



**State of Vermont**  
**Race to the Top - Early Learning Challenge**  
**Application for Initial Funding**  
**CFDA Number: 84.412**

**VERMONT EARLY LEARNING CHALLENGE  
APPLICATION FOR INITIAL FUNDING**

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**I. APPLICATION ASSURANCES AND CERTIFICATIONS**

**Race to the Top – Early Learning Challenge**

**(CFDA No. 84.412)**

Legal Name of Applicant (Office of the Governor):  Office of Governor Honorable Peter Shumlin State of Vermont	Applicant's Mailing Address:  109 State Street, Pavilion Montpelier, VT 05609
Employer Identification Number:  03-60000274	Organizational DUNS:  809376155
Lead Agency: Department for Children and Families  Contact Name: Reeve Sullivan Murphy <i>(Single point of contact for communication)</i>	Lead Agency Contact Phone: 802-760-0792  Lead Agency Contact Email Address:  reeva.murphy@ahs.state.vt.us
<p>Required Applicant Signatures <i>(Must include signatures from an authorized representative of each Participating State Agency. Insert additional signature blocks as needed below. To simplify the process, signatories may sign on separate Application Assurance forms.):</i></p> <p>To the best of my knowledge and belief, all of the information and data in this application are true and correct.                  I further certify that I have read the application, am fully committed to it, and will support its implementation:</p>	
Governor or Authorized Representative of the Governor (Printed Name):  Governor Peter Shumlin	Telephone:
Signature of Governor or Authorized Representative of the Governor:	Date:
Lead Agency Authorized Representative (Printed Name):  Doug Racine, Secretary	Agency Name: Agency of Human Services
Signature of Lead Agency Authorized Representative:	Date:
Lead Agency Authorized Representative (Printed Name):  Dave Yacovone, Commissioner	Agency Name: Department for Children and Families within Agency for Human Services

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Signature of Lead Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name): Armando Vilaseca, Commissioner	Agency Name: Department of Education
Signature of Participating State Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name): Harry Chen, M.D., Commissioner	Agency Name: Department of Health within Agency of Human Services
Signature of Participating State Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name): Kim Keiser, Acting Executive Director	Agency Name: Building Bright Futures Council
Signature of Participating State Agency Authorized Representative:	Date:

**State Attorney General Certification**

State Attorney General or Authorized Representative of the Attorney General Certification

I certify that the State's description of, and statements and conclusions in its application concerning, State law, statute, and regulation are complete and accurate, and constitute a reasonable interpretation of State law, statute, and regulation:

State Attorney General or Authorized Representative of the Attorney General (Printed Name): Joe Winn

Telephone:

Signature of the State Attorney General or Authorized Representative of the Attorney General :

Date:



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**Accountability, Transparency, and Reporting Assurances**

The Governor or his/her authorized representative assures that the State will comply with all applicable assurances in OMB Standard Forms 424B and D (Assurances for Non-Construction and Construction Programs), including the assurances relating to the legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards, including Davis-Bacon prevailing wages; flood hazards; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and the general agreement to comply with all applicable Federal laws, executive orders, and regulations.

- With respect to the certification regarding lobbying in Department Form 80-0013, no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; the State will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 C.F.R. Part 82, Appendix B); and the State will require the full certification, as set forth in 34 C.F.R. Part 82, Appendix A, in the award documents for all subawards at all tiers.
- The State and other entities will comply with the following provisions of the Education Department General Administrative Regulations (EDGAR), as applicable: 34 CFR Part 74 -- Administration of Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; 34 CFR Part 76 -- State-Administered Programs, including the construction requirements in section 75.600 through 75.617 that are incorporated by reference in section 76.600; 34 CFR Part 77 -- Definitions that Apply to Department Regulations; 34 CFR Part 80 -- Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, including the procurement provisions; 34 CFR Part 81 -- General Education Provisions Act—Enforcement; 34 CFR Part 82 -- New Restrictions on Lobbying; 34 CFR Part 85 – Government-wide Debarment and Suspension (Nonprocurement).

Governor or Authorized Representative of the Governor (Printed Name):	
Signature:	Date:

**II. ELIGIBILITY REQUIREMENTS**

(a) The Lead Agency must have executed with each Participating State Agency a Memorandum of Understanding (MOU) or other binding agreement that the State must attach to its application, describing the Participating State Agency’s level of participation in the grant. (See section XIII.) At a minimum, the MOU or other binding agreement must include an assurance that the Participating State Agency agrees to use, to the extent applicable--

- (1) A set of statewide Early Learning and Development Standards;
- (2) A set of statewide Program Standards;
- (3) A statewide Tiered Quality Rating and Improvement System; and
- (4) A statewide Workforce Knowledge and Competency Framework and progression of credentials.

List of Participating State Agencies:

<b>Participating State Agency Name (* for Lead Agency)</b>	<b>MOU Location in Application</b>	<b>Funds/Program(s) administered by the Participating State Agency</b>
*Department for Children and Families within the Agency of Human Services, Child Development Division	Master Agreement Pages:	CCDF, part C of IDEA, co-administer state funded preschool, home visiting, Head Start State Collaboration Grant. Child Care Licensing  Also CBCAP
Department of Education	Master Agreement Pages:	Section 619 of part B of IDEA, co-administer state funded preschool, Title I of ESEA, State Education Agency  Also, CACFP, AEFLA
Department of Health	Master Agreement Pages:	Title V Maternal and Child Health Services Block Grant
Building Bright Futures Council	Master Agreement Pages:	Designated State Advisory Council on Early Childhood Education and Care

(b) The State must have an operational State Advisory Council on Early Care and Education that meets the requirements described in section 642B(b) of the Head Start Act (42 U.S.C. 9837b).

*The State certifies that it has an operational State Advisory Council that meets the above requirement. The Departments will determine eligibility.*

Yes

No

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(c) The State must have submitted in FY 2010 an updated MIECHV State plan and FY 2011 Application for formula funding under the Maternal, Infant, and Early Childhood Home Visiting program (see section 511 of Title V of the Social Security Act, as added by section 2951 of the Affordable Care Act of 2010 (P.L. 111-148)).

*The State certifies that it submitted in FY 2010 an updated MIECHV State plan and FY 2011 Application for formula funding, consistent with the above requirement. The Departments will determine eligibility.*

Yes

No



## VI. SELECTION CRITERIA

### Core Areas -- Sections (A) and (B)

*States must address in their application all of the selection criteria in the Core Areas.*

#### **A. Successful State Systems**

##### (A)(1) Demonstrating past commitment to early learning and development. (20 points)

The extent to which the State has demonstrated past commitment to and investment in high-quality, accessible Early Learning and Development Programs and services for Children with High Needs, as evidenced by the State's—

(a) Financial investment, from January 2007 to the present, in Early Learning and Development Programs, including the amount of these investments in relation to the size of the State's population of Children with High Needs during this time period;

(b) Increasing, from January 2007 to the present, the number of Children with High Needs participating in Early Learning and Development Programs;

(c) Existing early learning and development legislation, policies, or practices; and

(d) Current status in key areas that form the building blocks for a high quality early learning and development system, including Early Learning and Development Standards, Comprehensive Assessment Systems, health promotion practices, family engagement strategies, the development of Early Childhood Educators, Kindergarten Entry Assessments, and effective data practices.

*In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

Evidence for (A)(1):

- The completed background data tables providing the State's baseline data for--
  - The number and percentage of children from Low-Income families in the State, by age (see Table (A)(1)-1);
  - The number and percentage of Children with High Needs from special populations in the State (see Table (A)(1)-2); and
  - The number of Children with High Needs in the State who are enrolled in Early Learning and Development Programs, by age (see Table (A)(1)-3).
- Data currently available, if any, on the status of children at kindergarten entry (across Essential Domains of School Readiness, if available), including data on the readiness gap between Children with High Needs and their peers.
- Data currently available, if any, on program quality across different types of Early Learning and Development Programs.

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- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-4).
- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-5).
- The completed table that describes the current status of the State's Early Learning and Development Standards for each of the Essential Domains of School Readiness, by age group of infants, toddlers, and preschoolers (see Table (A)(1)-6).
- The completed table that describes the elements of a Comprehensive Assessment System currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-7).
- The completed table that describes the elements of high-quality health promotion practices currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-8).
- The completed table that describes the elements of a high-quality family engagement strategy currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-9).
- The completed table that describes all early learning and development workforce credentials currently available in the State, including whether credentials are aligned with a State Workforce Knowledge and Competency Framework and the number and percentage of Early Childhood Educators who have each type of credential (see Table (A)(1)-10).
- The completed table that describes the current status of postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators (see Table (A)(1)-11).
- The completed table that describes the current status of the State's Kindergarten Entry Assessment (see Table (A)(1)-12).
- The completed table that describes all early learning and development data systems currently used in the State (see Table (A)(1)-13).

**Introduction and Vermont's Principles for Reform**

The state of Vermont has demonstrated a strong and enduring commitment to the early learning and development of young children that encompasses all of the key reform areas articulated in the Race To The Top - Early Learning Challenge (RTT-ELC) opportunity. We believe that for a child to arrive at the school house door ready to succeed in school and in life she must enter that door with vibrant health, emotional security, social competence, curiosity and capability. We know from experience and from ever growing scientific evidence that, while this is the potential for all children, it is only realized when families, communities, public and private investors, and state policymakers collectively commit to assuring children's safety, health, optimal development and access to developmentally beneficial early learning and development programs and services.

Verifying our resolve to realize the potential of the children in our state, the Building Bright Futures Council, Vermont's designated State Advisory Council on Early Care and Education, has adopted four commitments to our youngest Vermonters:

- Every child shall have good prenatal care, good health care and nutrition.
- Every child shall have supportive relationships and positive learning experiences.
- Every child shall benefit from a balanced approach to emotional, social, cognitive, and language development. and
- Every child and family experiencing adversity shall have access to highly specialized interventions as early as possible.

These commitments reflect the some fundamental principles that guide Vermont's comprehensive and systemic approach to supporting all children's early learning and development.

Vermont defines early childhood as a critical period of life beginning prenatally and continuing through eight years of age. We view early childhood learning and development as multi-dimensional and understand these dimensions are intertwined. We prioritize a unified approach that addresses the relationship among all domains of development and strive to integrate the diversity of programs, services and supports that surround young children and their families in our communities.

Our work is informed by developmental science, evidence informed practice and on-going evaluation of results. We pay close attention to the real lives and experiences of families raising children in our predominantly rural communities – their needs and priorities are the focus and center of our legislation, policies, and practice. We have a strong history of commitment to building a high quality early learning and development system for all Vermont children and believe that our most vulnerable, and often hardest to reach, high needs children are best served in this context. Prioritizing a positive and lasting impact, we target particular resources and investments to promote resiliency, build protective factors and reduce achievement gaps for high needs children. We accept the RTT-ELC definition of high needs as children in low income families, children with developmental disabilities or delays, English language learners, children who are migrant, homeless or in foster care. We further expand this definition include children of incarcerated parents; children at risk of, or who have experienced abuse or neglect or who are

victims of trauma; refugee children; undocumented children; children in the custody of grandparents or other kin; children who are geographically isolated; and those in families displaced due to natural disaster.

Given the importance of relationships and a sense of place in our rural heritage and way of life, Vermont believes that families, neighborhoods, and communities must be involved and share in planning and decision making as we weave together and strengthen a statewide system of early learning and development. Where significant and specific vulnerabilities for young children and their families are identified in particular neighborhoods and towns, customized place-based strategies become very important and require community commitment to succeed.

That said, we remain committed to setting common high standards and measuring shared outcomes to ensure consistency across communities so children's access to high quality developmentally beneficial programs and services does not depend on where they live.

#### **Vermont's Commitment and Investment in Early Learning and Development**

Over the past 20 years Vermont has sustained public commitment, investment, and leadership related to early learning and development. Through the past three administrations, shifting from a Democratic administration under Governor Howard Dean, to a Republican administration under Governor Jim Douglas and most recently back to Democratic administration under Governor Peter Shumlin, Vermont's governors and legislature have been ahead of the national curve in supporting innovation and reform in early learning and development and have invested state funds accordingly. Support for early learning and development has become "a Vermont value".

Taking this resolve to a new level, Governor Shumlin recently announced a Strategic Plan for his administration that includes a priority to reinvest savings from significant reforms in the Department of Corrections system into early learning and development. The yield from that priority is included in our plan to sustain the achievements of the Vermont Early Learning Challenge (VT ELC) State Plan.

#### **Major Public Programs and Investments**

Table (A)(1)(4) documents Vermont's sustained financial investments in early learning and development over time. Assuming that preschool spending in 2011 was at least equal to what



was spent in 2010, combined state investments in early learning and development documented in the table increased by nearly 40% between 2007 and 2011. These figures do not include state spending on home visiting, Parent Child Centers, teen parent services, mental health services and other important investments in early learning and development that are included in Vermont's integrated approach and this overall plan. Figures in (A)(1)-4 reflect a good portion, but not the total of Vermont's financial commitment to early development and learning. Most notably (A)(1)-4 does show that, despite serious budget constraints and reductions in the difficult economic environment of recent years, investments in early learning and development has held steady or increased. In difficult times, Vermont policymakers have not waived in their understanding of the importance of investments in early learning and development and have prioritized these investments in their budget.

**State-funded Preschool:**

As early as the 1980's, approximately 150 of Vermont's 250 towns voluntarily offered early education programs to three- and four-year-olds. Initially these programs targeted high needs children but eventually they expanded to include children who were not at-risk. In 2007 Act 62, an Act Relating to Pre-Kindergarten Education, was enacted to codify this long standing practice and to set consistent and high program and personnel standards. Act 62 increased the number of quality publicly funded pre-Kindergarten (pre-K) education programs (see Appendix B.) It also promotes partnerships between school districts and existing qualified community programs, requires community input prior to establishing or expanding pre-K programs, and offers children between the ages of three and five and their families greater access to quality early learning experiences.

Publicly funded pre-K education looks differently across Vermont. Various types of programs use different curricula and different philosophical approaches. In some cases, there are partnerships with Head Start programs in which a school funded early childhood special educator and a Head Start funded teacher work side by side. In others, districts fund children to participate in pre-K education at a community child care center or family child care home. Some children attend a school district operated pre-K program in the elementary school (see Appendix B.) Despite the different "looks" of pre-K education, all programs must meet the same program standards, child care licensing regulations, staff qualifications, and ensure that their programs



align with Vermont's Early Learning Standards (VELS). Act 62 allows for local determination of which model(s) work best for children, their families, and providers but requires adherence to quality standards.

Partnership is a key aspect of Vermont's pre-K programs. Of the 53 supervisory unions offering pre-K education, more than half (33) contract with community providers, and 22 collaborate with Head Start. More than 80 community partners collaborate with school districts to offer pre-K. In addition to local partnerships there are state level partnerships; Act 62 authorized the commissioner of the Department of Education and the Department for Children and Families commissioner to jointly implement Vermont's publicly funded pre-K education. The departments continue to successfully co-administer publicly funded pre-K in Vermont.

Act 62 requires all programs to gather information on children's developmental progress. All teachers, regardless of setting, use one of two approved assessment tools; the Creative Curriculum Developmental Continuum (CCDC) or the Work Sampling System (WSS). (This year, Vermont is transitioning from CCDC to Teaching Strategies GOLD and dropping the WSS option in 2012-2013.) These data have the dual purpose of measuring child outcomes as well as providing information teachers use to differentiate instruction and better meet the unique needs of all children.

Publicly funded pre-K continues to be voluntary, both in terms of children's participation and whether or not Local Education Agencies (LEAs) offer pre-K. Currently, 90% of all LEAs in Vermont offer pre-K, but a 100% participation rate is needed to reach all children, especially high needs children. The Vermont Community Preschool Collaborative (VCPC), an organization funded by a consortium of philanthropists, has been working for six years to promote pre-K in Vermont, especially promoting partnerships with qualified community programs. The VCPC director and staff facilitate pre-K conversations among LEAs, families, and community leaders; and they provide technical assistance to support the establishment and/or expansion of pre-K. Additionally, VCPC provides grants to communities to partially fund pre-K for two years until the new or expanded program is fully covered by the state's Education Fund (e.g., Vermont public school funding). VCPC has been invaluable to the state's effort to move towards universal pre-K. In the coming years, VCPC will refocus some of its efforts and funds from pre-K to supporting infants and toddlers. However, VCPC has made a commitment to continue providing technical assistance to communities even after the grant monies it currently provides for pre-K

are repurposed within two years. Therefore, resources to support new and expanded pre-K programs are needed to augment VCPC's efforts and enable Vermont to effectively meet its goal of universal pre-K, giving all young children an opportunity to participate in a publicly funded high quality early learning and development program. (Appendix B.)

**Early Education Initiative (EEI):** The Early Education Initiative (EEI) grant program was established by the Vermont Legislature in 1987 to provide early education opportunities for three- and four-year-olds deemed to be at-risk – but has been maintained even as Act 62 investments have risen dramatically (see Table (A)(1)-4.) The provisions of the law governing this state funded competitive grant program include: (1) prioritizing areas in the state with few opportunities for early education, (2) providing developmentally appropriate, experiential learning opportunities in home and/or group settings, (3) valuing parent involvement and input, and (4) developing programs that result from collaborations between school districts and community organizations. Since its enactment, the legislature has allocated an average of \$1.1 million annually for EEI grants. The definition of “at-risk” for EEI align with the definition of high risk in this VT ELC State Plan. EEI grants support a variety of early learning and development opportunities. For example, among this fiscal year's 44 grantees, there are programs that: provide home visits to young children and families in remote areas, pay tuition for homeless children to attend a center-based child care program, support early literacy through a focused curriculum, support professional development and family activities, and provide transportation and tuition to enable at-risk children to attend an early learning and development program.

**Essential Early Education (EEE) - section 619 of IDEA Part B:** Essential Early Education (EEE) is Vermont's system of early childhood special education services for children three to six years old with disabilities administered by the Department of Education. EEE services must include early childhood specialized instruction and may include related services like speech and language therapy, occupational therapy and physical therapy that are provided by local school districts to children who have a developmental delay or a medical condition that may result in significant delays by the time the child enrolls in elementary school. Services are typically provided in public preschool classrooms, community-based early childhood programs, Head

Start classrooms, children's homes and/or other settings depending on the unique needs of the children and their families. Inclusion is a reality in Vermont and has been since the early 1980's. More than 80% of preschool children with disabilities participate in early learning and development environments with typically developing peers as part of publicly funded preschool. EEE is funded with a combination of federal, state and local funds. Between 2008 and 2009, local investments in EEE rose significantly contributing to an overall 9.8% increase in EEE expenditures. (Table 9 on page 22 of Appendix B.)

In Vermont, we know that preschool investments are essential yet not sufficient to adequately address the achievement gap between high needs children and their peers that is evident by the time children enter kindergarten. Foundations for learning in the architecture of the brain are forming in the womb. Ensuring solid foundations for later success depends on investing in high quality programs and services in the prenatal period and maintaining an investment over the developmental life span of early childhood. Vermont has invested in programs and services such as those described below to expand the supports from preschool to this critical time from prenatal development to age three.

**Pregnancy Care and Postpartum Care in Vermont:** Pregnant women in Vermont access and receive first trimester care at a high rate (95% in 2010). A multidisciplinary range of health services is offered in Vermont to pregnant women and their families, including physical exams, dental and health screening, nutrition, social services, education, and referral services. The primary objectives of the majority of services are to provide health promotion, prevention, and early intervention to women in an effort to improve birth outcomes, including decreasing the incidence of premature births, infant mortality, low birth weight and other complications related to pregnancy and birth. In addition, many programs promote and assure comprehensive primary health care for children from birth to age 21. While smaller in number, several dedicated programs exist that target special populations, such as low-income pregnant women, pregnant teens, pregnant women addicted to substances such as tobacco or opiates, and pregnant women with mental health disorders. Among the multiple programs within the Agency of Human Services that provide health education and services to pregnant women, very young children, and families, three (3) have been identified with the greatest focus on high risk pregnancies:

Children's Integrated Services (CIS) within the Department for Children and Families, which is part of Integrated Family Services (IFS) in AHS; Maternal and Child Health (MCH) Services at the Vermont Department of Health [MCH Coordinators, WIC, and the Nurse Family Partnership (NFP) Home Visiting Program]; and the Vermont Chronic Care Initiative (VCCI) at the Department of Vermont Health Access.

