young families

Early intervention: Programs or services designed to meet the developmental needs of infants or toddlers (birth to age 3 years) and their families. See also the definition for Part C IDEA.

Early learning professionals: Any adult who works in a paid capacity to care for and/or teach children ages birth through third grade, and their families. This includes, but is not limited to: licensed child care providers and directors in centers or family home child care; preschool teachers and directors; staff and directors of licensed school-age programs (usually for children and youth ages 5 to 12 years old); school staff—including pre-K, kindergarten through third grade teachers and teachers' aides, special education teachers, family support workers, literacy coaches and administrators (e.g., principals and vice principals)—plus early intervention workers, speech and language pathologists, home visitors, librarians, nutrition and health services staff, teacher coaches and mentors, trainers, and consultants.

Early learning system: The various policies, programs and services for young children and for the adults who care for and teach them. When these elements are each working well *and* align with the other elements, children will have the best opportunity for optimal development.

Equitable: Distribution of resources based on a transparent and rational formula that reflects common principles and community needs as identified in a regional plan

Evaluation (of children): Process aimed at identifying and refining the specific nature of a particular client problem and related complex or confounding factors. Together, this information forms the foundation for specific recommendations and, if appropriate, leads to a plan to provide individualized intervention(s). An evaluation consists of gathering key information, exploring problem areas, formulating diagnosis(es), identifying disabilities and strengths, and assessing the client's readiness for change. In best practice, the child's individualized plan is integrated across organizations that provide services for the child/family.

Evaluation (of programs): [to be added]

Evidence-based: Practices or programs that have been tested and shown to be effective using scientific research. The classic scientific method tests a hypothesis by selecting the subjects for like characteristics, then dividing them in two groups: one that receives the treatment or program being tested and one that does not (the "control" group), then comparing the results for each of the groups. For example, the High/Scope Perry Preschool study identified a sample of 123 low-income children who were at high risk of school failure, then randomly assigned half to receive the high-quality preschool and half that did not participate in preschool. This research is expensive, however, and difficult to accomplish for many kinds of programs involving people. As an alternative, rigorous evaluations can be used to compare the results of different programs to identify what is effective.

Families: As used in this plan, children's immediate and extended families, however they define themselves. This term can also include family members who are caregivers (family, friend and neighbor [FFN] caregivers or kinship caregivers).

Family child care (or family home child care): A caregiver who is licensed to serve a small group of children in the caregiver's home.

Family, Friend and Neighbor (FFN) caregivers: Family members, friends and neighbors who care for children on a regular or occasional basis, but are not the child's parent or guardian. They are not licensed, but might or might not receive compensation from the parents. In this plan, FFN providers are included in the term "caregivers."

Home visiting: Home visiting is a way of delivering an array of services in the home. The type of home visiting referred to in this plan involves serving children, families and caregivers during the window of time from pregnancy through age five, with a series of visits made on a regular basis, such as weekly. These home visits are geared toward improving maternal and child outcomes, which, in turn, contribute to multiple benefits to the child during his or her lifetime.

I.D.E.A. Part C The part of the federal Individual with Disabilities Education (IDEA) Act that authorizes grants to the states for early intervention services for infants and toddlers, ages birth to 3 years, within each state's criteria for eligibility. In Vermont, this is part of Children's Integrated Services.

I.D.E.A. Part B: [to be added]

Indicator: For early learning, a number or set of numbers that help to describe the well-being and development of young children and/or the presence of services, systems and supports that promote young children's optimal learning and development. The Washington Early Learning Indicators will serve as "vital signs" of the well-being of children. Collectively, the indicators can help describe conditions for children, families, communities and early learning systems in Washington.

Kinship caregivers: Grandparents and other family members who are raising children in lieu of the parents. In this plan, kinship caregivers are included in the term "parents."

Medicaid: A federal health insurance program that provides payment for medical expenses for those who meet income limits.