**Children's Integrated Service (CIS):** CIS is Vermont's unique model for integrating early childhood health, mental health, early intervention services and specialized child care services for pregnant women and children from birth to age six. The model is designed to improve child and family outcomes by providing family-centered, holistic, prevention, early intervention, and health promotion services, effective service coordination, and flexible funding to address gaps in services. Formerly separate programs were intentionally reorganized into the Child Development Division within the Department for Children and Families.

*CIS Nursing and Family Support (NFS)* activities are focused on prevention and early intervention and include health education and counseling, screening and assessment, referral, advocacy, risk reduction and case management. Services are available to pregnant and postpartum women, and infants and children from birth to age five who are eligible for Vermont's Dr. Dynasaur insurance. The CIS State Team at CDD works closely with VDH Maternal Child Health staff to integrate the continuum of home visiting services available to pregnant women and very young children and their families in Vermont.

*CIS Early Childhood and Family Mental Health (ECFMH)* promotes healthy social and emotional development for children up to six years old, their families, and child care programs. These services include information and referral, direct services with children and families, parenting education, and training and consultation for early care, health and education providers. *CIS Early Intervention (EI)*, a federally mandated (IDEA -Part C) system of individualized early intervention services for young children from birth to age three with, or at risk of, developmental delays.

Most recently *Specialized Child Care Services (SCCS)* have been integrated into CIS to provide an array of customized supports that help high needs children experience success in early learning and development programs. The Child Care Coordinator on the local CIS Team works to increase the supply of high quality, specialized early learning and development programs in



centers and family child care homes prepared to serve high needs children and to ensure that when enrollment in center or family child care home is part of the child's coordinated plan of care, it's a good match that will support development.

CIS combines these four prevention, early intervention and treatment programs into one child development and family support services system. These services are available statewide through multi-disciplinary Children's Integrated Services Teams in each of the twelve Agency of Human Services regions. These teams provide a single point of access for a wide range of services that support early learning and development. The menu of CIS services includes: Service Coordination, Health Education, Childbirth and Parenting Education, Specialized Therapies (e.g. speech, physical therapy, audiology, vision, and nutrition), consultation to child care, medical evaluation, medical social work and family support. CIS is characterized by a Primary Service Coordinator and Consultation Team Model, where one early childhood prevention and early interventionist provides support to the family, backed up by a multi-disciplinary team of other professionals with early childhood expertise who provide services to the child and family through joint home visits and other strategies coordinated through the primary service provider. These services result in positive outcomes for pregnant and postpartum women, children birth through age six, and their families. Table (A)(1)-5 indicates that an estimated 4,000 children from the prenatal period through age 6 received one or more CIS services in 2011. Over the past two years, Vermont has invested American Recovery and Reinvestment Act (ARRA) funds available through IDEA Part C to design and develop the VT Child and Family Tracking System (VFACTS) to improve data on pregnant women and children accessing CIS. We anticipate launching the new data system in spring 2012. Vermont applies innovative funding strategies such as Vermont's Global Commitment to Health waiver (Appendix O) to support blending and managing funds to support full integration of service delivery at the regional level (see Appendix M.) Vermont contributes over \$2.6 million annually to support CIS.

**Maternal, Infant and Early Childhood Home Visiting:** In 2010, Vermont secured initial funding of \$557,000 in federal American Care Act (ACA) funds to implement an evidence based home visiting program. Vermont Department of Health and Department for Children and Families chose the Nurse Family Partnership (NFP) model of home visiting for first time moms who are enrolled early in pregnancy. In the summer of 2011, we secured an additional \$1



million annually for the next four years. NFP curriculum targets six benchmarks that are congruent with Vermont's commitments to children: Improved Maternal and Newborn Care; Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Dept. Visits; Improvements in School Readiness and Achievement; Domestic Violence; Economic Self-Sufficiency; and Coordination and Referrals for Other Community Resources and Supports. The Nurse Family Partnership is a good fit for Vermont's evidence informed, goal oriented, integrated approach to early learning and development. Based on the Vermont state and county population analysis, there are four communities where the incidence of risk factors that NFP has shown to impact best meet the criteria for enrollment in this evidence based home visiting program. These four communities have been invited to participate in initial implementation of the model. Federal American Care Act (ACA) funds will be used to hire and train nurse home visitors in the selected Vermont communities to implement the Nurse Family Partnership (NFP) model. The grant funds will also support technical assistance from the NFP national staff, a Vermont state home visiting services coordinator, and state staff in providing oversight of the program to ensure fidelity to the model and regional success with this endeavor. Grant activities will be intentionally integrated with existing CIS outreach, referral, intake, service delivery and evaluation systems. One of our goals in this application is to expand the reach of this NFP model to more Vermont communities. (C)(3)

**Vermont's Child Care Financial Assistance Program (CC FAP):** The CC FAP is Vermont's child care subsidy program under the Child Care and Development Fund (CCDF). In December 2009, the National Center for Children in Poverty (NCCP) at Columbia University released *Work Supports in Vermont; An Analysis of the Effectiveness of State Policies Supporting Work*, a report prepared for the Vermont Department for Children and Families. The report identified child care as one of the largest expenses working families face and recommended reforms in both the CC FAP and in child care tax credits to begin to address this significant pressure for low-income working families struggling to achieve economic stability for their families. DCF took these recommendations seriously and in 2009 embarked on a wide scale effort to initiate reforms in the CC FAP. From May through October of that year the CDD within DCF conducted extensive internal analysis and solicited broad community input in creating a viable plan to improve the child care subsidy system in Vermont. The challenges uncovered included failure to

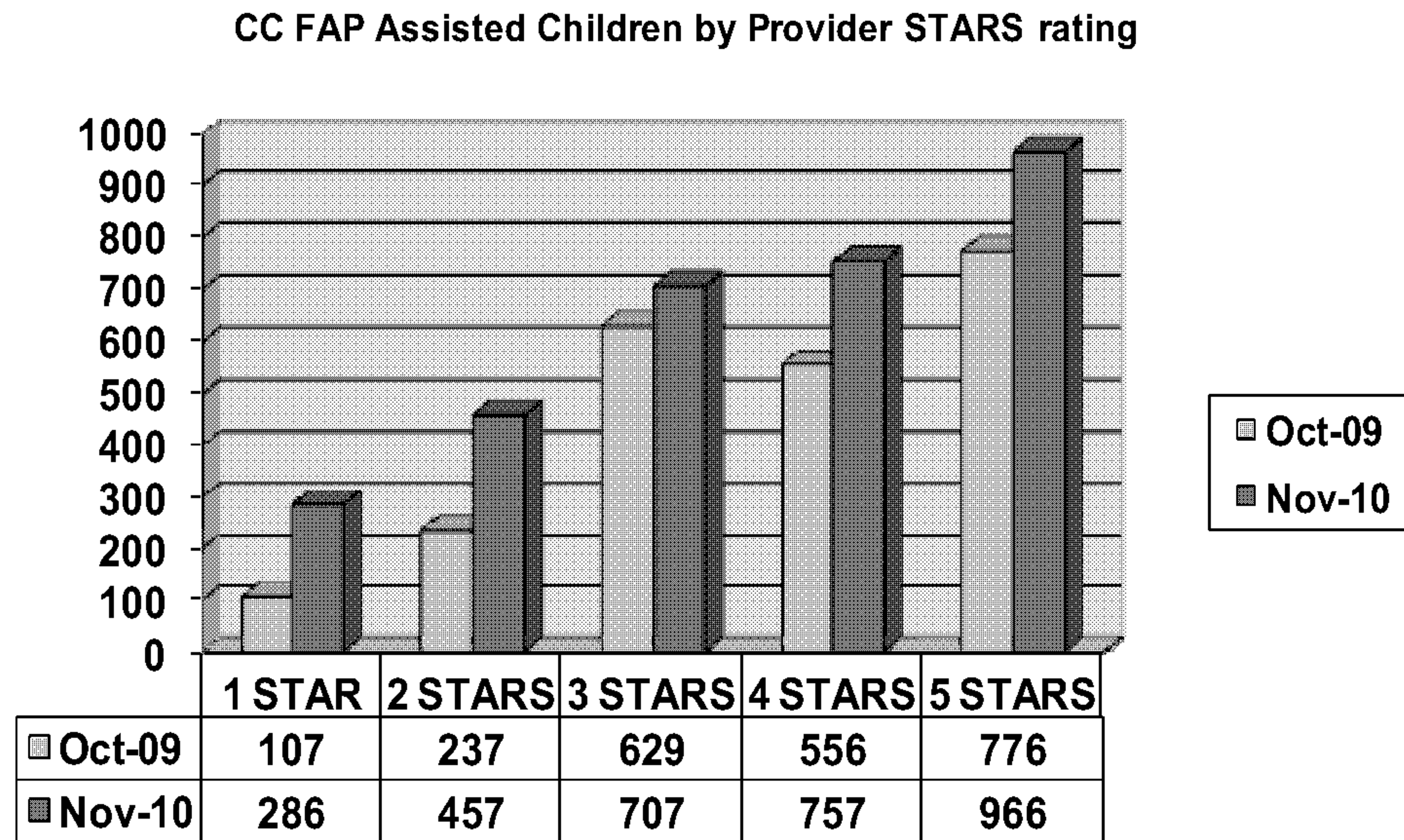
remain current with federal guidance related to rates and eligibility in CCDF and increasing numbers of variances approved to address individual hardship situations as a response that created an overall inequity in terms of access to family benefits for families and program supports for providers. The opportunities for reform included new early learning and development system components and \$4.8 million in new investments in SFY 10.

Increasing participation by child care providers in VT STARS, Vermont's Tiered Quality Rating and Improvement System, afforded an opportunity to implement a tiered rate structure in CC FAP that uniformly rewards providers participating in CC FAP for achieving and maintaining high quality while making enrollment in high quality programs as affordable for assisted families as enrollment in non-rated or informal care. The Bright Futures Information System (BFIS), a state of the art data system incorporating child care licensing, early childhood work force and child care subsidy and quality data and functions, and capable of supporting timely and accurate provider payments through automation was launched in 2005.

The Vermont legislature appropriated \$3.3 million in new general funds and boldly allocated \$15.5 million in ARRA funds under CCDF to implement reforms described below.

In January 2010, a revised sliding fee scale increased the amount that a family could earn and still be eligible for subsidies and created slight increases in benefit levels for all families. Rates were increased for all providers and a new rate structure was implemented that significantly raised quality incentive rates for providers participating in VT STARS. ( See Appendix P: CC FAP Change Report to the Legislature, April 2010) Nearly \$1 million in funds were awarded in a new "Strengthening Families" grant program offered to 4 and 5 star centers serving at least 30 % of subsidized children in their enrollment census. Strengthening Families grants were developed to ensure affordable access to high quality comprehensive early care and education programs for children, particularly infants and toddlers, and families challenged by economic instability and other environmental risk factors. Vermont 's investment in these important reforms has been maintained in subsequent fiscal years despite the sunset of federal ARRA funds.

The chart below illustrates one year of the steady growth in participation in VT STARS. The data shows that the rate of increase for subsidized children’s enrollment in programs rated as 3 – 5 star is increasing more rapidly than the overall supply of 3 -5 star enrollments.



**Private Sector Involvement**

The Funders Collaborative, consortium of private philanthropists, has invested millions of private dollars both individually and collectively into early learning and development in Vermont. Collaborative projects include the Vermont Community Preschool Collaborative (VCPC), which has invested over \$2 million in efforts to ensure universal access to high quality pre-kindergarten since 2005. The Birth – 3 Project, soon –to be-launched has assembled over \$1 million assembled to impact developmentally beneficial services for younger children over the next several years. More information about private sector commitment to and investment in early learning and development in Vermont is described in Invitational Priority 5 on page X.

**Vermont’s History of Innovation and Foundation for Reform**

**Successful State Systems**

**Vermont State Board and Department of Education**

The recently revised Strategic Plan of the Vermont State Board of Education includes a mission and vision for education in Vermont as well as goals and strategies to achieve these. The

mission is to provide leadership, support and oversight to ensure that the Vermont public education system enables each student to be successful. The vision is to ensure that every learner completes his or her public education with the knowledge and skills necessary for success in college, continuing education, careers, and citizenship. The public education system operates within a framework of high expectations for every learner with support from educators, families and the community. In 2010, a strategic plan was developed which prioritized five goals including a commitment to support early childhood education efforts with an emphasis on collaboration with AHS and appropriate partners so that standards and expectations for early childhood programs lead to student readiness for kindergarten and K-12 standards.

The VTDOE shares authority with DCF to oversee implementation Act 62 (public pre-K), administer the Kindergarten Readiness Survey, and is a co-lead with AHS for IDEA Part C. VTDOE administers the Early Education Initiative Grants, Title I, and the Child Nutrition program. It also designed and implemented the Higher Education Collaborative-Early Childhood/Early Childhood teacher licensure program which has enabled nearly 100 early educators to obtain an ECE or ECSE license. The VTDOE commissioner is a designated member of the Building Bright Futures State Council, and has representation on the Interagency Coordinating Council.

**Agency of Human Services:** The Agency of Human Services (AHS) is the umbrella agency for six health and human services related departments of Vermont state government. These include the Departments of Health (VDH), Children and Families (DCF), Corrections, Mental Health, Aging and Independent Living and Health Access (Medicaid & state health care programs). The Agency has had a decade long focus on coordination and organization of services to provide a unified “one agency” approach to consumer services. The most recent and robust effort to bring agency services together is the integration of child and family services across the AHS into one seamless continuum of care for children & families prenatal to 22. These efforts are happening within the context of health care reform and comprehensive multi-disciplinary response to care across the health and human services spectrum. As part of that effort, Integrated Family Services (IFS) is strongly committed to prenatal and early intervention for children and families. It is understood that giving families early support, education and necessary developmental



intervention will produce more favorable and lasting outcomes at a lower cost than the current practice of waiting until circumstances are bad enough to access high end funding streams which often result in out of home or out of state placements or more intensive medical interventions. This leads naturally to a fundamental focus on early learning and development. Children's Integrated Services (CIS) is a model of the IFS approach focused on children prenatal – age 6 and their families.

**Department for Children and Families (DCF):** The DCF has been designated by Governor Shumlin as the Lead Agency for Vermont's Early Learning Challenge (VT ELC) State Plan and application. DCF includes the Child Development Division (CDD), which administers the Child Care Financial Assistance Program (CC FAP) and related workforce and quality improvement initiatives under CCDF. CDD has responsibility for Child Care Licensing, the Head Start Collaboration Office and Children's Integrated Services (CIS) which includes Part C of IDEA. The CDD and DOE also co-administer publicly funded preschool under Vermont Act 62. The CDD administers CBCAP. The DCF also includes the Family Services Division (FSD), responsible for child protection and child welfare, and the Economic Services Division (ESD), responsible for Reach Up (TANF), 3 Squares VT (SNAP) and Dr. Dynasaur eligibility (SCHIP), the Office of Economic Opportunity, the Office of Child Support and the Office of Disability Determination Services. Deputy Commissioners in DCF work closely together on a collaborative leadership team working on a department wide strategic. The CDD within DCF works closely with and supports the Building Bright Futures Council.

**Building Bright Futures (BBF) Councils (Statewide and Regional):** Building Bright Futures is governance structure for Vermont's early care, health and education system. It is statutorily charged with assuring an accountable, results based, comprehensive and coherent system of high quality early childhood services that are coordinated, aligned with established early learning and development standards, and are geographically and financially accessible to all families with young children. The BBF Council is the Governor designated Council. It has been established as a public – private partnership, operating as an independent 501(c) (3) organization as of July, 2011.



The Building Bright Futures structure is comprised of a State Council that includes 23 members and 12 statewide Regional BBF Councils. Current staffing capacity includes an Executive Director, a data analyst position, and very part time coordination capacity for the Regional Councils.

The current governance structure evolved from an informal one established in most Vermont communities in the early 1990's, using community early childhood councils with paid part time staff to coordinate the early childhood system. State General Funds, called Success by Six, were appropriated to support both direct primary prevention services such as welcome baby home visits and playgroups as well as the coordination of the early childhood councils. In 2002, Vermont applied for and received a Smart Start Technical Assistance grant to help evaluate our early childhood system and determine next steps needed to more fully align our work with the components of a comprehensive early childhood system as outlined in Sharon Lynn Kagan's publication, "Not by Chance". The assessment conducted under the Smart Start Technical Assistance grant indicated two areas of serious weakness in Vermont's system: insufficient public awareness of and support for early childhood services including minimal support from the business and other private sectors, and the absence of a governance structure that formally links state and regional policy and funding to established outcomes. The decision was made to establish such a governance structure as a way to address both concerns. The structure would have oversight and leadership responsibility for the entire early childhood system. Under the 2010 statute, Act 104, establishing the Building Bright Futures Council, early care, health and education are defined collectively as "all services provided to families expecting a child and to children up to the age of six, including child care, family support, early education, mental and physical health services, nutrition services and disability services." (Appendix C)

Now established by statute and supported by a committed administration and legislature and an engaged private sector, the BBF structure is poised and well positioned to bring together the many foundational early learning and development system assets in Vermont into a more integrated, coordinated and cohesive whole.

### **Innovative Funding Strategies**

**Vermont's Global Commitment to Health**, is a 1115a Medicaid waiver designed to reform our state Medicaid program. The Global Commitment Demonstration operates under a managed care model designed to provide flexibility for the financing and delivery of health care in order to promote access, improve quality and control program costs. The Agency of Human Services (AHS), as Vermont's Single State Agency, is responsible for oversight of the managed care model. The Department of Vermont Health Access (DVHA) is responsible for operation of the managed care model. This waiver helps Vermont and the federal government manage Medicaid expenditures at a sustainable level while providing Vermont the flexibility to determine how to use its health care resources to improve service effectiveness and efficiency. More than 95% of Vermont's program participants are enrolled in the Global Commitment Demonstration. The Demonstration began in October, 2005, and was recently renewed to extend until December 31, 2013. Vermont's actual spending over the 8.25 years of the waiver is projected to save \$500 million (i.e. demonstration savings).

While other states have reduced or eliminated coverage for optional Medicaid services and beneficiary groups over the past few years, the Global Commitment waiver has enabled Vermont to sustain and expand its Medicaid program. The Demonstration allows Vermont to use any excess capitation revenues to reduce the rate of uninsured and/or underinsured in Vermont; increase the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries; provide public health approaches and other innovative programs to improve health outcomes, health status and quality of life for uninsured, underinsured and Medicaid eligible individuals in Vermont; and encourage the formation and maintenance of public-private partnerships in health care, including initiatives to support and improve the health care delivery system.

These investments have helped improve and expand the health care provided within Vermont, and thereby help the Medicaid program with its medical cost trends. The managed care model also encourages inter-departmental collaboration and consistency across programs. Many of the innovative integration efforts brought together under Integrated Family Services in AHS, including Children's Integrated Services, apply the Global Commitment waiver to support fiscal models that promote coordinated service delivery. (Appendix O.)

Other innovative funding strategies related to systemic investments in early learning and development in Vermont include: the **Building Bright Futures Facilities and License Plate Fund** at the Vermont Community Loan Fund, the **Vermont Children's Trust Foundation (VCTF) Tax Check Off** and **Vermont Child Care Tax Credits**. These are described in the Appendix D.

### **Community Partners in Early Learning and Development in Vermont**

In a rural environment, community partners operating local programs are critical in bringing statewide standards, policies, innovations and investments to children and families in geographically remote and economically diverse communities. Vermont has a number of important community partners in the emerging system of early learning and development. Four are profiled here.

**Early Head Start & Head Start:** Vermont has seven federally funded Head Start grantees serving children and families living in poverty across the state. Four of the seven are also Early Head Start grantees. The seven grantees have a combined budget of \$14,874,996 in federal funds with an enrollment of 1,580 children birth to five across Vermont (2010). Sixty percent of Vermont Head Start & Early Head Start children are enrolled in center-based programs while 4% are enrolled in family child care programs (i.e., registered family child care) with Head Start supports. Twenty seven percent (27%) are enrolled in the home-based program option (i.e., home visiting) that provides services to children, primarily in the child's home, through intensive work with the child's parents and family. Nine percent (9%) are enrolled in a combination program option that provides services to children in both a center based setting and through intensive work with the child's parents and family at home. Vermont's Head Start programs participate in VT STARS achieving ratings of 4 and 5 stars. All of Vermont's Head Start programs participate in Act 62 preschool partnerships. Twenty-two different supervisory unions or school districts partner with Head Start to offer 35 collaborative programs across the state. Vermont Head Start programs uniformly demonstrate a high level of program quality and collaboration.

**Parent Child Centers (PCC)/Parent Child Centers Network (PCCN):** Funded by legislative appropriation since 1988 and established in statute, Vermont's fifteen (15) Parent Child Centers

form a network of community-based, non-profit organizations open to all families and children of Vermont, with a special focus on families with young children, young parents, and pregnant and parenting teens. Parent Child Centers are all independent nonprofit organizations, or programs within nonprofits. Each center provides a range of supports and services for young parents and young children, both through the centers' own programs and as clearing houses and referral sources for a variety of other state and other nonprofit services. All PCCs share a core philosophy and a core set of services designed to help families get off to a healthy start; promote well-being; build on family strengths; and prevent problems, i.e., illiteracy, poor health, welfare dependence, family violence, or sexual, physical and emotional abuse. The Agency of Human Services, Child Development Division (CDD), administers the PCC allocation and works closely with the Vermont Parent Child Center Network on program development and evaluation. The State of Vermont appropriated \$781,115 in State Fiscal Year 2010 for Parent Child Centers and an additional \$130,000 to thirteen (13) of the fifteen (15) PCCs for the *Learning Together* Program for pregnant and parenting teens. In 2011, the CDD worked with the PCCN to submit a successful application for federal funding from the HHS Office of Adolescent Health to support pregnant and parenting teens. The state of Vermont was awarded \$2.8 million dollars over three years to strengthen and evaluate the *Learning Together* program statewide. Vermont has a demonstrated history of collaboration between state agencies and our community based organizations for the purpose of improving upon service delivery, quality, and effectiveness.

**Community Child Care Support Agencies (CCCSAs) (VACCRRA):** There are 12 (twelve) Community Child Care Support Agencies located throughout Vermont's fourteen counties. Each of these agencies is a member of Vermont Association for Child Care Resource and Referral (VACCRRA), Vermont's child care resource and referral network. Six of the CCCSAs are also Parent Child Centers. VACCRRA member agencies share a common commitment to the development and support of quality child care options for Vermont children and their families. The Child Development Division within the Department for Children and Families contracts with Community Child Care Support Agencies to provide referral information and outreach related to child care quality, assistance in paying for child care for families,, processing eligibility determination for the Child Care Financial Assistance Program (CC FAP), and providing professional development training and resources for child care providers. In SFY



2012, \$2.3 million dollars was allocated to support these services at CCCSAs.

**Vermont Family Network (VFN):** The VFN promotes health, education and well-being for all children and families, with a focus on children and young adults with special needs. VFN offers support, services, and referrals to children and families. As an Early Learning Intermediary Organization, Vermont Family Network is affiliated with a number of state and national programs and organizations focused on family engagement and empowerment including: Vermont Coalition for Disability Rights (VCDR); Family-to-Family Health Information Center (F2F-HIC); Family Voices Vermont chapter; PIC and a PTI Parent Information Center (PIC); Parent Training Information Center (PTIC); Parent Information Resource Center (PIRC); Parent to Parent Program ([www.P2PUSA.org](http://www.P2PUSA.org)); and Vermont chapter of the nationally known LEND Program (in Vermont is called VT-ILEHP). Vermont Family Network is also one of 6 organizations sponsoring Kids Are Priority One.

#### **Quality and Accountability**

**Vermont Step Ahead Recognition System (VT STARS)** is Vermont's Tiered Quality Rating and Improvement System (TQRIS) for all regulated early learning and development and after school programs in the state. Initially implemented in 2004, VT STARS assesses and recognizes program quality with a 5-level graduated point system that uses a combination of providers' self-reported evidence and third party verified evidence in 5 arenas: Regulatory compliance history; Teaching staff qualifications and annual professional development; Families and community; Program practices; and Administration. A more detailed description of VT STARS is in Section(B)(1.) (Appendix E: VT STARS brochure). VT STARS incorporates the four components of a TQRIS as defined in the RTT-ELC. application. The VT STARS Oversight Committee has been planning over the past year to strengthen processes for validating the system and has developed a plan to accomplish this in the coming year. Funds from an RTT ELC would strengthen this to a more robust valuation that we could otherwise afford

The Child Development Division expends \$ 150,000 annually for administration of VT STARS by a community agency, and \$279,300 annually is awarded to participating providers in bonus payments for achieving higher levels in VT STARS. The Child Care Financial Assistance



Program (CC FAP) pays substantially higher rates for increasing levels of quality as documented in VT STARS in order to support affordable access to high quality programs for low income families. (See Appendix B and E.)

CC FAP Rate differential for STARS programs					
	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS
Eff. January 2010	5%	10%	20%	30%	40%

**Promoting Early Learning and Development Outcomes for Children**

**Early Learning and Development Standards**

The *Vermont Early Learning Standards: Guiding the Development and Learning of Children Entering Kindergarten* (VELS) was developed and published in 2003. These standards were designed to articulate the expectations for children in the preschool years (i.e., three- to five-year-olds). The task of developing a common set of child outcomes was assigned to the Standards, Monitoring and Technical Assistance Sub-Committee of the Vermont Early Childhood Work Group. The sub-committee consisted of practitioners drawn from early care and education programs, Head Start, public schools, state agencies, higher education, and parents. The VELS were informed by and aligned with *Vermont’s Framework of Standards and Learning Opportunities* (i.e., learning standards for K-12) and the *Head Start Child Outcomes Framework*. These learning standards are based on a set of principles that view the child holistically and developmentally, include readiness domains, and recognize the importance of play. (Full copy of VELS in Appendix A.)

A carefully designed plan for disseminating information to early care and education practitioners across the many types of settings in which young children participate on what early learning standards are, and how to use them consisted of several layers. First, a small cadre of early educators was provided training so that they could then go back to their regions to conduct workshops and provide coaching on VELS at the local level. A Trainers Handbook was developed as a tool for these trainers to provide consistent and quality workshops. In 2006, *Guiding Your Child’s Early Learning: A Parent’s Guide to the Vermont Early Learning Standards*, was published in order to inform families about VELS and to support them in their role as their child’s first teachers.

VELS has been extensively promoted and used since its publication. VELS has been

incorporated into various state policies (e.g., Act 62: Act on Prekindergarten Education), informed early educator core competencies and teacher preparation program approval. When selecting statewide child assessments, the tools' alignment to VELs was of paramount concern. Most importantly, VELs have guided practice.

The VELs were developed at a time when little thought was given to standards for infants and toddlers. That is no longer the case nationwide and in Vermont. A couple of years ago, the BBF Preparation & Professional Committee convened a subcommittee of early care and education practitioners and researchers with expertise in infant and toddler development to draft infant-toddler learning guidelines. With initial guidance from NCCIC, research into the issues, and discussions, this subcommittee created *First Steps*.

The *First Steps* infant-toddler learning guidelines are organized in domains that reflect the interrelated nature of infant-toddler learning and development. These domains are:

Communication, Exploration, Well being, and Belonging. These domains focus on the foundations of the essential domains of school readiness. (Refer to Appendix S to read the latest draft of *First Steps*.) Zero to Three recently reviewed *First Steps* in its draft form and evaluated it positively. This fall, this subcommittee will be reconvened in order to finalize these infant-toddler learning guidelines.

### **Promoting Health for Young Children and Families in Vermont**

Table (A)(1)-8 indicates that many of Vermont's early learning and development programs and system components incorporate and require elements of high quality health promotion practices but Vermont's strong commitment to health and mental health promotion and health care reform go much deeper than this table can show.

**Vermont Child Health Improvement Program (VCHIP):** a population based child and adolescent health services research and quality improvement program of the University of Vermont, VCHIP is also a key partner in Vermont's EPSDT implementation and in the continuous improvement of the Vermont's health system for children and families. VDH and VCHIP have a longstanding collaboration, also involving the Department of Vermont Health Access (the state Medicaid agency), the overarching goal of which is to promote and advance the State Medicaid Plan by increasing the efficiency, economy, and quality of care provided to

Medicaid-eligible children and families in medical homes with appropriate and effective linkages among a community-based, coordinated, integrated system of care. This objective is accomplished by annually identifying and implementing projects that reflect the following core components: (1.) Develop, measure, promote, and disseminate positive changes that can improve health care delivered to children, women and families by practitioners who participate in Vermont's Medicaid program. (2.) Support evidence-based health care practice. (3.) Ensure an efficient, economic, and effective child health program that is essential for the implementation of the State Medicaid Plan. (4.) Monitor the services delivered to Medicaid-eligible children to ensure that medical care and services are consistent with efficiency, economy, and quality of care and are available to Medicaid-eligible children and pregnant women at least to the extent that such care and services are available to the general population in the geographic area, and (5.) Assist the state in improving MCH outcomes for Vermont's low income/Medicaid population.

Other important components of Vermont's strong commitment to health and mental health promotion and health care reform such as **WIC, Children's Upstream Services (CUPS), Bright Futures Guidelines for Health Supervision of Infants, Children & Adolescents, Bright Futures Community Medical Home Pilot Project, and Children's Health and Support Services (CHASS)** are described in more detail the Appendix F.

Vermont has developed a **Fit and Healthy Vermonters** plan to encourage lifelong healthy eating and physical activity for all Vermonters that includes goals, strategies and measurable outcomes for promoting these habits in children through schools, centers and family child care homes.

#### **Components of a comprehensive assessment system**

Vermont expects infant, toddler, and preschooler developmental progress to be monitored and assessed early and continuously utilizing valid and reliable measures that are developmentally, culturally and linguistically appropriate for each child. There are key times in a child's early years that developmental progress can be assessed so parents, in partnership with practitioners, can use this assessment information to support children's development and learning and also detect and address any developmental concerns. These times include a newborn's health status, a

9 month old's attachment status, a 3 year old's social and emotional well-being, assessment across all domains of learning and development at entry into kindergarten, and an 8 year old's proficiency in reading. Tracking these key points in a child's early years creates a longitudinal and developmentally appropriate view of progress over time. See Appendix U for VT's visual of this system and its use of the National Research Council's publication, *Early Childhood Assessment: Why, What and How* (2008.)

### **Screening Measures**

#### **The Vermont Child Health Improvement Program (VCHIP) Developmental Screening**

**Project** engages the Vermont Departments of Health and Health Access, along with the American Academy of Pediatrics and the American Academy of Family Physicians, in a state-wide quality improvement project to promote guideline-based developmental screening and surveillance in primary care practices with appropriate referrals to community systems to support the identification of children at risk for developmental delays and their appropriate evaluation, diagnosis, and follow-up. Participating primary care practices complete baseline assessment of the provision of developmental and autism screening, identification and tracking of children identified at risk for developmental delay, and referrals for appropriate evaluation, diagnosis, and follow-up. Project interventions include: feedback on data collected; educational trainings; a community-based training; coaching on quality improvement strategies, tools (see Appendix N), measuring changes; a written summary of the national guidelines for developmental and autism screening; and information about referral resources. The objectives of the project are to : promote guideline-based developmental care in the medical home by providing routine surveillance; perform recommended developmental and autism screening.; connect children and families with a concern or with a developmental delay to evaluation and intervention services.

**Formative Assessments:** Preschool programs participating in Act 62 preschool are required to conduct ongoing assessment of children's progress using Teaching Strategies GOLD which are aligned with Vermont Early Learning Standards (VELS). Teachers are encouraged to use information from ongoing formative assessment to improve practice, meet children's individual needs and communicate regarding children's' development and progress with parents. DOE and CDD support training trainers in the GOLD system and trainings for teachers are regularly available and affordable. All regulated providers are invited to participate in these trainings even



if they do not participate in an Act 62 preschool partnership.

### **Engaging and Supporting Families**

Vermont has not yet committed to a common statewide set of family engagement standards. However, information in Table (A)(1)-9 documents a commitment to “family centered care”, “family engagement” and “family support,” all of which are embedded firmly in Vermont’s components of the early learning and development system. Vermont believes in and supports parents as children’s first and most consistent teachers and advocates. We strive to implement an array of strategies to provide culturally and linguistically appropriate information and support to all families, and in particular to those families with high needs children, to help them provide stability, nurture well-being and promote school readiness in the early years. In 2010, Vermont’s Governor, the Region I Office of Head Start, Regional Program Manager, the Secretary of the AHS, the Commissioner of the DCF, the Deputy Commissioner of CDD, the President of the Head Start Association, the Director of Integrated Support for Learning in the DOE, the Director of Children’s Integrated Services and the Head Start State Collaboration Office Director collectively developed and signed an interagency agreement that serves as a guide and commitment to serving children with disabilities and their families. (Appendix G: *Supporting Children With Disabilities and Their Families: An Interagency Agreement Among Early Care, Health, and Education Programs and Agencies in Vermont.*) The principles and practices described in that document are a strong foundation for reaching agreement among all early learning and development partners in Vermont and can be expanded to embrace all high needs children, not only those with disabilities. This is only one of the collaborative statewide networks and agreements that incorporate shared family engagement principles in Vermont. The DCF has recently adopted the Strengthening Families Framework and approach developed by the National Center for the Study of Social Policy as a primary prevention strategy to support and strengthen families across all of its programs and services.

### **Developing a Great Early Childhood Workforce**

**Northern Lights Career Development Center (NLCDC):** The Northern Lights CDC is a statewide career development center for all early childhood and afterschool professionals in Vermont. It partners with educators and providers working in schools, child care centers and

family child care homes, home visiting programs and other community settings to guide and enhance staff professional development opportunities. Its purpose is to support and enhance a comprehensive, accessible and integrated system of quality professional development in the state. NLCDC works with the community to establish professional development standards (Core Competencies) and maintain a career ladder-framework for early childhood and afterschool professionals. It provides course work toward credentials, and establishes and maintains an instructor registry and course calendar. NLCDC includes a guide to Career Advisement. The NLCDC verifies professional development and related qualifications for practitioners as part of an ECE workforce registry incorporated into CDD's Bright Futures Information System (BFIS). NLCDC is supported by an annual grant of approximately \$350,000 in CCDF quality funds from the CDD (see Appendix Q and R.)

**Starting Points Networks:** Starting Points Networks are child care providers coming together in small groups/networks to participate in training, provide peer support and plan community activities that increase the quality of early learning and development services in and across their programs and regions. This strategy has been a part of the Vermont quality improvement system for over 15 years. Over these years providers in networks have achieved credentials, developed leadership skills and completed college courses. Starting Points has contributed to provider retention and thus the continuity of care so critical for young children. CDD supports Starting Points Networks with approximately \$90,000 annually in CCDF quality funds.

**VT Child Care Apprenticeship Program (VCCAP)** is a training program that matches mentors (head teachers, assistant directors, program coordinators, directors, etc.) with less experienced staff (assistant teachers, individual aids, paraprofessionals, etc.) for formal training in the field of early care and education. VCCAP follows the tradition of registered apprenticeship, which combines supervised on-the-job training with 297 hours of formal training hours over a 2-year time period. These training hours include 6 tuition-free college in the field of early care and education along with 4,000 hours of formal on-the-job training. The VCCAP is managed through the efforts of the VT Child Care Industry and Careers Council (VCCICC), a statewide, not for profit organization, working in partnership with the VT Departments of Labor. VCCICC blends state and federal funding, private foundation and community grants, to pay for

the college courses that are offered to benefit the child care workforce. Courses are offered tuition-free, on a first come, first serve basis, after enrollment of the child care apprentices. Course cycles are rotated around the state to provide access to higher education in various geographical areas (see Appendix J.)

MATCH/Foundations of Early Learning (FEL) (Appendices H and I)

### **Measuring Progress and Outcomes**

**Kindergarten Readiness Survey** Since 2000, Vermont has gathered information on the readiness of children entering kindergarten by annually surveying all kindergarten teachers about the “readiness” of their students within the first six to ten weeks of school. The Vermont Research Partnership which included the University of Vermont, the Agency of Human Services, and the Department of Education, developed the *Ready Kindergartners Survey* in 1999-2000. This survey is not a direct assessment of children, but relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten. Teachers complete a survey for each child. Vermont’s concept of children’s readiness is multidimensional; it includes social and emotional development, communication, physical health, as well as cognitive development, knowledge, and approaches to learning (e.g., enthusiasm for learning, persistence, curiosity). The *Ready Kindergartners Survey* consists of 28 items across these domains. These items are aligned with the Vermont Early Learning Standards. Vermont’s concept of readiness also reflects the belief that “school readiness” is interactional: children need to be ready for schools, and schools need to be ready to accommodate the diverse needs of children. Since 2000, surveys for assessing schools’ readiness have been conducted several times. The *Ready Schools Survey* asks principals and teachers to report on the school’s transition practices, connections to families of young children and the community, and other related issues. Vermont has also piloted the *Parents’ Views on School Readiness*, a survey that families complete. The survey acknowledges parents’ knowledge of their own child and asks them to indicate what types of transition to kindergarten experiences are available, and how effective these experiences were.

**Vermont National Governor’s Association Data Readiness Project of 2010** : Vermont is

committed to and has invested in the development of a comprehensive early childhood data system since 2000, with the needs assessment for an integrated care and education data system later launched in 2005. It is well positioned to build upon the Building Bright Futures Information System (implemented 2005) that has unique identifiers at the child, family, workforce and program level and is a statewide, web-based system. Vermont is also investing in three key data systems in the areas of early intervention and prevention, health reform and education that will strengthen its early childhood data system to be more comprehensive and longitudinal. Table (A)(13) provides a detailed profile of Vermont's early childhood data systems by key characteristics. The Vermont National Governor's Association Data Readiness Project of 2010 provided an opportunity to closely examine and build relationships among each of the stewards and stakeholders of the data systems in Table (A)(13.) This led to an increased understanding by non-early childhood leaders and planners of the comprehensiveness and interconnectedness of the early childhood system, and that we all share a common goal, that longitudinal and real-time data are necessary to support children's health, development and learning in their early years, through their school years and onward. While we shared this common goal and a willingness to work together, we lacked the necessary infusion of time and resources to take the unfolding concept of a unified early childhood data system to the next level.

**Health Information Technology/Health Information Exchange:** A child health record that is of high quality and accessible to health care providers, early care/education and school personnel, or other appropriate community providers, is a critical component of Vermont's early learning data system. Vermont's state health reform initiative, the Blueprint for Health, includes a health information infrastructure designed to support the availability of key health information across discrete programs and organizations that serve children and families.

**The Early Learning and Development System in Vermont: Ready for New Challenge and Success**

This foundation demonstrates that in every significant area impacting early learning and development - health, education, and child and family support services – Vermont has employed innovation, information, expertise, and collaboration to create and implement public policy that engenders systemic change. This supports the claim that Vermont is becoming “ a



better place for low income children to grow, learn and live...because policy makers have made commitment to improving the lives of children” (*Improving the Odds for Kids, VT Child Poverty Council Report, January 2009*). Our direction is the right one. Our commitment is clear. The powerful building blocks that have emerged in our work are a good beginning but there is much work yet to do. We see the Vermont Early Learning Challenge State Plan described in this application as a vehicle to: (1) continue, enhance and accelerate the work of strengthening our common understanding, language, standards and practices related to high quality developmentally beneficial programs and services for young children and their families; (2) fully align and integrate systems of care and governance both statewide and locally; (3) raise and align our expectations for shared positive outcomes related to early learning and development and our capacity to measure and report on these; and ultimately give our youngest Vermonters that great start toward a bright future we care so passionately about.