Medical home: An approach to providing health care in a high-quality and cost-effective manner through a partnership between families and health care providers. Children receive the care they need from a pediatrician and other health care professionals. Children are able to access all the medical and non-medical services needed to help them achieve their maximum potential. At a medical home, children receive both preventive care (such as immunizations) and care for acute and chronic illnesses; care or referrals for oral and behavioral/mental health needs; and physicians help families connect with needed community based services, including early learning programs.

Outcomes: In this plan, the plan outcomes describe what we want to be different or better in the future.

PreK-3: Refers to preschool (or prekindergarten) through third grade. P-3 programs are an effort to align learning from birth or early childhood through third grade to provide a seamless fabric of learning for the child and to connect the early learning providers, teachers and parents in supporting that learning.

P-20 longitudinal data system: A longitudinal data system collects information on the same students and teachers over time. The P-20 data system will link student, educator and financial information to track desired student outcomes and the costs of the programs. The system will be housed at the state Office of Financial Management. Development of a longitudinal student data system was recommended by Washington Learns as a way of tracking progress toward long-term educational goals and providing accountability.

Parents: As used in this plan, includes birth mothers and fathers, adoptive and foster mothers and fathers, kinship caregivers (grandparents and other family members raising children), guardians, and other adults acting as parents.

Preparation gap: When children enter kindergarten, the differences that are seen between the children that have had supportive and high-quality early learning experiences and those who have not. These differences can be in social-emotional development as well as in knowledge and skills. Because children who start school behind their peers tend to have a hard time catching up, the preparation gap often continues throughout school and shows up in poor grades and test scores. This continued gap is often referred to as the achievement gap.

Providers: As used in this plan, includes early learning professionals and health care professionals, depending on the context.

Ready and successful: This is the framework of this plan, which emphasizes that all children should be ready for school and for success in school and life. This framework comes from the Early Learning Partnership Joint Resolution of DEL, Thrive by Five Washington and OSPI, and is based National Education Goals Panel's definition of school readiness (National Education Goals Panel, 1998).

School-age workforce: As used in this plan, includes all staff working in licensed school-age programs serving children and youth ages 5 to 12 years old.

School staff: As used in this plan, includes all school personnel serving children in preK, kindergarten, and first through third grades, such as teachers, teachers' aides, family support workers, literacy coaches, librarians, nutrition and health services staff, and school administrators.

Screening – use of brief and objective standardized tools and to identify children at risk of developmental delay and the need for referral for evaluation. It is a formal process that occurs at defined intervals and points of entry into services and any time a child is identified at risk through surveillance. Screening may occur at a primary care practice, mental health or other early childhood or provider settings. Interpretation of screening should take into consideration other child and family contextual factors in the determination of whether one or more referrals are needed.

Social-emotional learning: Knowledge and skills in the awareness and management of emotions, setting and achieving personal and academic goals, interpersonal skills, establishing and maintaining positive relationships, and demonstrating decision-making and responsible behavior.

Strategies: The plan strategies describe specific ideas for achieving the plan's outcomes.

Success: What is considered success differs in different cultures and from person to person. As used in this plan, success refers to achieving learning goals, getting passing grades in school, meeting the desired outcomes of programs, and living up to one's potential.

Surveillance: The ongoing, longitudinal, cumulative process of recognizing children who may be at risk of developmental delays. Surveillance may occur in primary care practices, early learning and development settings or other environments applying population-based strategies for early detection of risk or problems.

System: A group of independent elements that interact and that together form a unified whole. See "Child care system."

Vision: The vision for this plan shows what we want for children and what our work together will look like.

SOURCES CONSULTED:

Washington Early Learning Plan (September 2010) and Vermont's L.A.U.N.C.H. grant

APPENDIX D Endnotes

ⁱ Results Leadership Group, *Results-Based Accountability: For Communities and Programs that want to get From Talk to Action*, www.resultsleadership.org

ⁱⁱ Illinois Early Childhood Collaboration, *What Is Early Care and Education Collaboration?*, p. 2
<<http://ilearlychildhoodcollab.org/>>

ⁱⁱⁱ Deb Marois, *Making The Path: A Guidebook to Collaboration for School Readiness*, UCLA Center for Healthier Children, Families and Communities in partnership with Center for Collaborative Planning, Public Health Institute, October 2002, p. vi.