	<b>Number of all children in Vermont</b>	<b>Number of children from Low-Income<sup>1</sup> families in Vermont</b>	<b>Children from Low-Income families as a percentage of all children in Vermont</b>
<b>Infants under age 1</b>	6,509	2,356	36.2%
<b>Toddlers ages 1 through 2</b>	13,259	4,720	35.6%
<b>Preschoolers ages 3 through 5<sup>2,3</sup></b>	19,372	7,652	39.5%
<b>Total number of children, birth through 5, from low-income families</b>	39,140	14,756	37.7%

<sup>1</sup>Low-Income is defined as 200% of FPL.  
<sup>2</sup>Preschool ages 3 to kindergarten entry includes children 5 years of age.  
<sup>3</sup>“Kindergarten entry” for the purposes of this grant application, is defined as 5 years of age. In Vermont, state law sets the parameters for kindergarten entry, but stipulates that kindergarten entry is determined by local school boards. The parameters for kindergarten entry are that the

<b>Table (A)(1)-1: Vermont children from Low-Income families, by age</b>			
	<b>Number of all children in Vermont</b>	<b>Number of children from Low-Income<sup>1</sup> families in Vermont</b>	<b>Children from Low-Income families as a percentage of all children in Vermont</b>
<p>child must be 5 on or after August 31 but not after January 1 (Vermont Statutes 16 § 1073).                      Most local school boards have set the entrance date as September 1. The compulsory age for school is 6 years of age.</p> <p>Population Data Source: US Census Bureau 2009 State Characteristics Population Estimates                      Low-Income Data Source: Census Bureau American Survey 2009 Public Use Microdata Sample via DataFerrett</p>			

<b>Table (A)(1)-2: Special populations of Children with High Needs</b>		
<p><i>The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.</i></p>		
<b>Special populations: Children who . . .</b>	<b>Number of children (from birth through 5) in the State who...</b>	<b>Percentage of children (from birth through 5) in the State who...</b>
<p><b>Have disabilities or developmental delays<sup>1</sup></b>  <b>Source: Part C Dec. 2010 Child Count, Early Intervention, Children's Integrated Services, Child Development Division, Department for Children and Families, Agency of Human Services</b>   <b>Part B of 619 Dec. 2010 Child Count, Early and Essential</b></p>	790 (0 to 3 year olds)	4% (0 to 3 year olds)
	1,406 (3 through 5 year olds)	7.2% (3through 5 year olds)
	2,196 (birth though 5 year olds)	5.6% (birth through 5 year olds)

<sup>1</sup> For purposes of this application, children with disabilities or developmental delays are defined as children birth through kindergarten entry that have an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP).

<b>Table (A)(1)-2: Special populations of Children with High Needs</b>		
<i>The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.</i>		
<b>Special populations: Children who . . .</b>	<b>Number of children (from birth through 5) in the State who...</b>	<b>Percentage of children (from birth through 5) in the State who...</b>
<b>Education Program, Department of Education<sup>2</sup></b>		
<b>Are enrolled in Children's Integrated Services<sup>3</sup></b>	2,200 (plus 1,800 pregnant women)	5.6%
<b>Are English learners<sup>4</sup></b>	951	2.43%
<b>Reside on "Indian Lands"</b>	Not applicable	Not applicable
<b>Are migrant<sup>5</sup></b>	Data Not Available	

<sup>2</sup> Does not include 5 year olds enrolled in Kindergarten and have an IEP.

<sup>3</sup> Children's Integrated Services (CIS) provides prevention and early intervention services to pregnant women and children from birth to age 6. Services include: nursing, family support, early childhood and family mental health, early intervention (Part C of IDEA) and specialized child care. In 2011-2012, the CIS new data system, VT Child and Family Tracking System will be implemented and will provide data on all pregnant women and children birth to six years at the child, family, service (prevention and early intervention) and program levels.

<sup>4</sup> For purposes of this application, children who are English learners are children birth through kindergarten entry who have home languages other than English.

<sup>5</sup> For purposes of this application, children who are migrant are children birth through kindergarten entry who meet the definition of "migratory child" in ESEA section 1309(2).

<b>Table (A)(1)-2: Special populations of Children with High Needs</b>		
<i>The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.</i>		
<b>Special populations: Children who . . .</b>	<b>Number of children (from birth through 5) in the State who...</b>	<b>Percentage of children (from birth through 5) in the State who...</b>
<b>Are homeless<sup>6,7</sup></b>	330	.84%
<b>Are in foster care</b>	235 60 of the 235 children are enrolled in Part C of IDEA <sup>8</sup>	.60%
<b>Other as identified by the State</b> <b>Describe: Are children of parents who are incarcerated</b>	1,044 <sup>9</sup>	2.7%
<b>Other as identified by the State</b>	45 arrivals for FFY11	0.1%

<sup>6</sup> The term “homeless children” has the meaning given the term “homeless children and youths” in section 725(2) of the McKinney-Vento Homeless Assistance Act (425 U.S.C. 11434a(2)).

<sup>7</sup> Source: Statewide Homeless Report, January 27, 2010 Point in Time Count, VT Coalition to End Homelessness. *Homeless number estimated using the VT Coalition to End Homelessness January 27, 2010 Point in Time Count of 0-17 year olds counted and using research that suggests that 42% of homeless children are ages 0–5 in Burt, M. et al. (1999). Homelessness: Programs and the People They Serve. Washington, DC: The Urban Institute. Homeless percentage estimated by dividing the 0-5 population by the estimated number. It is believed this is an undercount as it is a point in time survey.*

<sup>8</sup> Source: Part C Data annual child count 12/2/09 to 12/1/10

<sup>9</sup> The Department of Corrections estimated in their Jan. 2011 Report to the Legislature “*Inmates as Parents; Children and Families; Contact Policies*” that 3,368 minor aged children were impacted by parental incarceration in 2010 (936 by their mother and 2,432 by their father.) If the distribution of ages within the general population is similar to this population (e.g., 31% of minor children are birth through 5 years of age) then the estimated number of children birth through 5 years affected is 31% of the 3,368 minor children.)



<b>Table (A)(1)-2: Special populations of Children with High Needs</b>		
<i>The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.</i>		
<b>Special populations: Children who . . .</b>	<b>Number of children (from birth through 5) in the State who...</b>	<b>Percentage of children (from birth through 5) in the State who...</b>
<b>Describe: Are children of parents who came to this country as refugees<sup>10</sup></b>		
<b>Total special populations<sup>11</sup></b>	2,196-6,151	5.6-12.1%

<sup>10</sup> The Vermont Refugee Resettlement Program is the only resettlement agency in Vermont and, as such, provides primary services to all refugees resettled in our state. The groups of refugees being resettled by the U. S. Department of State vary widely over time as this data indicates. For example, in FFY2004, we received 260 individuals. 24% (62 individuals) were under age 6 and 12% (30 individuals) were under age 3. In contrast, in FFY2011 we received 361 individuals. 13% (45 individuals) were under age 6 and 9% (34 individuals) were under age 3. As we are currently at a low point as the pendulum swings regarding numbers of young children arriving, we may expect that those numbers will rise over the next few years.

<sup>11</sup> Children may be counted in more than one special population thus the total number and percentage of the population is given as a range with the number and percentage of the largest special population included in this table, children who have disabilities or developmental delays set as the minimum and the total set as the maximum (minus know duplicates such as the 60 children in foster care and the 790 children included in Children's Integrated Services and Children's Integrated Services:EI-Part C of IDEA.)

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**Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age**

*Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.*

Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
<b>State-funded preschool</b> <i>Specify: Act 62 Prekindergarten Education<sup>12</sup></i> Data Source and Year: Education Data Warehouse, Child Count, 2010-2011	--	--	3,476	3,476
<b>Early Head Start and Head Start</b> Data Source and Year: 2009-2010 Head Start PIR Enrollment Statistics Report – State Level VT (Office of Head Start / Enterprise System)	191	331	1,394	1,916

<sup>12</sup> Pre-K is universal in Vermont; hence, it's open to 3-5 year old children in LEAs that choose to offer it. The only demographic information we currently collect is gender and race. To estimate the number of high needs children in preK, we used 80% of children receiving Part B, section 619 services (1,406). To find out the number of children 3-5 living in homes earning <200% poverty, we multiplied the total number of children identified as PreK in the October 1 school census (i.e., 4,754) by 39% , the percentage of all 3-5 who are low income. Since we do not collect data on preschool level English Language Learners and migrant children, we used a proxy (percentage of children in kindergarten in these categories) to determine the number of children identified as ELL (2.6%) and migrant (1.1%). We calculated the number homeless by multiplying the total number in preK by (0.84%), the percentage of children 0-6 who are homeless. Since we don't have separate preK programs for children who are ELL, migrant, or homeless, these children most likely attended publicly funded inclusive preK programs.

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**Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age**

*Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.*

Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
<b>Programs and services funded by IDEA Part C<sup>13</sup></b> Data Source and Year: 2010 Child Count (Children’s Integrated Services, Child Development Division) Number of children that receive Part C services in early learning and development programs followed by the annual December 1 count in parenthesis.	8 (60)	118 (730)	--	126 (790)
<b>Programs and services funded by Part B, section 619<sup>14</sup></b> Data Source and Year: Education Data Warehouse, Child Count, 2010-2011 Number of children in receiving Part B, section 619 services in early learning and development programs that are not captured in state funded preK above followed by the annual December 1 count in parenthesis.	--	--	116	116 (1,406 total child count)

<sup>13</sup> Part C provides services in the child’s home and other natural environments such as early care and education programs. Part C does not have separate early care and education programs. On December 1, 2010 as reported in the Child Count Report, 15.3% of children enrolled in Part C receive their services in early care and education program settings. Based on a Special Data Request of Children’s Integrated Service: Early Intervention (Part C) providers, it is estimated that 44.8% of children enrolled in Part C participate in an early care and education program of which 42.9% are in the top tiers of TQRIS-STARS (3-4-5.)

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<b>Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age</b>				
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>				
<b>Type of Early Learning and Development Program</b>	<b>Number of Children with High Needs participating in each type of Early Learning and Development Program, by age</b>			
	<b>Infants under age 1</b>	<b>Toddlers ages 1 through 2</b>	<b>Preschoolers ages 3 until kindergarten entry</b>	<b>Total</b>
<b>Children's Integrated Services<sup>15</sup></b>	Data Not Available	Data Not Available	Data Not Available	Data Not Available
<b>Programs funded under Title I of ESEA<sup>16</sup></b>	--	--	2,016 <sup>17</sup>	2,016
<b>Programs receiving funds from the State's CCDF program</b> Data Source and Year: Bright Futures Information System, May 2011 Attendance Extract, Licensed and Registered Programs. This includes children of families with low income as well as children in Protective Services, with Special Needs and families at risk but not in Protective Services.	1,136	1,647	3,288	6,071

<sup>14</sup> Nearly all 3-5 year old children on IEPs receive services in inclusive preK programs, child care centers not in preK partnerships, or at home. According to Child Count, in 2010 a total of 101 attended a separate Part B 619 class, and 15 attended a separate school.

<sup>15</sup> Children's Integrated Services (CIS) provides prevention and early intervention services to pregnant women and children from birth to age 6. Services include: nursing, family support, early childhood and family mental health, early intervention (Part C of IDEA) and specialized child care. In 2011-2012, the CIS new data system, VT Child and Family Tracking System will be implemented and will provide data on all pregnant women and children birth to six years by age groups at the child, family, service and program levels.

<sup>16</sup> There are no stand alone Title I classes. Title I funds are blended with state and local funds to support preK.

<sup>17</sup> Total number of children who received Title I services in 2010, as reported in the Consolidated State Performance Report



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<b>Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age</b>				
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>				
<b>Type of Early Learning and Development Program</b>	<b>Number of Children with High Needs participating in each type of Early Learning and Development Program, by age</b>			
	<b>Infants under age 1</b>	<b>Toddlers ages 1 through 2</b>	<b>Preschoolers ages 3 until kindergarten entry</b>	<b>Total</b>
<b>Programs and services funded by Early Education Initiative</b> Data Source and Year: Education Data Warehouse, Child Count, 2010-2011	--	--	681	681

<b>Table (A)(1)-4: Historical data on funding for Early Learning and Development</b>					
<b>Type of investment</b>	<b>Funding for each of the Past 5 Fiscal Years</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Supplemental State spending on Early Head Start and Head Start<sup>18</sup></b>	0	0	0	0	0
<b>State-funded preschool<sup>19</sup></b> <i>Specify: Act 62 Publicly Funded Prekindergarten Education</i>	7,336,290	10,323,812	16,832,282	16,637,428	NA
<b>State Contributions to Children's Integrated Services which includes Early Intervention, Part C of IDEA</b>	1,166,498	1,514,555	2,182,219	2,751,843	2,645,918

<sup>18</sup> Vermont does not supplement with State funds its federally funded Early Head Start-Head Start programs.

<sup>19</sup> Source: Department of Education (DOE) Annual Statistical Report. LEAs report Expenditures for the previous year on Aug 15; the data for FY2011 are not yet available. These expenditures are not reported in terms of funding sources; therefore, there may be some federal funds included in this amount although the majority of the funds are Education Fund dollars, Vermont's system of public school funding. Prior to FY08, expenditures for PreK and Essential Early Education (EEE), Vermont's term for Part B section 619, were not reported separately.

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<b>Table (A)(1)-4: Historical data on funding for Early Learning and Development</b>					
<b>Type of investment</b>	<b>Funding for each of the Past 5 Fiscal Years</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>State contributions for special education and related services for children with disabilities, ages 3 through kindergarten entry<sup>20</sup></b>	12,226,868	13,048,757	14,913,429	14,782,024	14,516,392
<b>Total State contributions to CCDF(SFY)<sup>21</sup></b>	8,529,547	8,984,584	11,134,558	6,339,551	8,201,859
<b>Exceeded State match to CCDF (SFY)</b> This is the amount exceeded State match and is included in Total State contributions.	3,856,009	4,311,046	6,547,418	1,366,013	3,228,321
<b>TANF spending on Early Learning and Development Programs (SFY)<sup>22</sup></b>	1,948,085	1,947,852	1,287,651	1,371,284	1,517,622
<b>TANF MOE (SFY)</b>	4,559,249	6,770,767	7,523,512	9,338,361	10,726,772
<b>State Fund IV-E Match (SFY)</b>	1,144,418	1,100,979	881,937	954,138	835,546
<b>State Fund Medicaid Match (SFY)</b>	0	0	404,084	236,510	228,832
<b>State Fund IV-B Match (SFY)</b>	108,281	249,503	180,089	163,329	170,946

<sup>20</sup> Source: Department of Education (DOE) Special Education Expenditure Reports. NOTE: Reported by Vermont school districts and verified by DOE. Some costs may include birth-3 child find and services as well as child find and services for children up to kindergarten. Funds included are: Essential Early Education state grants, Extraordinary Reimbursement, and state Education Fund spending.

<sup>21</sup> Total State contributions to CCDF must include Maintenance of Effort (MOE), State Match, and any State contributions exceeding State MOE or Match.

<sup>22</sup> Include TANF transfers to CCDF as well as direct TANF spending on Early Learning and Development Programs.

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<b>Table (A)(1)-4: Historical data on funding for Early Learning and Development</b>					
<b>Type of investment</b>	<b>Funding for each of the Past 5 Fiscal Years</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Early Education Initiative (EEI) Grant Program<sup>23</sup></b>	1,298,243	1,297,763	1,246,129	1,036,721	1,106,999
<b>Total State contributions:</b>	\$38,317,479	\$45,238,572	\$56,585,890	\$53,611,189	\$39,950,886  (this does not include 2011 state funded pre-K)

<b>Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State</b>					
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>					
<b>Type of Early Learning and Development Program</b>	<b>Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years<sup>24</sup></b>				
	<b>2007</b>	<b>2008</b>	<b>2009<sup>25</sup></b>	<b>2010</b>	<b>2011</b>
<b>State-funded preschool<sup>26</sup></b>  Source: October 1 School census + Child Count Dec 1 data	2,923	3,037	3,151	3,187	3,476
<b>Early Head Start and Head Start<sup>27</sup></b> <i>(funded enrollment)</i>	1,557	1,563	1,522	1,580	1,588

<sup>23</sup> Source: Department of Education (DOE) Financial Reports. EEI is a state-funded competitive grant program. Refer below for more information about this grant program.

<sup>24</sup> Include all Children with High Needs served with both Federal dollars and State supplemental dollars.

<sup>25</sup> Note to Reviewers: The number of children served reflects a mix of Federal, State, and local spending. Head Start, IDEA, and CCDF all received additional Federal funding under the 2009 American Recovery and Reinvestment Act, which may be reflected in increased numbers of children served in 2009-2011.

<sup>26</sup> Refer to description of Pre-K and how numbers of high needs children were calculated in Table A(1)-3.

<sup>27</sup> Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

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**Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State**

*Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.*

Type of Early Learning and Development Program	Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years <sup>24</sup>				
	2007	2008	2009 <sup>25</sup>	2010	2011
Source: 2006/2007 through 2009/2010 Head Start Program Information Report (PIR) Enrollment Statistics Multi Year Report - State Level / VT (Office of Head Start / Enterprise System); Data for 2011 was collected from VT HS/EHS grantees by VT HS Association					
<b>Programs and services funded by IDEA Part C<sup>28</sup></b>  Source: Annual, December 1 Part C Child Count and 618 report  Number of children that receive Part C services in early learning and development programs followed by the annual December 1 count in parenthesis.  This data does not represent all the activities, exits, referred in process and referred, evaluated and found not eligible for the calendar year. Typically that number is 2 to 2.5 times more.	83 (762)	96 (758)	132 (776)	126 (790)	Not available yet
<b>Programs and services funded by Part B, section 619<sup>29</sup></b>	NA (1,602)	NA (1,658)	NA (1,752)	116 <sup>30</sup> (1,754)	Not yet available

<sup>28</sup> Detailed data on where 0-3 year old children receive Part C, services were not collected from 2007-2010 due to changes in OSEP reporting requirements.

<sup>29</sup> Detailed data on where 3-5 year old children receive Part B, section 619 services were not collected from 2007-2009 due to changes in OSEP reporting requirements.

<sup>30</sup> Nearly all (estimated 80%) 3-5 year old children on IEPs receive services in inclusive preK programs, child care centers not in preK partnerships, or at home. According to Child Count, in 2010 of the 1,406 total child count, 101 attended a separate Part B 619 class, and 15 attended a separate school.



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<b>Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State</b>					
<i>Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.</i>					
<b>Type of Early Learning and Development Program</b>	<b>Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years<sup>24</sup></b>				
	<b>2007</b>	<b>2008</b>	<b>2009<sup>25</sup></b>	<b>2010</b>	<b>2011</b>
Number of children in receiving Part B, section 619 services in early learning and development programs that are not captured in state funded preK above followed by the annual December 1 count in parenthesis.					
<b>Programs and services funded by Children's Integrated Services<sup>31</sup></b>	Data Not Available	Data Not Available	Data Not Available	Data Not Available	Estimated 4,000 prenatal to 6 years
<b>Programs funded under Title I of ESEA<sup>32</sup></b> <i>(total number of children who receive Title I services annually, as reported in the Consolidated State Performance Report )</i>	1,516	1,497	1,726	2,016	not available yet
<b>Programs receiving CCDF funds</b>  Data Source and Year: Average Monthly Served, Bright Futures Information System, May 2007-2011	4,641	5,003	4,178	4,892	5,528 <sup>33</sup>

<sup>31</sup> Children's Integrated Services (CIS) provides prevention and early intervention services to pregnant women and children from birth to age 6. Services include: nursing, family support, early childhood and family mental health, early intervention (Part C of IDEA) and specialized child care. In 2011-2012, the CIS new data system, VT Child and Family Tracking System, will be implemented and will provide data on all pregnant women and children birth to six years by age groups at the child, family, service and program levels.

<sup>32</sup> There are no stand alone Title I classes/programs. Title I funds are blended with state and local funds to support preK.

<sup>33</sup> The reason for the discrepancy (-543) between this number of children and the number of children in the final column reported in Table (A)(1)-3 is duplication of count for those children that move between age groups (infant, toddler and preschool) for the timeframe (month) used in the analysis.

**Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State**

*Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.*

Type of Early Learning and Development Program	Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years <sup>24</sup>				
	2007	2008	2009 <sup>25</sup>	2010	2011
Attendance Extracts, Licensed and Registered Programs. This includes children of families with low income as well as children in Protective Services, with Special Needs and families at risk but not in Protective Services.					
<i>[Enter text here to indicate data source and clarify or explain any of these data if needed. Include 2011 if data are available. The final column of data should match that reported in Table (A)(1)-3.]</i>					

**Table (A)(1)-6 : Current status of the State’s Early Learning and Development Standards**

*Please place an “X” in the boxes to indicate where the State’s Early Learning and Development Standards address the different age groups by Essential Domain of School Readiness*

Essential Domains of School Readiness	Age Groups		
	Infants	Toddlers	Preschoolers
<b>Language and literacy development<sup>34</sup></b>	X Communication	X Communication	X Language, Literacy and Communication
<b>Cognition and general knowledge (including early math and early scientific development)</b>	X Exploration	X Exploration	X Mathematics, Science, Social Studies, Creative

<sup>34</sup> The titles under the X refer to the sections of the VELs and First Steps which address each of the Essential Domains of School Readiness.

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<b>Table (A)(1)-6 : Current status of the State’s Early Learning and Development Standards</b>			
<i>Please place an “X” in the boxes to indicate where the State’s Early Learning and Development Standards address the different age groups by Essential Domain of School Readiness</i>			
<b>Essential Domains of School Readiness</b>	<b>Age Groups</b>		
	<b>Infants</b>	<b>Toddlers</b>	<b>Preschoolers</b>
			Expression, Creative Expression
<b>Approaches toward learning</b>	X Exploration	X Exploration	X Approaches to Learning
<b>Physical well-being and motor development</b>	X Well-being & Exploration	X Well-being & Exploration	X Physical Development and Health
<b>Social and emotional development</b>	X Belonging	X Belonging	X Social and Emotional Development
Vermont’s Early Learning and Development Standards are articulated in two documents: the <i>Vermont Early Learning Standards: Guiding the Development and Learning of Children Entering Kindergarten</i> which was published in 2003, and <i>First Steps: Guiding the Development and Learning of Vermont’s Infants and Toddlers</i> which is still in draft form.			

<b>Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State</b>					
<i>Please place an “X” in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
<b>Types of programs or systems</b>	<b>Elements of a Comprehensive Assessment System</b>				
	<b>Screening Measures</b>	<b>Formative Assessments</b>	<b>Measures of Environmental Quality</b>	<b>Measures of the Quality of Adult-Child Interactions</b>	<b>Other</b>
<b>State-funded preschool</b> <i>Specify:</i>	X <sup>35</sup>	X <sup>36</sup>	X <sup>37</sup>	--	--

<sup>35</sup> State Preschool programs are not required to screen children in order to determine their eligibility to participate in publicly funded prekindergarten. However, many programs use developmental screening tools (such as DAIL-R) to gauge children’s development.



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<b>Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
<b>Types of programs or systems</b>	<b>Elements of a Comprehensive Assessment System</b>				
	<b>Screening Measures</b>	<b>Formative Assessments</b>	<b>Measures of Environmental Quality</b>	<b>Measures of the Quality of Adult-Child Interactions</b>	<b>Other</b>
<b>Early Head Start and Head Start<sup>38</sup></b>	X <sup>39</sup>	X <sup>40</sup>	X <sup>41</sup>	X <sup>42</sup>	--
<b>Programs funded under Children's Integrated Services (includes IDEA Part C)<sup>43</sup></b>	X	X	X	X	X Parenting Stress Index

<sup>36</sup> Teaching Strategies GOLD or Work Sampling.

<sup>37</sup> ECERS

<sup>38</sup> Source: August 2011 Assessment System Inventory of all VT Early Head Start and Head Start Programs.

<sup>39</sup> Ages & Stages Questionnaire in 3 of 7 programs, Early Screening Inventory Revised in 3 of 7 programs, Early Screening Inventory in 1 of 7 program, DAIL in 1 of 7 programs, Play based in 1 of 7 programs, and Ages and Stages Social/Emotional Questionnaire in 6 of the 7 programs and Devereaux Early Childhood Assessment in 1 of 7 programs.

<sup>40</sup> Teaching Strategies Gold

<sup>41</sup> ECERS and ITERS

<sup>42</sup> CLASS in 5 of 7 programs and Teaching Observation Pyramid Tool in 2 of 7 programs

<sup>43</sup> Children's Integrated Services (CIS) document, *Guidelines for Using Recommended Psychosocial and Developmental Tools with Pregnant/Postpartum Women and Children Birth to Six (2010)* describes in further detail each of these tools.



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<b>Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
<b>Types of programs or systems</b>	<b>Elements of a Comprehensive Assessment System</b>				
	<b>Screening Measures</b>	<b>Formative Assessments</b>	<b>Measures of Environmental Quality</b>	<b>Measures of the Quality of Adult-Child Interactions</b>	<b>Other</b>
<b>Programs funded under IDEA Part C<sup>44</sup></b>	X <sup>45</sup>	X <sup>46</sup>	X <sup>47</sup>	X <sup>48</sup>	--
<b>Programs funded under IDEA Part B, section 619<sup>49,50</sup></b>	--	X	X	--	--

<sup>44</sup>Part C collects child development information at entry (baseline) and exit. Regional Part C program choose which tool to use and many regions use routines based interviews with families

<sup>45</sup> ASQ & ASQ:SE

<sup>46</sup> IDA, HELP and AEPS

<sup>47</sup> Regions use the Routines Based Interview, a tool for collecting systematic information about the activities that occur in a family's and a classroom's typical day and the roles of adults and children during the activities. It is designed to identify a child's abilities and determine educational/therapeutic needs and to identify opportunities to enhance a child's development in a family's daily routines

<sup>48</sup> Part C Family Outcomes Data; Annual Performance Report 2009 (due 2.1.11) Criterion for defining "Families who report that early intervention services have helped their family": The rating scale for ECO's Family Outcome Survey ranges from 1 to 7. For the ratings of OSEP questions, 1 to 3 represent a 'poor' to 'fair' job by the early intervention program and ratings of 5 to 7 represent a 'good' to 'excellent' job by the early intervention program. Responses of 5 or above were defined as 'families who report that early intervention services helped their families'.

<sup>49</sup> Vermont does not have Part B section 619 programs; children 3-5 primarily receive early childhood special education services in inclusive publicly funded prekindergarten programs (partnership programs or school-based.) The formative assessment used is Teaching Strategies GOLD.

<sup>50</sup> Part B, 619 gathers progress data only if the child is receiving 4 or more hours of special education services.

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<b>Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.</i>					
<b>Types of programs or systems</b>	<b>Elements of a Comprehensive Assessment System</b>				
	<b>Screening Measures</b>	<b>Formative Assessments</b>	<b>Measures of Environmental Quality</b>	<b>Measures of the Quality of Adult-Child Interactions</b>	<b>Other</b>
<b>Programs funded under Title I of ESEA<sup>51</sup></b>	--	X	X	--	--
<b>Programs receiving CCDF funds</b>	--	--	--	--	--
<b>Current Quality Rating and Improvement System requirements</b>	--	X <sup>52</sup>	X <sup>53</sup>	X <sup>54</sup>	X <sup>55</sup>

<sup>51</sup> There are no separate Title I preschool programs in Vermont; LEAs blend Title I funds with public education funds to create inclusive prekindergarten programs (i.e., state preschool.)

<sup>52</sup> In the Program Assessment arena of STARS, programs achieving 2-5 points must regularly use observation and documentation of children's strengths, needs, interests and growth. The program must maintain related records and utilize the results of this ongoing system of assessment to inform curriculum planning. Many programs use, or will soon be using, Creative Curriculum GOLD for this purpose and GOLD will soon be the required at the 4 and 5 point level for licensed early childhood programs but GOLD is not currently required at all levels or by all types of STARS participating programs.

<sup>53</sup> Measures of Environmental Quality –ITERS, FCCERS and/or ECERS are used at the 1 point level as a self assessment tool. The ERS are used at the 2 point level as tool to use with a third party who offers support and guidance. Then at the 3 and 4 point level the ERS is a formally scored assessment in which certain scores must be achieved. At 5 points programs must be accredited. Family Child Care Home providers may currently choose the FCCERS as described above or the NAFCC Benchmarks to Quality program assessment.

<sup>54</sup> Certain adult child interactions are documented and embedded in ERS (environmental quality) and the STARS Oversight Committee (with DOE and CDD approval) are planning to require CLASS at the 5 point level.

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<b>Types of programs or systems</b>	<b>Elements of a Comprehensive Assessment System</b>				
	<b>Screening Measures</b>	<b>Formative Assessments</b>	<b>Measures of Environmental Quality</b>	<b>Measures of the Quality of Adult-Child Interactions</b>	<b>Other</b>
<b>State licensing requirements</b>	--	--	--	--	--
<b>Pediatric Health Care Practices</b>	X <sup>56</sup>	--	--	--	--

<sup>55</sup> The process of teacher engagement in program assessments and program improvement plans is also required to be documented as part of the STARS application.

<sup>56</sup> The Commissioner of the Vermont Department of Health (VDH) establishes the EPSDT schedule of services, or periodicity schedule and has set the Vermont state standard of care to be the *Bright Futures Guidelines for Health Supervision of Infants, Children & Adolescents*. A supporting document created in 2010 by VT Child Health Improvement Program's Developmental Screening in Pediatric Practices Project, *Developmental Screening "Preferred Tool List" for Children Birth to Three years*. See Appendix XX. This work aligns screening measures used by pediatric health care providers with EPSDT and are consistent with the Child Find provisions of IDEA.

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<b>Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b>State-funded preschool</b> <i>Specify</i>	X <sup>57</sup>	X <sup>58</sup>	X <sup>59</sup>		
<b>Early Head Start and Head Start</b>	X	X	X	X	X <sup>1</sup>
<b>Vermont Child Health Improvement Project (VCHIP)</b>	X	X			
<b>Blueprint for Health (health reform initiative)</b>	X	X	X		
<b>WIC</b>	X	X	X	X	
<b>Fostering Healthy Families</b>	X	X	X	X	
<b>Refugee Health Program</b>	X		X	X	

<sup>57</sup> All publicly funded prekindergarten programs must be licensed by the Child Development Division and abide by all the health and safety licensing regulations.

<sup>58</sup> If a child exhibits a possible behavioral or developmental need, then screening and follow-up are conducted.

<sup>59</sup> All publicly funded prekindergarten programs must follow the *Vermont Early Learning Standards* which include health standards.



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<b>Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b>Tooth Tutor Program</b>	X		X		
<b>EPSDT</b>	X	X	X	X	
<b>School Health (Nursing)</b>	X	X	X	X	
<b>Nurse Family Partnership Home Visiting</b>	X	X	X		X
<b>Children's Integrated Services</b>	X	X	X		
<b>Pregnant and Parenting Teen Support<sup>60</sup></b>	X	X	X	X	X
<b>Programs funded under IDEA Part C<sup>61</sup></b>	X	X	X	X	X <sup>62</sup>

<sup>60</sup> Programming to support pregnant and parenting teens in achieving educational and successful parenting goals.

<sup>61</sup> As related to a child's developmental needs.

<sup>62</sup> Families with children diagnosed with medical conditions or a genetic disorder received additional information as well as information to support groups from early interventionists.

<b>Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b>Programs funded under IDEA Part B, section 619<sup>63</sup></b>	X <sup>64</sup>	X <sup>65</sup>	X <sup>66</sup>		
<b>Programs funded under Title I of ESEA<sup>67</sup></b>	X <sup>68</sup>	X <sup>69</sup>	X <sup>70</sup>		
<b>Programs receiving CCDF funds</b>	X <sup>71</sup>				

<sup>63</sup> In Vermont, there aren't separate Part B section 619 programs; children who are eligible for these services are primarily enrolled in publicly funded prekindergarten programs.

<sup>64</sup> All publicly funded prekindergarten programs must be licensed by the Child Development Division and abide by all the health and safety licensing regulations.

<sup>65</sup> If a child exhibits a possible behavioral or developmental need, then screening and follow-up are conducted.

<sup>66</sup> All publicly funded prekindergarten programs must follow the *Vermont Early Learning Standards* which include health standards.

<sup>67</sup> There aren't any separate Title I programs; children supported with Title I funds are in preK programs.

<sup>68</sup> All publicly funded prekindergarten programs must be licensed by the Child Development Division and abide by all the health and safety licensing regulations.

<sup>69</sup> If a child exhibits a possible behavioral or developmental need, then screening and follow-up are conducted.

<sup>70</sup> All publicly funded prekindergarten programs must follow the *Vermont Early Learning Standards* which include health standards.

<sup>71</sup> Health and Safety requirements of Licensing are required to participate CCDF.

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<b>Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State</b>					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b>Current Quality Rating and Improvement System requirements</b> <i>Specify by tier (add rows if needed):</i>	X <sup>72</sup>	X <sup>73</sup>	X <sup>74</sup>		

<sup>72</sup> Health and Safety requirements of Licensing are required to participate in STARS.

<sup>73</sup> A plan for regular child assessments that inform curriculum are required at "Program Practices" point levels 2-5.

<sup>74</sup> STARS incorporates Environmental Rating Scales assessment at all point levels in arena of "Program Practices" except entry 1 point level

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<b>Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State</b>					
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<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b>State licensing requirements</b>	X <sup>75</sup>	See note <sup>76</sup>	X <sup>77</sup>		
<b>Numerous Federal Performance Standards requiring:</b>					
<ul style="list-style-type: none"> <li>• facilitation of <i>connection to medical and dental home/provider</i></li> <li>• supporting families to assure that <i>children are up-to-date on schedule of medical / dental exams</i></li> <li>• supporting families to assure that <i>children receive any needed follow-up health services</i></li> </ul>					

<sup>75</sup> Vermont’s early childhood program licensing requirements reflect many of the key standards of the 2<sup>nd</sup> edition of the Caring for Our Children: National Health and Safety Performance Standards. The ECP licensing regulations, the Family Child Care Home licensing home regulations and registered child care home regulations are undergoing the State’s regulatory review process which will include reviewing and updating health and safety requirements using the newly released 3<sup>rd</sup> edition of Caring for Our Children.

<sup>76</sup> Guidance is provided in the ECP regulations (2001) that “staff should be knowledgeable about community services and resources that can supplement those of the program. By providing resource and referral services to families in such areas as health, nutrition, social services, and transportation, programs can help knit together a unified early childhood system.” The ECP licensing regulations, the Family Child Care Home licensing home regulations and registered child care home regulations are undergoing the State’s regulatory review process and will include a review of Developmental, behavioral, and sensory screening, referral, and follow-up within the context of VT’s comprehensive assessment system as described in this grant application.

<sup>77</sup> The Fit and Healthy Vermonters State Plan 2011 (Refer to Appendix     ) includes early learning and development programs with specific strategies to use best-practice guidelines to assure standards are in place for physical activity, active play and all foods served or offered in child care and education settings. E.g. inclusion of nutrition and physical activity standards in Vermont Child Care licensing regulations



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<b>Types of Programs or Systems</b>	<b>Elements of high-quality health promotion practices</b>				
	<b>Health and safety requirements</b>	<b>Developmental, behavioral, and sensory screening, referral, and follow-up</b>	<b>Health promotion, including physical activity and healthy eating habits</b>	<b>Health literacy</b>	<b>Other</b>
<b><u>Mental health education program for parents</u></b>					
<p><b>Federal Performance Standard 1304.40(f)(4)(i), (ii) &amp; (iii)</b>            (4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education):            (i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;            (ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and            (iii) The active involvement of parents in planning and implementing any mental health interventions for their children.</p>					
<b><u>Part c of IDEA</u></b>					
<b><u>§303.10</u></b>					
<p>(3) family training and counseling and home visits means services provided as appropriate by, social workers, psychologists, and other qualified personnel to assists the family of a child eligible under this part in understanding the needs of the child and enhancing the child's development            (5) Medical Services only for diagnostic or evaluation purpose means services provided by a licensed physician to determine a child's developmental status and need for early intervention            (6) nursing services includes (i) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual health problems, (ii) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development            (7) Nutrition services includes- (i) conducting individual assessments in (A) nutritional history and dietary intake: (C) feeding skills and feeding problems, (D) food habits and food preferences: (iii) making referrals to appropriate community referrals to carry out nutritional goals.            (10) Psychological Services includes- (i) administering psychological and developmental tests and other assessment procedures; (ii) interpreting the results, (iii) Obtaining, integrating, and interpreting information about child behaviors; and child and family conditions related to learning, mental health and development; and (iv) planning managing of a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs</p>					
<b><u>§303.13</u></b> Health Services (a) as used in this part, health service means services necessary to enable a child to benefit from other early intervention services under this part during the time that a the child is receiving the other early intervention services					

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<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
<p><i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i></p>	
<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
<b>State-funded preschool</b> Specify: Act 62 Prekindergarten Education	<p>Act 62 requires that families be actively engaged in their child’s education regardless of the type of setting in which publicly funded prekindergarten education (preK) occurs (i.e., center-based child care, public school-based, family child care, Head Start partnership). The following sections of the Act 62 Prekindergarten Rules specify the requirements (references to the rules are in brackets).</p> <ul style="list-style-type: none"> <li>• Families must be involved in the Community Needs Assessment, a prerequisite prior to an LEA establishing or expanding preK [2603§(2)]</li> <li>• PreK programs must discuss child’s progress in a formal conference at least twice per year [2604§(1)(a)(6) and 2605§2(f)]</li> <li>• PreK programs must provide opportunities for families to participate in their child’s learning and development, although the types of opportunities are not specified. [2604§(1)(a)(7) and 2605§2(g)]</li> <li>• Families may request a specific preK program for their child when families decide that what the LEA suggests is not well suited to their child or family needs. [2604§(2) and (3)]</li> <li>• Families have the right to appeal the decisions of the LEA on the expansion or establishment of preK [2610§(2)] and on their decisions regarding which preK program their child may attend [2610§(3)]</li> </ul>
<b>Early Head Start and Head Start</b>	<p><i>All of the family engagement strategies outlined in the RTT-ELC NIA are required in Head Start, and there are numerous Performance Standards addressing all of these areas. Some of the most focused and concise requirements and strategies can be found in Federal Performance Standard 1304.40 on Family Partnerships, and in the Office of Head Start National Center on Parent, Family and Community Engagement - <u>Parent and Family Engagement Framework</u>.</i></p> <p><b><u>Federal Performance Standard 1304.40</u></b></p> <p><b><u>Family Partnerships</u></b></p> <p>(a) Family Goal Setting            (b) Accessing Community Services and Resources            (c) Services to Pregnant Women who are Enrolled in Programs Serving Pregnant Women, Infants, and Toddlers            (d) Parent Involvement -General</p>

<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
<p><i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i></p>	
<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
	<p>(e) Parent Involvement in Child Development and Education                      (f) Parent Involvement in Health, Nutrition, and Mental Health Education                      (g) Parent Involvement in Community Advocacy                      (h) Parent Involvement in Transition Activities                      (i) Parent Involvement in Home Visits</p> <p><b><u>Head Start Parent and Family Engagement Framework</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Family well-being:</b> Families participate in services that ensure safety, health and financial stability offered in the context of the family’s values, culture and aspirations.</li> <li>2. <b>Positive parent-child relationships:</b> Parents participate in ongoing support, education and skills development opportunities that promote warm, healthy parent-child relationships.</li> <li>3. <b>Parents as first and lifelong educators:</b> Parents have opportunities to observe, guide and promote the learning of their children at home, school and in their community.</li> <li>4. <b>Parent connections to peers and community:</b> Parents have opportunities to form connections with peers or mentors in supportive, educational or faith-based networks that enhance social well-being and community life.</li> <li>5. <b>Parent leadership and advocacy:</b> Parents have opportunities to participate in leadership development, decision-making, program policy development, and in community and state organizing activities to improve children’s development and learning experiences.</li> <li>6. <b>Intentional transitions:</b> Parents have the necessary tools to improve their children’s learning outcomes as they transition to new learning environments, including EHS to HS, and HS to public schools.</li> </ol>
<b>Programs funded under IDEA Part C</b>	<p>Family engagement and participation are required in IDEA Part C and are key in promoting and achieving outcomes for children in Part C. The following are the current Part C federal regulations that Vermont Part C of IDEA have incorporated in its policies and practices.</p> <p>Parental consent and participation is required for the evaluation and in the development of the initial service plan and at the 6-month and annual review of their child’s service plan. Any changes to services also require parental consent. These requirements ensure that families are informed and are</p>



<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
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<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
	<p>engaged in the development and implementation of a plan that meets their child's unique needs</p> <p>Citations from the current 34CFR303 Regulations for the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of IDEA</p> <p><u>§313.12</u></p> <ul style="list-style-type: none"> <li>(1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development</li> <li>(2) Are selected in collaboration with the parents</li> <li>(13) (iii) Providing families with information, skills, and support related to enhancing the skill development of the child</li> </ul> <p><u>§303.343 Initial and annual IFSP meetings</u></p> <ul style="list-style-type: none"> <li>(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:                         <ul style="list-style-type: none"> <li>(i) The parent or parents of the child</li> <li>(ii) Other family members, as requested by the parent, if feasible to do so:</li> <li>(iii) An advocate or person outside then family , if the parent request that person to participate</li> </ul> </li> </ul> <p><u>§303.401 (a) (1) Parent Informed</u></p> <p>The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parents native language or other mode of communication</p> <p><u>State Interagency Coordinating Council (§303.600)</u></p> <p>§303.601 Composition (a) (1) (i) At least 20 percent of the members must be parents, including minority parents, of infants and toddlers with disabilities</p> <p>§303.602 Use of funds by the council</p> <ul style="list-style-type: none"> <li>(a)(1) to reimburse council members for reasonable and necessary expenses for attending council meetings and performing Council duties (including child care for parent representatives)</li> </ul>



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<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
<i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i>	
<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
<b>Programs funded under IDEA Part B, section 619<sup>78</sup></b>	
<b>Programs funded under Title I of ESEA</b>	
<b>Programs receiving CCDF funds</b>	High quality programs that receive Strengthening Families funding must adhere to the Strengthening Families parent support policies and practices.
<b>Current Quality Rating and Improvement System requirements</b> <i>Specify by tier (add rows if needed):</i>	<p>Progression of expectations increase by points in the Families and Community Arena of Vermont's TQRIS/STARS. This applies to any of the 5 tiers within STARS.</p> <p>For 1 point:</p> <ul style="list-style-type: none"> <li>• Conduct a parent survey annually and write a program improvement plan</li> <li>• Actively make relevant resources and information available to families</li> <li>• Have a written philosophy about the relationship between families and the program</li> </ul> <p>For 2 Points:</p> <ul style="list-style-type: none"> <li>• same as above plus the following:</li> <li>• At least two opportunities annually for families to meet with staff and other families</li> <li>• Opportunities for families to be involved in the program throughout the year</li> </ul>

<sup>78</sup> Although Vermont does not operate separate Part B, section 619 programs, families of children who have an Individualized Education Plan (IEP) have all of the rights afforded them through IDEA. Additionally, since most of the children on IEPs participate in publicly funded preK, they also have the opportunities the preK programs are required to provide (see above).