^{iv} Handout entitled *About Family Leadership* distributed by the Colorado Family Leadership Development Initiative, www.coloradofamilyleadership.com

^v This strategy also relates to Result #3, strategy #1 (increasing access to high-quality services).

^{vi} The Promise Communities initiative focuses on predominantly rural supervisory unions where data indicates young children and their families may be struggling. The initiative will use the Building Bright Futures structure to coalesce communities around mapping assets and challenges and planning how to support stability and success for every child and family. Grant funds will be used to help communities “seed” efforts to fill identified gaps.

^{vii} Specific recommendations include: eliminate the asset test and increase the earned income disregard for the Reach Up program; reverse the decision to end Reach Up eligibility after 60 months, or, in the alternative, amend Sec. 1. 33 V.S.A.sec.1108 to read: (c) The cumulative 60-month lifetime eligibility period shall not begin to toll until the parent or parents of the participating family have reach the age of 24; and increase the amount of the Reach Up grant to meet 100% of the standard of need.

^{viii} These standards should recognize families as equal partners in decision-making regarding the design, implementation and evaluation of systems changes and programs. For the purposes of this document, “equal” means that families are full participants and their perspective and input are valued the same as professionals’.

^{ix} Other elements of the approach include: ways to embed the Strengthening Families (SF) framework in current work and contracts; ways to build consumers’ evaluation of the quality of services into program evaluation; ways to strengthen BBF Councils to become more family-driven and serve as vehicles for family leadership; outreach to families regarding multiple pathways to become involved in local decision-making, including but not limited to BBF Regional Councils; and Identification of existing family leadership in each region.

^x Specific recommendations include: set and maintain the Child Care Financial Assistance Program (CCFAP) reimbursement rates at the 75th percentile of current market rates; increase rates to 50% of market rates (increases should incrementally bring the program up to 75% of market rates, with rates indexed for inflation); increase the infant/toddler differential rate to enable more childcare providers to afford to care for younger children; review and update the CCFAP rates annually; set the family income eligibility threshold for the CCFAP at 300% of Federal Poverty Level; disregard expenses related to medical and specialized service expenses for the care of a family member when

determining eligibility.

^{xi} This strategy is closed tied to a related strategy in Result #6.

^{xii} M.A.T.C.H.: Mentoring, Advising, Teaching, Coaching, Consulting, and Helping.

^{xiii} While this strategy is listed here, it applies to all the results and many of the strategies in the Action Plan.

^{xiv} The lead(s) may want to use the adapted Touchpoints principles and assumptions used by the Summit Planning Committee and the Action Planning Committee to guide collaboration during the development of Vermont's Early Childhood Framework and this Action Plan.

^{xv} These teams should reflect the diversity of perspectives represented at the Governor's Summit, including but not limited to the faith community, law enforcement and business leaders.

^{xvi} This result in general and this strategy specifically touch many other aspects of the Action Plan. While the actions listed have been placed under this result and strategy, they could arguably appear elsewhere in the document.

^{xvii} Many action planning forum participants recommended selecting an institution of higher education to be the home, and they emphasized the importance of ensuring a family orientation in the workforce development plan.

^{xviii} Elements of the plan should include: core training elements; targeted training elements; intensive training elements; trainers; funding sources; and supervision models.

^{xix} This action ties directly to the strategy in Result #5 related to Building Bright Futures' regional plans.

^{xx} Deb Marois, *Making The Path: A Guidebook to Collaboration for School Readiness*, UCLA Center for Healthier Children, Families and Communities in partnership with Center for Collaborative Planning, Public Health Institute, October 2002, p. vi.

^{xxi} Illinois Early Childhood Collaboration, *What Is Early Care and Education Collaboration?*, p. 1.
<<http://ilearlychildhoodcollab.org/>>