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<b>Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State</b>	
<i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i>	
<b>Types of Programs or Systems</b>	<b>Describe Family Engagement Strategies Required Today</b>
	<ul style="list-style-type: none"> <li>• Participate in community opportunities to support families/children and/or the profession</li> <li>• Attain specialized training to inform practices that support children and families with special needs</li> </ul> For 3 Points: <ul style="list-style-type: none"> <li>• same as all above plus the following</li> <li>• Use The Center for Social Policy Strengthening Families Program Assessment tool and create a program improvement plan</li> </ul>
<b>State licensing requirements</b>	Not required
<b>Supporting Children and Families with Disabilities: An Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont, 2010 (Appendix G)</b>	The endorsing parties of this agreement include VT Head Start Association, Agency of Human Services, Department of Education, Department for Children and Families, Child Development Division, Integrated Support for Learning (Pre-K to Grade 8), Children’s Integrated Services and Head Start Collaboration Office. This 2010 agreement reflects the changes and progress made in Vermont in the past five years to integrate early childhood health, mental health and early intervention services. This unique service delivery model is now called Children’s Integrated Services (CIS). The CIS model is designed to improve child and family outcomes by providing client centric, holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion and accountability.

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<b>Table (A)(1)-10: Status of all early learning and development workforce credentials<sup>79</sup> currently available in the State</b>				
<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number<sup>80</sup> and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%<sup>81</sup></b>	
Level I	YES	118	NA	<u>Fundamentals for Early Childhood Professionals</u> course (45 hours) or Northern Lights approved Level I <u>Portfolio</u> with documentation, 45 hours of verified professional development and <u>one approved observation</u> of the practitioner or Northern Lights approved 3 related college credits in child development including early childhood + basic specialized care, introduction to licensing

<sup>79</sup> Includes both credentials awarded and degrees attained.

<sup>80</sup> This is the total # awarded over the past 3 years (2009-2011), Source: Northern Lights Career Development Center, Year- End Activity and Expenditure Report for FY2011 (January- June 30, 2011) to the Child Development Division (CDD.)

<sup>81</sup> At this point in time Vermont does not have available the total number of the early childhood educator workforce and therefore cannot provide the %. In both (D)(2) and (E)(2) sections of this grant application, solutions to address this issue will be described.

Vermont does collect data on the early childhood educator workforce in VT's regulated early care and education programs in its Bright Futures Information System (BFIS) which includes school employees. The Department of Education also captures workforce data on its early childhood teachers which is not linked to BFIS. Vermont will soon collect workforce data in its new VT Family and Child Tracking System which includes early interventionists, family service staff, health coordinators, early childhood and family mental health specialists and other child development and family support workforce.

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<b>Table (A)(1)-10: Status of all early learning and development workforce credentials<sup>79</sup> currently available in the State</b>				
<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number<sup>80</sup> and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%<sup>81</sup></b>	
				and <u>one approved observation</u>
Level II	YES	491	NA	Current Child Development Associate (CDA) Credential or Northern Lights approved Level II Portfolio with documentation, 125 hours of verified professional development and two approved observations of the practitioner or 3. Northern Lights approved 12 related college credits in at least 2 VT Core Knowledge areas and two approved observations of the practitioner
Level III A	YES	69 <sup>82</sup>	NA	Completed <u>Vermont Child Care Registered Apprentice</u> or <u>CCV's Child Care Certificate program</u> or <u>Highly Qualified Paraprofessional</u> or Northern Lights approved equivalent: 21 related college credits in at least 3 of the VT

<sup>82</sup> Sixty-two apprenticeships have been awarded since its inception in 2000. Forty-four (71%) of those early childhood educators are currently in the workforce, two are in college full-time, 7 have moved out-of-state, 1 is not working and no information is available on the remaining 8. Source: Communication – 10-10-11, Vermont Child Care Career Industry Council.



<b>Table (A)(1)-10: Status of all early learning and development workforce credentials<sup>79</sup> currently available in the State</b>				
<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number<sup>80</sup> and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%<sup>81</sup></b>	
				Core Knowledge areas and <u>two approved observations of the practitioner</u>
Level III B	YES	See Level IIIA	NA	<u>Associate degree in early childhood education</u> or related field or Associates degree with 21 related college credits in at least 3 VT Core Knowledge areas
Level IVA	YES	NA <sup>83</sup>	NA	Bachelor's degree in early childhood education or related field or Bachelor's Degree with NL approved 30 related college credits within at least 3 of the VT Core Knowledge Areas
Level IVB	YES	1,115 (ECE – birth-grade 3) and 285 (ECSE birth to 5 yrs) <sup>84,85</sup>	NA	Level IVA with VT Department of Education teaching license with endorsement in early childhood, early childhood special education or elementary education

<sup>83</sup> *ibid*

<sup>84</sup> An analysis of 2009-2010 academic year licensed educators in VT with and early childhood education or early childhood special education endorsement indicated that the majority were employed by a school district of whom 8.5% (88) were employed by a school district and teaching in the field of early

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<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number<sup>80</sup> and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%<sup>81</sup></b>	
		Level IVB and VB		
Level VA	YES	54 Level A & B	NA	Master's degree in early childhood education or related field
Level VB	YES	See Level VA	NA	Level IVA with VT Department of Education teaching license with endorsement in early childhood, early childhood special education or elementary education
Level VI	YES	12	NA	Doctoral degree in early childhood education or related field
Program Director Credential	YES	8	NA	This credential started in 2007. The Early Childhood and Afterschool Program Director Credential offers a three-step sequence of 21 credits of college-level courses for directors in the field or those interested in becoming a new director. The

care and education, specifically Pre-K. (Source: Preliminary report, *How are Vermont's Children, Building Bright Futures – VT's Early Childhood State Advisory Council.*)

<sup>85</sup> When VT developed the Early Childhood Core Competencies, the ECE and ECSE licensing knowledge and performance standards were one of the primary documents that formed this work. While we know the number of individuals who hold ECE and ECSE educator licenses, but the data are not connected to programs, so we do not know if and where these licensed educators are teaching. (As stated in D2 and E2, this is an area we need to improve upon.)

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<b>List the early learning and development workforce credentials in the State</b>	<b>If State has a workforce knowledge and competency framework, is the credential aligned to it?</b>  <i>(Yes/No/Not Available)</i>	<b>Number<sup>80</sup> and percentage of Early Childhood Educators who have the credential</b>		<b>Notes (if needed)</b>
		<b>#</b>	<b>%<sup>81</sup></b>	
				first two steps consist of 3, 3-credit hour courses. Step 3 is a culminating seminar. Currently there are 79 recipients with Step 1 Certificate and 20 recipients of Step 2 Certificate.
Early Childhood and Family Mental Health Credential	YES	NA	NA	This credential is developed and now in testing phase.
Infant and Toddler Credential	YES	NA	NA	This credential is in its early stage of development and will be aligned with the State's knowledge and competency framework.

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<b>Table (A)(1)-11: Summary of current postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators</b>		
<b>List postsecondary institutions and other professional development providers in the State that issue credentials<sup>86</sup> or degrees to Early Childhood Educators</b>	<b>Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year</b>	<b>Does the entity align its programs with the State's current Workforce Knowledge and Competency Framework and progression of credentials?  (Yes/No/ Not Available)</b>
Bennington College (M.Ed. in ECE)	2	YES <sup>87</sup>
Champlain College (BA in ECE & Post baccalaureate ECE license)	25	YES <sup>88</sup>
Champlain College (Master degree in education -no licensure)	0	YES <sup>89</sup>
Department of Education (Teacher licensure with early childhood educator or early childhood special educator endorsement)	69 (ECE) 10 (ECSE)	YES <sup>90</sup>
Goddard College (BA in ECE & Post baccalaureate ECE license)	0	YES <sup>91</sup>
Lyndon State College (BA in ECE & Post baccalaureate ECE license)	1	YES <sup>92</sup>
Northern Lights Career Development Center (Program Director Credential)	8	YES

<sup>86</sup> Program approval for licensure is aligned with VT's Early Childhood Core Competencies (the ECE and ECSE licensing knowledge and performance standards were one of the primary documents that formed the core competencies)

<sup>87</sup> Aligns with Early Childhood Career Ladder Level Level VA

<sup>88</sup> Aligns with Early Childhood Career Ladder Level IV A; educator licensure aligns with Level IVB

<sup>89</sup> Aligns with Early Childhood Career Ladder Level Level VA

<sup>90</sup> Teacher licensure with early childhood educator or early childhood special educator endorsement requires alignment with Vermont's Early Childhood Career Ladder for all higher education institutions

<sup>91</sup> Aligns with Early Childhood Career Ladder Level IV A; educator licensure aligns with Level IVB

<sup>92</sup> Aligns with Early Childhood Career Ladder Level IV A; educator licensure aligns with Level IVB



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<b>List postsecondary institutions and other professional development providers in the State that issue credentials<sup>86</sup> or degrees to Early Childhood Educators</b>	<b>Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year</b>	<b>Does the entity align its programs with the State's current Workforce Knowledge and Competency Framework and progression of credentials?  (Yes/No/ Not Available)</b>
University of Vermont (BA in ECE and ECSE & Post baccalaureate ECE and ECSE license)	22 (ECE) 9 (ECSE)	YES <sup>93</sup>
University of Vermont (M.Ed. in ECE or ECSE)	0	YES <sup>94</sup>
Union Institute & University (BA in ECE & Post baccalaureate ECE license)	0	YES <sup>95</sup>
Union Institute & University (M.Ed. in ECE)	0	YES <sup>96</sup>
Springfield College (BA in Human Services, concentration in ECE)	Started in 2010, no degrees issued yet	YES <sup>97</sup>
Community Colleges of Vermont (AA in ECE)	38 (2009-10)	YES <sup>98</sup>
Community Colleges of Vermont (Child Care Certificate - 29 credits)	10 (2009-10)	YES <sup>99</sup>
Vermont's Alternative Route to Licensure (Peer Review)	6 (ECE)	YES <sup>100</sup>
Vermont Child Care Career and Industry Council (Vermont Early Childhood)	9	YES <sup>101</sup>

<sup>93</sup> Aligns with Early Childhood Career Ladder Level IV A; educator licensure aligns with Level IVB

<sup>94</sup> Aligns with Early Childhood Career Ladder Level IV A; educator licensure aligns with Level IVB

<sup>95</sup> Aligns with Early Childhood Career Ladder Level IV A; educator licensure aligns with Level IVB

<sup>96</sup> Aligns with Early Childhood Career Ladder Level Level VA

<sup>97</sup> Aligns with Early Childhood Career Ladder Level IVA

<sup>98</sup> Aligns with Early Childhood Career Ladder Level IIIB

<sup>99</sup> Aligns with Early Childhood Career Ladder Level IIIA

<sup>100</sup> Peer Review portfolio must address ECE or ECSE licensure knowledge and performance standards

<sup>101</sup> Aligns with Early Childhood Career Ladder Level IIIA

<b>Table (A)(1)-11: Summary of current postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators</b>		
<b>List postsecondary institutions and other professional development providers in the State that issue credentials<sup>86</sup> or degrees to Early Childhood Educators</b>	<b>Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year</b>	<b>Does the entity align its programs with the State's current Workforce Knowledge and Competency Framework and progression of credentials?</b>  <i>(Yes/No/Not Available)</i>
Apprenticeship)		

**Kindergarten Readiness Survey:**

<b>Table (A)(1)-12: Current status of the State's Kindergarten Entry Assessment</b>					
<b>State's Kindergarten Entry Assessment</b>	<b>Essential Domains of School Readiness</b>				
	<b>Language and literacy</b>	<b>Cognition and general knowledge (including early mathematics and early scientific development)</b>	<b>Approaches toward learning</b>	<b>Physical well-being and motor development</b>	<b>Social and emotional development</b>
Domain covered? <i>(Y/N)</i>	Y	Y	Y	Y	Y
Domain aligned to Early Learning and Development Standards? <i>(Y/N)</i>	Y	Y	Y	N	Y
Instrument(s) used? <i>(Specify)</i>	Vermont's Ready Kindergartners Survey				
Evidence of validity and reliability? <i>(Y/N)</i> <sup>102</sup>	Y	Y	Y	N	Y
Evidence of validity for English learners? <i>(Y/N)</i>					
Evidence of validity for children with disabilities? <i>(Y/N)</i> <sup>103</sup>	Y	Y	Y	N	Y

<sup>102</sup> A validity study of the Ready Kindergartners Survey was conducted in 2001. At that time, it did not include the Physical & Wellness domain which was added later. (Refer to Appendix XXX for an article summarizing this study.)

<sup>103</sup> The validity study cited above included data from all children; data for children with disabilities or who were English language learners were not studied separately.

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<b>Table (A)(1)-12: Current status of the State's Kindergarten Entry Assessment</b>					
<b>State's Kindergarten Entry Assessment</b>	<b>Essential Domains of School Readiness</b>				
	<b>Language and literacy</b>	<b>Cognition and general knowledge (including early mathematics and early scientific development)</b>	<b>Approaches toward learning</b>	<b>Physical well-being and motor development</b>	<b>Social and emotional development</b>
How broadly administered? ( <i>If not administered statewide, include date for reaching statewide administration</i> )	Implemented Statewide since 2001				
Results included in Statewide Longitudinal Data System? (Y/N) <sup>a</sup>	N	N	N	N	N
<sup>a</sup> Vermont does not have a Statewide Longitudinal Data System					

Since 2000, Vermont has gathered information on the readiness of children entering kindergarten by annually surveying all kindergarten teachers about the “readiness” of their students within the first six to ten weeks of school. The Vermont Research Partnership which included the University of Vermont, the Agency of Human Services, and the Department of Education, developed the *Ready Kindergartners Survey* in 1999-2000. This survey is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten. Teachers complete a survey for each child in her or his kindergarten class.

There are many interpretations of what constitutes “readiness.” Vermont’s concept of children’s readiness is multidimensional; it includes social and emotional development, communication, physical health, as well as cognitive development, knowledge, and approaches to learning (e.g., enthusiasm for learning, persistence, curiosity). Hence, the *Ready Kindergartners Survey* consists of 28 items across the domains of “social and emotional development,” “approaches to learning,” “communication,” “cognitive development and general knowledge,” and “physical health and development.” (Refer to Attachment...[PDF of survey]) These items are aligned with the Vermont Early Learning Standards.

Vermont’s concept of readiness also reflects the belief that “school readiness” is interactional: children need to be ready for schools, and schools need to be ready to accommodate the diverse needs of children. Since 2000, surveys for assessing schools’ readiness have been conducted several times. The *Ready Schools Survey* asks principals and teachers to report on the school’s transition practices, connections to families of young children and the community, and other related issues. Vermont has also piloted the *Parents’ Views on School Readiness*, a survey that families complete. The survey acknowledges parents’ knowledge of their own child and asks



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them to indicate what types of transition to kindergarten experiences are available, and how effective these experiences were.

The development, implementation, data analysis, and reporting of data from the *Ready Kindergartners Survey* is a collaborative effort of the Vermont Department of Education (DOE) and the Agency of Human Services (AHS). DOE and AHS worked together to analyze the data and report the results at the state level and at the LEA level. (Refer to Attachment...[pdf of state report & a SU report from 2008-9]) These reports were used in many communities to create a forum for community discussions on curriculum and practices in early childhood programs prior to kindergarten, as well as at the kindergarten level.

Due to staff cuts at both agencies in 2009, it became necessary to use Survey Monkey to collect and compile the survey data. Teachers did not indicate which school their students attended due to FERPA concerns. Consequently, the response rate for the last two surveys has dropped significantly. Starting this year, we will use a more secure version of Survey Monkey so that teachers will identify their schools. This will enable us to return to reporting results of the *Ready Kindergartners Survey* at the LEA level as well as follow up with schools that do not complete the survey.

While the *Ready Kindergartners Survey* has served the state well, there is some work to be done to ensure that it reflects the latest research on predictors of school success and to verify that it is appropriate for all populations. Additionally, the method used to collect the data needs to be readily accessible to teachers and more secure in order to include child identifiers. The data collection method also needs to provide results faster so that they can be used with the children surveyed. The High Quality Plan for reviewing, enhancing, and validating an updated version of the *Ready Kindergartners Survey* follows.

<b>Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State</b>							
<b>List each data system currently in use in the State that includes early learning and development data</b>	<b>Essential Data Elements</b>						
	<i>Place an "X" for each Essential Data Element (refer to the definition) included in each of the State's data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
<b>Building Bright Futures Child Care Information System</b>	X	X	X	X	X	X	X



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	<i>Place an "X" for each Essential Data Element (refer to the definition) included in each of the State's data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
(statewide, web-based) <sup>104</sup>							
<b>Department of Education Data Warehouse (statewide, centralized)<sup>105,106</sup></b>	X	X		X (child only)			X
<b>Head Start Program Information System</b>	X	X	X	X	X	X	X

<sup>104</sup> Children and families participating in the VT Child Care Subsidy Program and licensed early care and education programs share the same child-level, family-level and program level unique identifiers, are linked and reports generated. The Bright Futures Information System has the capacity to capture non-subsidy child-level and program-level enrollment in all licensed programs through a probabilistic matching approach but this has not been implemented to date. All early learning and development programs are required to be licensed and thus have a unique program identifier. However, program information does not include program characteristics such as it is a Pre-K program, it is an Early Head Start or Head Start program or partnership, it serves Part C or Part B children. If it did have this additional program data element, then child-level, program-level and educator-level data would be available.

<sup>105</sup> Department of Education Data Warehouse includes state funded Pre-K, Part B of 619 and educator credential data. After the completion of the Department of Education child census in November of each year, the DOE K-12 unique id is assigned to those enrolled in state Pre-K and continuing on in school. State Pre-K program participation includes a start and end date but not directly linked to the specific early learning and development program the child is enrolled in. Demographics are limited to age and gender.

<sup>106</sup> State pre-K program has information on the required licensed teacher but not on all the other teachers working in the program. Part B teachers are employees of the school district and collect that information but it is not connected at the child-level.

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<b>Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State</b>							
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	<i>Place an "X" for each Essential Data Element (refer to the definition) included in each of the State's data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
(program specific, web-based) <sup>107</sup>							
<b>VT Family and Child System</b> <sup>108</sup>	X	X	X	X	X	X	X
<b>Medicaid Management Information System (statewide, centralized)</b>	X			X			
<b>VT Health Information Technology (statewide, web-based)</b>	X			X			
<b>VT Immunization Registry (statewide, web-based)</b>	X		X	X			
<b>Teaching Strategies© for Early Childhood GOLD Assessment Online (program specific, web-based)</b> <sup>109</sup>							

<sup>107</sup> Each of Vermont's seven Head Start Program chooses its own data system. Three programs use Promise; three programs use Child Plus and one program uses SURVEU Software. These are stand alone data systems that report required data through the federal Head Start Program Information Reporting System.

<sup>108</sup> Part C children entering Part B, section 619 are assigned a unique K-12 id by Part B but the Part C data is not brought forward electronically. The information from Part C is shared only by transfer of hard copy case files.

<sup>109</sup> The Department of Education plans to work out an agreement with the vendor to match the DOE unique identifier with the child-level portfolios. Once this is done we will be able to link it to the K-12 data. In previous years when Pre-K used both Creative Curriculum.Net and Work Sampling System, the web-based version of Creative Curriculum.Net could run reports on each program and link data to a specific

<b>Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State</b>							
<b>List each data system currently in use in the State that includes early learning and development data</b>	<b>Essential Data Elements</b>						
	<i>Place an "X" for each Essential Data Element (refer to the definition) included in each of the State's data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
<b>Early Childhood and Family Outcomes (statewide, web-based)</b>							

Sources: VT Response to 50-State Survey on Early Childhood Care & Education Data Systems, Early Childhood Data Collaborative, December 2010 and VT NGA Data Ready Project Meeting Notes

(A)(2) Articulating the State's rationale for its early learning and development reform agenda and goals. (20 points)

The extent to which the State clearly articulates a comprehensive early learning and development reform agenda that is ambitious yet achievable, builds on the State's progress to date (as demonstrated in selection criterion (A)(1)), is most likely to result in improved school readiness for Children with High Needs, and includes--

(a) Ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers;

(b) An overall summary of the State Plan that clearly articulates how the High-Quality Plans proposed under each selection criterion, when taken together, constitute an effective reform agenda that establishes a clear and credible path toward achieving these goals; and

(c) A specific rationale that justifies the State's choice to address the selected criteria in each Focused Investment Area (C), (D), and (E), including why these selected criteria will best achieve these goals.

*In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

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child. The Work Sampling System had the capacity to do this but the Department of Education didn't have the IT support to do the matching at that time.

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Evidence for (A)(2)

- The State's goals for improving program quality statewide over the period of this grant.
  - The State's goals for improving child outcomes statewide over the period of this grant.
  - The State's goals for closing the readiness gap between Children with High Needs and their peers at kindergarten entry.
- Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C).
- Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D).
- Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E).
- For each Focused Investment Area (C), (D), and (E), a description of the State's rationale for choosing to address the selected criteria in that Focused Investment Area, including how the State's choices build on its progress to date in each Focused Investment Area (as outlined in Tables (A)(1)6-13 and in the narrative under (A)(1)) and why these selected criteria will best achieve the State's ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers.

Quintessentially rural, Vermont is a collection of small towns scattered across a rugged terrain of mountains and river valleys. With a population of 625,741, Vermont has an average density of 65 people per square mile. The Children's Defense Fund 2011 State of America's Children report, referencing American Community Survey data, indicates that no children in Vermont live in an area characterized as urban and only 30% live in communities defined as suburban. The majority of Vermont's children (70%) live in rural areas. Vermont's economy is dominated by agriculture, small niche businesses, tourism and service industries. Despite the beauty of our landscape and strongly held values treasuring family and quality of life, not all Vermont families have access to the economic security and resilience, social connectedness and understanding of child development and parenting that it takes to support a child's development in the influential early years. Poverty is a present and growing reality in Vermont communities. In Vermont, more than any other contributing factor, poverty drives an achievement gap that exists between children living in low income household and their more affluent peers.

In a rural environment, families living in poverty are spread out, making it difficult for support services to reach them and for them to reliably access secure, well paid employment, education



opportunities, and early learning and development programs for their children. Transportation is a huge barrier and public transportation is scarce in locations where it's needed most. Some federal programs and many of the more innovative strategies developed to address contemporary poverty are based on the assumption that people in poverty live in the same area and that it is cost effective to target improvements to that area. The population of people in poverty in Vermont is far too dispersed for such approaches to be effective. Reaching geographically isolated families requires strategic intention and community partnerships that are costly and difficult to sustain.. An important implication of the geographic dispersal of poverty is that it makes it much harder to get a clear idea about who the poorest families and children are, where they live, and how to develop and effectively deliver high quality programs and services that acknowledge their constraints and preferences and meet their particular needs.

In 2007 Vermont's General Assembly created the Vermont Child Poverty Council whose mission is to "examine child poverty in Vermont and to make recommendations to the Governor and General Assembly on methods of improving the financial stability and well-being of children.." Later that year, the Poverty Council issued a seminal report with detailed recommendations on how Vermont can "do more" to address the fragile state of poor children in our state. The report acknowledges the negative impact of poverty on children's early learning and development and ability to succeed in school. Later in 2009, Voices for Vermont's Children released a report discussing the significant proficiency gap, documented by New England Common Assessment Program (NECAP) scores, that exists between children who live in poor and low income households and those who do not. The Voices report stresses the importance of an integrated and long term policy that attacks this poverty based proficiency gap on two fronts - educational systems reforms – employing research-driven strategies to improve learning environments - and family support structures – providing critical assistance to families and children living in poverty in order to reduce some of the pressures they face. Vermont welcomes RTT-ELC as an opportunity to bring resources into our state to ambitiously enhance and advance a reform agenda we have already identified and continue to strive to develop and fully implement despite the difficult economy.

Vermont's evolving early learning and development system is based on a vision established 30 years ago that stands strong today and is a priority of Governor Peter Shumlin. Vermont has made great strides and learned much over these years in pursuing its vision that *all Vermont children will be healthy and successful*. Key concepts that have emerged are reflected in Vermont's mission for the Vermont Early Learning Challenge (VT ELC) State Plan:

*All Vermont families and young children will have access to a high quality, comprehensive early learning and development system that meets their needs and therefore ensures school readiness and ongoing success, self-development, health, and well-being.*

*Vermont will integrate, enhance, and expand existing systems of early care, health, education, and family support services to achieve this goal.*

The following plan identifies thirteen specific interconnected goals and rationale for key activities advanced in the VT ELC State Plan. Together these comprise an ambitious yet achievable reform agenda, rising from the foundations described in section (A)(1) to integrate systems of care across disciplines and improve the quality and consistency of early learning and development programs and services in order to promote health and optimal development across all domains and prepare young Vermonters for school success. These are expressed broadly in this section and addressed more specifically in the high quality plans that follow. This section also identifies the outcomes for 2016 and beyond that will be the result of successful implementation of a fully funded VT ELC State Plan.

### **Successful State Systems**

**Goal 1:** Invigorate and strengthen the Building Bright Futures governance structure at the state and regional levels to assure the capacity needed to support a coherent, cohesive and integrated early learning and development system that supports accessible high quality programs and services in every community in Vermont.

**Key activities** to advance this goal include: focused work to actively recruit and engage critical partners at state and local levels, clearly articulate relationships and responsibilities among partners and overlapping systems of care, and promote strategic planning and action at state and local levels; hiring, training and supporting a cadre of Regional Council Coordinators to

enhance the capacity of BBF Regional Councils; and creating a VT ELC Implementation Team in the BBF Council structure that includes expanded staff capacity at three of the four Participating Agencies, program leadership from each participating agency and key community partners involved in implementation.

**2016 Outcomes:** The Building Bright Futures Regional Councils will be active and vital unifying structures at the state level and in every region. Critical partners from state agencies responsible for health, human services and education, local education agencies, community based agencies and organizations and key allies in the private sector will view the statewide and regional Councils as the agent of strategic planning, investment planning, accountability and transformation in regard to early learning and development in Vermont.

**Goal 2:** Stimulate the integration and implementation of statewide systems in local partnerships focused on school readiness that reach, serve and monitor the early learning and development of high needs children from the prenatal period until kindergarten entry and that sustain those gains through third grade in every Vermont community with high quality programs and services that increase child health, well-being and capacity to experience school success.

**Key activities** to advance this goal include: investment in and support for Early Learning Challenge Partnerships that challenge local communities to strengthen and expand local partnerships, embrace state-wide standards, access available resources and take responsibility for the early learning and development and school success of all of their children from the prenatal period through third grade. The establishment and launch of a Building Bright Futures Leadership Development Program will give successive cohorts of regional and local leaders the knowledge, tools, and motivation to contribute to effective systems that advance an early learning and development reform agenda in their communities and throughout Vermont.

**2016 Outcomes:** Public and private partners in every supervisory union and school district in Vermont will participate in integrated planning and coordinated implementation to promote effective use of state and local resources to ensure that all young children and their families in their communities, particularly identified populations of high needs children, have access to high quality programs and services that meet their needs and prepare them for success in school. Local communities will be connected to and supported by an integrated multi-

disciplinary statewide system of care focused on early learning and development.

An ever growing, knowledgeable and empowered leadership network will inform and catalyze the movement to transform early learning and development systems in communities and at the statewide level.

**Goal 3: Sustain** VT ELC achievements and investments beyond 2015.

**Key activities** to advance this goal include: examining current investments in early learning and development for relevance to the goals of the VT ELC reform agenda and re-purposing those that do not contribute to identified measurable outcomes; capitalizing on the reform agenda in early learning and development and other areas of state spending to re-invest savings in downstream programs and services to support early learning and development and promote school readiness; and develop and implement a public education and engagement campaign that focuses on families, policymakers and the general public to increase understanding of the importance of early learning and development and the will to accept collective responsibility to invest in a systemic approach to support early development and readiness to succeed in school for all Vermont's children.

**2016 Outcomes:** Vermont's systemic and effective investments in supporting the early learning and development of children from the prenatal period through third grade will increase. Targeted investments in addressing the particular challenges experienced by high needs children will result in more high needs children in Vermont entering kindergarten healthy, secure and ready to succeed. Vermonters will be committed to collectively support optimal learning and development for all Vermont's children as a wise and prudent public investment.

### **High Quality Accountable Programs**

**Goal 4:** Vermont SStep Ahead Recognition System (VT STARS) will maintain accountability to high standards for regulated early learning and development programs in schools, centers and homes. The quality and capacity of regulated early learning and development programs in schools, centers and homes throughout Vermont will continually improve as a result of increasing participation in VT STARS. Regulated early learning and development programs in schools, centers and homes will have access to resources and rewards that support continuous



quality improvement.

**Key activities** to advance this goal include: a full scale third –party evaluation of VT STARS to determine its effectiveness to measure and improve developmentally beneficial early learning and development services in regulated schools, center and homes; the development and implementation of a robust array of incentives and rewards associated with participation in VT STARS for regulated centers and homes; and the development and implementation of multi-disciplinary (health, mental health, nutrition, family support, curriculum and assessment , and inclusion) consultation services to support continuous quality improvement in regulated schools, centers and homes.

**2016 Outcomes:** Clear, effective, consistent child care regulations and licensing processes informed by research and evidence-driven best practice will provide a secure foundation for safe, healthy and developmentally beneficial early learning and development services in regulated schools centers and homes in Vermont. Participation in Vermont STep Ahead Recognition System (VT STARS) will be recognized by parents and providers as a measure of a center or family home program’s commitment to providing developmentally beneficial early learning and development services for children. Families will reference VT STARS ratings and reports in making child care choices. VT STARS will maintain accountability to high standards for regulated early learning and development programs in centers and homes. Most schools, centers and family child care homes in Vermont will participate in VT STARS at a high level (3 STARS or higher) and will be supported and rewarded in continuous quality improvement efforts. The supply of high quality early learning and development programs in Vermont communities will be increased.

**Goal 5:** High needs children in Vermont (as defined in VT ELC State Plan Section (A)(1)) will have affordable access to high quality, developmentally beneficial early learning and development programs in regulated preschool programs, child care centers and family child care homes prior to entering kindergarten.

**Key activities** to advance this goal include: expanding the availability of publically fund preschool to all Local Education Agencies (LEA’s) in Vermont; supplementing existing federal investments in Early Head Start and Head Start programs in Vermont to address enrollment of eligible children on waiting lists; a thorough third party analysis of Vermont’s

Child Care Financial Assistance Program (CC FAP) to create and cost out policy recommendations that would result in more affordable child care co-payments for low income families and higher rates for providers to support high quality developmentally beneficial services for children; and improving or eliminating transitions between programs and services for young children and their families throughout the early years.

**2016 Outcomes:** The majority of children subsidized by the Child Care Financial Assistance Program (CC FAP) will be enrolled in centers and homes rated as 3 STARS or higher. 100 % of children subsidized by the CC FAP in targeted high needs populations such as active protective services cases, children with development delays and identified special needs, and others will be enrolled in centers and homes rated as 3 STARS or higher. All 3 and 4 year old children in Vermont will have access to high quality publically funded prekindergarten programs in a mixed delivery model that includes both community based centers and family child care homes and school based classrooms. All 3 and 4 year old children in high needs populations will participate at least part time in high quality preschool programs. More children in high needs populations will have access to Early Head Start and Head Start (EHS/HS) services in their communities. Vermont will have a clearly identified long term plan to re-invest savings from reforms in downstream human service expenditures to child and family centered investments in early learning and development through CC FAP subsidies and the expansion of EHS/HS and publicly funded prekindergarten.

### **Promoting Early Learning and Development Outcomes for Children**

The VT ELC State Plan addresses all four selection criteria under this focused investment area. Vermont has elements of a strong foundation as well as more work to accomplish related to each of these criteria, and believes that progress consistent with Vermont's holistic and integrated approach to improving child outcomes will be most effective when moving forward synchronistically on these interrelated priorities.

**Goal 6:** Vermont will establish a common and fully aligned continuum of developmentally, linguistically and culturally appropriate early learning and development standards for children from birth – age 8 that are understood by families and used across all early learning and development programs and services by practitioners with a deep understanding of how to

integrate early learning standards, curriculum and assessment to promote children's development at all ages and in all settings.

**Key activities** to advance this goal include: completing Vermont's Infant-Toddler standards (First Steps); supporting a thorough study of First Steps and the Vermont Early Learning Standards (VELS) to ensure developmental, linguistic and cultural appropriateness and alignment across age level expectations and with comprehensive assessment system tools; and creating a well qualified group of experts and working professionals to develop and implement a consistent array of professional development experiences related to early learning standards at all levels that incorporate the depth, dosage and duration necessary to impact program practice.

**2016 Outcomes:** Families with young children and practitioners providing services to young children birth – age 8 in Vermont will have a clear and common understanding of what children at all stages of early development need to know and be able to do to develop to their full potential and succeed in school based on a well-communicated and commonly accepted continuum of early learning standards. They will apply this understanding to nurturing children's early development across all domains at home and in all early learning and development settings and services.

**Goal 7:** Vermont will establish a common comprehensive assessment system related to early learning and development for children birth – age 6 that ensures consistent local implementation of a coordinated and comprehensive system of multiple child and program assessments that identifies challenges and risk factors early in the developmental cycle and promotes well integrated interventions that match child needs with effective, developmentally beneficial programs and services.

**Key activities** to advance this goal include: establishing an ad hoc group under the BBF Council's Data and Evaluation Committee to assess current policy and practice, integrate and align assessments across disciplines, articulate opportunities and critical partnerships and promote implementation and coordination at the local level; expanding Vermont's statewide system for early and continuous developmental screening through the Vermont Child Health Improvement Program (VCHIP) ; expanding the use of the Teaching Strategies GOLD assessment system throughout all regulated early learning and development centers and family

child care homes and across infant-toddler and preschool settings; and incorporating the Classroom Assessment Scoring System (CLASS) into the array of frequently used valid and reliable measures of program quality that contribute to continuous program quality improvement in VT STARS.

**2016 Outcomes:** Community based professionals in health, human services and early education will employ a common and coordinated array of developmentally appropriate, valid and reliable assessment tools to identify children's needs and strengths across all domains of healthy development from infancy through age 6, assess the quality of programs and services delivered to young children in that developmental period, and ensure that children have timely access to developmentally beneficial services that meet their particular needs and promote optimal development. All children will be screened by one year and referred for services by three if there are concerns. Practitioners will use the results of valid and reliable assessments to communicate with parents and other service providers, improve programs and services for children and tailor services to individual needs.

**Goal 8:** Vermont will effectively identify and address the health, behavioral and developmental needs of children from the prenatal period through age 6 in their homes and in community based early learning and development settings of all types through the delivery of a coordinated array of appropriate, high quality, evidence-informed programs and services that improve learning outcomes in a manner that is responsive to individual needs as part of a comprehensive early learning and development system.

**Key activities** to advance this goal include: increasing and enhancing regional capacity to fully and successfully implement Children's Integrated Services, including enhanced capacity for coordinated intake and case management, increased access to high quality specialized services that support inclusion, and expanded home visiting services focused on reaching high needs children not currently enrolled in regulated centers and family child care homes; implementing the child care goals in the Department of Health Fit and Healthy Kids strategic plan to promote healthy eating and physical exercise in early learning and development programs in schools, centers and family child care homes; and promoting healthy meals; food security, and family education on nutrition and physical exercise in early learning and development programs in schools, centers and family child care homes and home visiting



services.

**2016 Outcomes:** Well-coordinated, strongly supported, well-resourced high quality developmentally beneficial services addressing individual health, behavioral and developmental needs will be delivered to high needs children in Vermont in a variety of settings including center based early childhood programs, family child care homes, EHS/HS programs, Parent Child Centers, and children's own homes employing a variety of appropriate, evidence-informed strategies. Indicators of child safety, security and healthy development show progress toward improved outcomes particularly for children in high needs populations. The Vermont Kindergarten Survey indicates that more children in all Vermont communities arrive in kindergarten healthy and ready to succeed across all domains of development. NECAP scores indicate that more children in high needs populations are achieving school success at the same level as their grade level peers.

**Goal 9:** Vermont will provide culturally and linguistically appropriate information and support to families, particularly those families of children with high needs, to increase protective factors in families and help families advocate for individualized services and promote school readiness for their children.

**Key activities** to advance this goal include: developing and implementing effective strategies to consistently, methodically, and regularly elicit, compile and interpret input from families, particularly those families of high needs children, in natural environments in communities in order to better understand their preferences and challenges and incorporate their views and voice in transforming policies, practices and investments in statewide and local early learning and development systems; and identifying and endorsing a common statewide set of standards and practices related to family engagements and support in early learning and development programs and services.

**2016 Outcomes:** The voice and views of families, particularly of those families of high needs children who are geographically isolated or otherwise separated from established early learning and development delivery systems, will be heard and guide policies, practices and investments intended to assist and support families in providing a safe, healthy and nurturing environment that promotes child well-being and prepares young children for school success. A common set of standards and practices related to family engagement and support related to

early learning and development will be identified, endorsed and implemented statewide as Vermont's Family Engagement Framework (VFEF).

### **A Great Early Childhood Workforce**

The VT ELC State Plan addresses both criteria in this Focused Investment Area. In Criteria (D)(1), we will document our belief that the Core Competency documents and Career Ladder maintained in the Northern Lights Career Development Center (NLCDC), in tandem with Vermont's Department of Education regulations governing educator preparation and licensing for teachers of young children, meets the elements of a Workforce Knowledge and Competency Framework as defined in the RTT-ELC NIA. Investments in this area of reform will target goals and activities related to Criteria (D)(2) Supporting Early Childhood Educators in improving their knowledge, skills and abilities because we believe that these are the investments that have the greatest positive impact on early learning and development experiences for high needs children. Success in meeting our goals in the Core Area of High Quality Accountable Programs and services that promote well being and school success for these children is dependent on our success in preparing, supporting and retaining a high quality workforce. In all of our goals and activities in this area we apply the broadest definition of Early Childhood Educators to explicitly include all practitioners in any role working with children and families from the prenatal period through age 8.

**Goal 10:** Vermont will support Early Childhood Educators (ECEs) in achieving credentials and licensure by targeting investments in professional development experiences that are credit-bearing and degree focused. Barriers to participation in these experiences will be addressed. ECEs will be encouraged and supported in setting and achieving professional goals as part of an Individualized Professional Development Plan (IPDP.)

**Key activities** to advance this goal include: developing and supporting a coherent, coordinated and consistent system of career advisement that is free and readily available to all ECEs throughout Vermont; increasing rewards and recognition related to career advancement and the attainment of career milestones, particularly credentials and licensure; including all public and private higher education institutions that provide educational opportunities for ECEs in a Consortium committed to a developing and implementing a strategic plan to align programs to

Vermont's Workforce and Knowledge Competency Framework, resolving issues related to creating agreements and understandings that promote consistency and flexibility for ECEs pursuing credits and degrees, and creating access to coursework in rural areas and for working professionals through non-traditional delivery models; offering funding to colleges and universities to develop affordable programs to move cohorts of ECEs from one educational level to another along a fluid continuum; creating a well defined and broadly communicated scholarship program addressing professional development at all practitioner levels for ECEs in all types of programs; developing and implementing a compensation initiative linked to increased qualifications that helps to retain a qualified ECE workforce.

**2016 Outcomes:** Early Childhood Educators (ECEs) at all points in their professional careers and serving young children in any setting and capacity have: free and convenient access to consistent, well informed and individualized advisement on setting and achieving professional development and career goals and navigating Vermont's career development system; and convenient access to affordable, credit bearing, degree focused professional development experiences that are tailored to meet their professional goals. Increasing numbers of new and veteran ECEs participate successfully in credit bearing, degree focused professional development experiences; and an increasing percent of the ECE workforce earns credentials, and completes degrees each year. Career milestones and accomplishments are regularly and intentionally recognized, celebrated and rewarded. ECEs with higher qualifications are compensated at a higher level than less qualified counterparts. ECEs are more likely to stay in the same position over time and more likely to remain in the profession in Vermont (decreased turnover/increase continuity of care). Valid and reliable measures of overall quality of early learning and development programs and services indicate that highly qualified teachers contribute to higher program quality linked to improved developmental outcomes and school readiness for young children.

**Goal 11:** Vermont will invest in relationship-based professional development strategies that help ECEs translate knowledge, skills and dispositions into developmentally beneficial practice with young children and their families. (D)(2)

**Key activities** to advance this goal include: expanding the Vermont Early Childhood Apprenticeship Program; and the development and implementation of coordinated, standards

based, evidence-informed mentoring, coaching and consultation experiences that are consistently affordable and accessible to ECEs in their workplace as part of their professional growth in the field.

**2016 Outcomes:** The Vermont Apprenticeship Program is consistently and continuously available to practitioners in regulated centers and family child care homes throughout the state. Apprentices are able to complete required coursework in sequence in a timely manner. Data indicates that ECEs who earn the Apprenticeship Credential are likely to remain in their positions over time and that they remain in the profession in Vermont, continuing to move along the Career Ladder increasing in knowledge, skills and qualifications. Early Childhood Educators (ECEs) at all points in their professional careers and serving young children in any setting and capacity have affordable access to standards based, evidence-informed mentoring, coaching and consultation experiences that are tailored to meet their professional goals and support good practice in early learning and development programs. Reliable and valid measures of adult child interactions and ECE effectiveness indicate that increasing numbers of ECEs are more able to contribute to children's developmental outcomes and school readiness.

### **Measuring Outcomes and Progress**

**Goal 12:** Vermont will validate and strengthen the Ready Kindergarteners Survey to effectively assess the status of children entering Kindergarten.

**Key activities** to advance this goal include: validating survey items and the survey as a whole; increasing participation; improving the secure on-line survey tool; and training kindergarten teachers and policymakers on appropriate uses of survey data.

**2016 Outcomes:** Vermont's Kindergarten Readiness Survey is a valid and reliable indicator of children's status at entry to kindergarten. It is responsibly completed and reported by over 80% of kindergarten teachers in public schools. Policymakers understand how to use the results of the survey to assess progress toward systemic goals for early learning and development in Vermont. Kindergarten teachers understand the value of survey results as a formative assessment that helps them to tailor kindergarten curriculum to the needs of incoming students.

**Goal 13:** Vermont will enhance its early childhood data capacity so that it is a unified system used by all to improve practices and inform policies that support children's health,



development and learning and is aligned and interoperable with Vermont's Statewide Longitudinal Data System. (E)(2)

**Key activities** to advance this goal include: hiring and sustaining data and planning personnel at the BBF Council to create and support the unified early childhood data reporting; building necessary infrastructure; supporting the DOE application (December 2011) to create a Statewide Longitudinal Data System that includes integration of early learning and development data; establishing a Data Governance Council that includes Policy, Data and IT leadership from participating state agencies including the Building Bright Futures Council (state and local,); and creating an early childhood data reporting infrastructure in Vermont that aligns and integrates the current early childhood data systems (refer to Table (A)(13) for profile), provides information related to Vermont's comprehensive assessment system (refer to Table (A)(1)(7)), and is framed using Vermont standards for early childhood health, development and learning.

**2016 Outcomes:** A unified, comprehensive and coordinated early learning and development data system exists in Vermont that is effective in informing improved practice, effective investments and sound policy decisions. The system is aligned and interoperable with Vermont's Health Information Technology/Health Information Exchange and the statewide Longitudinal Data System at DOE in Vermont. Data and planning personnel and a Data Governance Council are an integral and permanent component of the statewide BBF Council capacity and governance structure. The BBF statewide and regional Councils regularly and consistently track and monitor available data over time to ensure that statewide and local investments result in improved developmental outcomes and increased school success for young children in Vermont.

This VT ELC State Plan will take Vermont's early learning and development system to the next level and improve the quality of early learning and development programs and services in our state, resulting in improved outcomes for young children as they approach the school door vibrantly ready and able to succeed. Successful implementation will provide a powerful model of integration and reform that will contribute to the emergence of early learning and development systems in the US that are responsive to the challenges of supporting high needs children in rural areas.

**Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C):**

*Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address*

- ✓ (C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.
- ✓ (C)(2) Supporting effective uses of Comprehensive Assessment Systems.
- ✓ (C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.
- ✓ (C)(4) Engaging and supporting families.

**Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D):**

*Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address*

- ✓ (D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.
- ✓ (D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

**Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E):**

*Please check the box to indicate which selection criterion or criteria in Focused Investment Area (E) the State is choosing to address*

- ✓ (E)(1) Understanding the status of children's learning and development at kindergarten entry.
- ✓ (E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

**(A)(3) Aligning and coordinating early learning and development across the State. (10 points)**

The extent to which the State has established, or has a High-Quality Plan to establish, strong participation and commitment in the State Plan by Participating State Agencies and other early learning and development stakeholders by--

(a) Demonstrating how the Participating State Agencies and other partners, if any, will identify a governance structure for working together that will facilitate interagency coordination, streamline decision making, effectively allocate resources, and create long-term sustainability and describing--

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(1) The organizational structure for managing the grant and how it builds upon existing interagency governance structures such as children's cabinets, councils, and commissions, if any already exist and are effective;

(2) The governance-related roles and responsibilities of the Lead Agency, the State Advisory Council, each Participating State Agency, the State's Interagency Coordinating Council for part C of IDEA, and other partners, if any;

(3) The method and process for making different types of decisions (*e.g.*, policy, operational) and resolving disputes; and

(4) The plan for when and how the State will involve representatives from Participating Programs, Early Childhood Educators or their representatives, parents and families, including parents and families of Children with High Needs, and other key stakeholders in the planning and implementation of the activities carried out under the grant;

(b) Demonstrating that the Participating State Agencies are strongly committed to the State Plan, to the governance structure of the grant, and to effective implementation of the State Plan, by including in the MOU or other binding agreement between the State and each Participating State Agency--

(1) Terms and conditions that reflect a strong commitment to the State Plan by each Participating State Agency, including terms and conditions designed to align and leverage the Participating State Agencies' existing funding to support the State Plan;

(2) "Scope-of-work" descriptions that require each Participating State Agency to implement all applicable portions of the State Plan and a description of efforts to maximize the number of Early Learning and Development Programs that become Participating Programs; and

(3) A signature from an authorized representative of each Participating State Agency; and

(c) Demonstrating commitment to the State Plan from a broad group of stakeholders that will assist the State in reaching the ambitious yet achievable goals outlined in response to selection criterion (A)(2)(a), including by obtaining--

(1) Detailed and persuasive letters of intent or support from Early Learning Intermediary Organizations, and, if applicable, local early learning councils; and

(2) Letters of intent or support from such other stakeholders as Early Childhood Educators or their representatives; the State's legislators; local community leaders; State or local school boards; representatives of private and faith-based early learning programs; other State and local leaders (*e.g.*, business, community, tribal, civil rights, education association leaders); adult education and family literacy State and local leaders; family and community organizations (*e.g.*, parent councils, nonprofit organizations, local foundations, tribal organizations, and community-based organizations); libraries and children's museums; health providers; and postsecondary institutions.



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*In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

Evidence for (A)(3)(a) and (b):

- For (A)(3)(a)(1): An organizational chart that shows how the grant will be governed and managed.
- The completed table that lists governance-related roles and responsibilities (see Table (A)(3)-1).
- A copy of all fully executed MOUs or other binding agreements that cover each Participating State Agency. (MOUs or other binding agreements should be referenced in the narrative but must be included in the Appendix to the application).

Evidence for (A)(3)(c)(1):

- The completed table that includes a list of every Early Learning Intermediary Organization and local early learning council (if applicable) in the State and indicates which organizations and councils have submitted letters of intent or support (see Table (A)(3)-2).
- A copy of every letter of intent or support from Early Learning Intermediary Organizations and local early learning councils. (Letters should be referenced in the narrative but must be included in the Appendix with a table.)

Evidence for (A)(3)(c)(2):

- A copy of every letter of intent or support from other stakeholders. (Letters should be referenced in the narrative but must be included in the Appendix with a table.)

## **SUCCESSFUL STATE SYSTEMS**

Strengthen, align and coordinate VT's early childhood learning and development system at the state and local level.

**Goal 1:** Governance - Establish BBF as the Governance Structure for the VT ELC State Plan Implementation



**Goal 2:** Implement, customize and integrate statewide systems at the local level through Early Learning Challenge Partnerships (ELCPs) and the BBF Leadership Institute

**Rationale:** In this section we describe a plan to realize two goals that will be critical to aligning, coordinating and achieving the broad and ambitious reform agenda articulated in Section (2)(A). The first is related to Governance for the VT ELC State Plan and the evolving integrated early learning and development system it will impact. Assuring a formally established and well articulated governance structure is essential for bringing early care, education, and health systems of care that have developed separately in Vermont into a functional, coherent, coordinated system of programs and services. Coordination and integration will afford equitable access for all children and families, but most particularly for those defined as high needs, to high quality developmentally beneficial programs that meet their needs and promote school readiness across all domains of development. Working collectively rather than independently will allow us to bring resources together to ensure that children and families experience continuity and enough of the right kind of services to have a lasting impact on their development and future success.

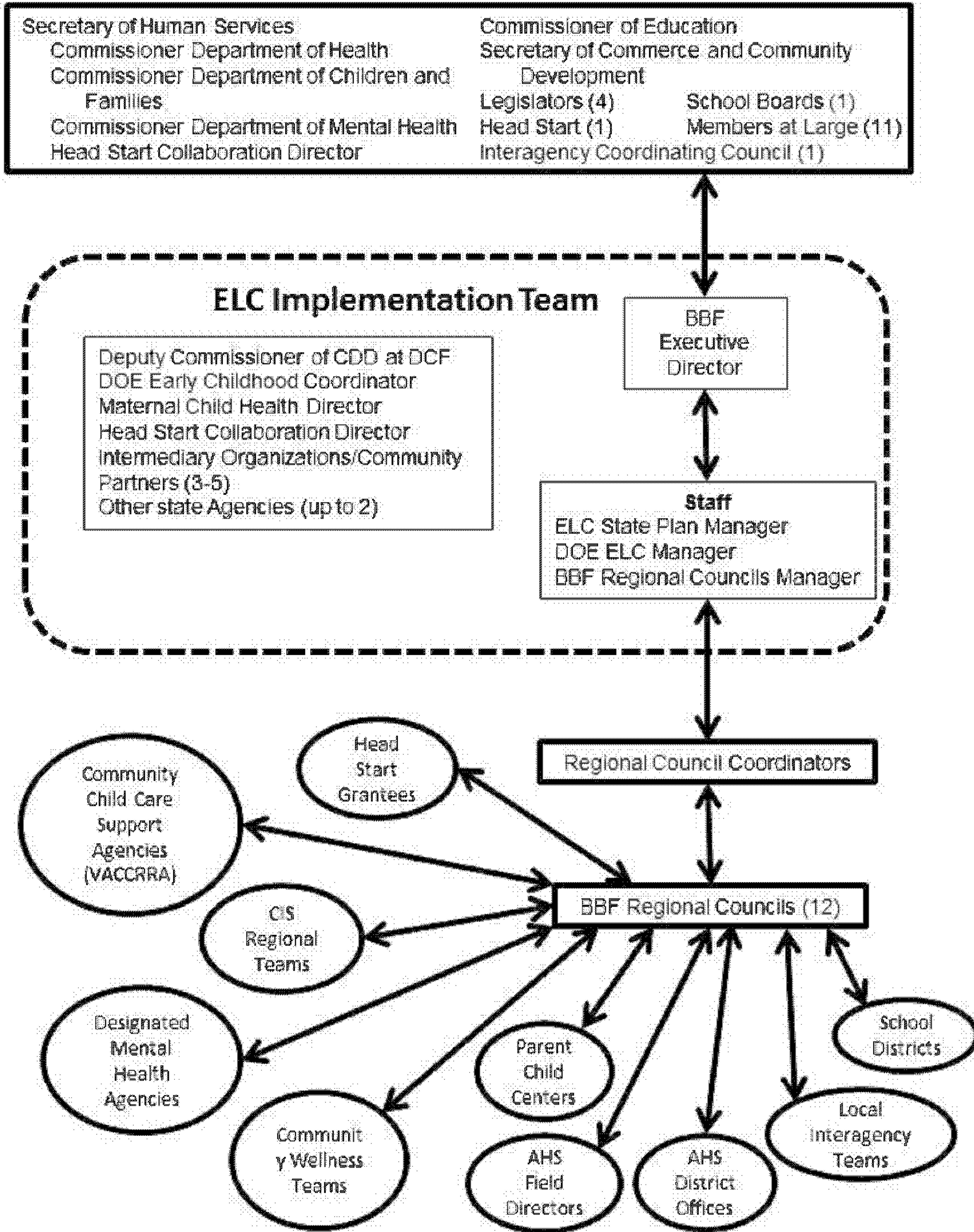
Vermont has designated the statewide Building Bright Futures Council (BBF Council) and 12 BBF Regional Councils described in Section (A)(1) as the governance structures for implementation of the VT ELC State Plan. In 2010, the BBF Council, previously convened by Executive Order, was established in state statute and specifically charged to take on this role in Vermont. The Council achieved status as a 501 (c) (3) organization, empowering it as an independent public – private partnership. These important developments create a solid organizational foundation for interagency collaboration in the truest sense, as well as broad based stakeholder engagement at the state and local level that is so critical to Vermont. The BBF structure connects local partners to statewide policies and resources in a vital and interactive relationship. Vermont’s challenge in the next few years is to build on the foundation – to move the BBF from this developmental stage into a high performing alliance capable of aligning and integrating all sectors of the early childhood system in a manner that adds value for participants and fully supports children and families. Resources available through RTT-ELC will help us to build staff capacity at the state and regional levels to bring people together and support the hard work of alignment, coordination and integration during this formative stage. We believe

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that the advances we can make with this support will bring us to a new level of coordination and collaboration in the next four years that will help us to build a base of support to sustain this governance structure and the systemic gains it garners for children and families into the future.

The Organizational Chart that follows shows the dynamic nature of the relationship among statewide leaders and local programs and services. Imagine this simple diagram in several dimensions where many other lines of communication, relationship and mutual accountability crisscross among the participants. A strong solid structure brings clarity, intention, stability and articulated agreements that create more effective functioning leading to better services for children and families.

### Vermont Early Learning Challenge State Plan Governance Structure Building Bright Futures Council



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The Master Agreement found on page **281** of this plan documents the powerful support of state leadership to this governance structure and overall plan. The Secretary and Commissioners have signed on to active participation in the Council and have agreed to promote active engagement with local Councils of their department and agency staff in regions throughout Vermont.

Through this VT ELC State Plan we have created a vital coalition of agency leadership and community partners as the VT ELC Implementation team who will fuel the furnace of reform, and the support staff to get the work done. Governance related roles and responsibilities are articulated in Table (B)(3) -1 and clearly echoed in the Master Agreement signed by Participating Agency leaders. Opportunities for representatives from participating programs, early childhood educators, parents, families and other stakeholders are available at every level, as representative members of the BBF state-wide Council, on the VT ELC Implementation team and in vital and direct ways on Regional Councils in their own communities. As projects of the overall plan are implemented, ad hoc work groups will also invite and engage broad participation.

Day to day decisions about implementing high quality plans in this proposal will be made by the VT ELC Implementation team that will meet regularly. Our deliberations will be inclusive and participatory and guided by data and evidence. Decisions will be made by consensus in an environment of mutual respect and accountability for the outcomes we are committed to achieve, keeping the best interests of children and families at the center of the decision making process. When consensus cannot be reached and in the case of decisions involving major policy change or significant investment shifts, the matter will be brought before the full BBF Council for discussion and resolution.

Letters of commitment and support for the VT ELC State Plan from the stakeholders and community partners identified in Table (A)(3)-2 testify to the enthusiasm of participants in Vermont for this plan and the collective work it describes.

<b>Goal 1: Governance - Establish Building Bright Futures as the Governing Structure for VT Early Learning Challenge State Plan Implementation</b>	
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	<i><b>YEAR</b></i>
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<i>Description of Key Activities</i>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
1 (a) BFF Council Executive Director and Council members clarify and strengthen the authority and responsibilities of the State and Regional BBF Councils as established in statute	Q1 - Q4			
1 (b) Hire VT ELC State Plan Manager at DCF, Early Learning Challenge Coordinator at DOE and Regional Council Manager at BBF Council	Q1			
1 (c) DCF/CDD convenes and supports VT Early Learning Challenge (ELC) Implementation Team. Team meets regularly throughout grant period.	Q1 and ongoing			
1 (d) Increase capacity of Regional Councils to support coordination in regions and provide governance to ELC local Partnerships. Hire 6 FTE Regional Coordinators	Q2 and ongoing			
1 (e) Support coordinated strategic planning on statewide and regional levels. Ensure outreach and full engagement of all partners in Regional Councils. Connect with ongoing statewide initiatives including privately funded projects	Q4 and ongoing			
1 (f) Strengthen and formalize relationships and partnerships between Councils (both statewide and regionally) with health, education and social service agencies, direct service providers and families. Engage stakeholder as active participants in Councils and Subcommittees. Create materials that clearly articulate relationships and Council responsibilities and functions	Q3  Q4	Q1		
Responsible Party: VT ELC Implementation Team Key Personnel: BBF Council staff and Regional Council Coordinators Critical Partners: State Agencies, statewide and local Early Childhood Intermediary Organizations, Early Childhood Educators, families, Local Education Agencies, Wellness Team CIS Teams				

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The second goal is related to implementing, customizing and integrating statewide systems at the local level. In Sections A 1 and 2 we speak to the rural nature of Vermont where local variation is the norm and where our capacity as statewide agents of support and change are only effective insofar as we engage communities to mobilize their capacity to reach and serve children and families who are geographically dispersed. One innovative and distinctive feature of the VT ELC State Plan, and one we believe to be critically important to our making a positive impact on children and families in our state, is a major investment in Early Learning Challenge Partnerships (ELCP). As part of building local capacity and cohesiveness in this way, we also include a BBF Leadership Institute that will bring together cohorts of local leaders, service providers, ECEs, parents and other partners to learn about early learning and development in the process of developing leadership and interpersonal skills. They will better understand the overlapping statewide systems of care that address early learning and development and the strength and stability of their families.

The DCF, in collaboration with VT ELC Implementation Team and the BBF Council, will identify specific measurable criteria related to achievement gaps among groups of children, prevalence of high needs children in a community, low participation in benefit programs by potentially eligible families and other factors . Using these as a means of prioritizing the most challenged communities, this project will invite one of Vermont's 61 Supervisory Unions, an education district, from each of 12 AHS Regions (a human service district) to become part of a cohort of communities who come together to focus deeply on early learning and development opportunities and support for children from the prenatal period through age 8 in their communities. The project will offer support for each community to identify and understand the population of young children in their community and assess community assets that support early learning and development and success entering and in school. The Regional BBF Council will serve as a governing structure for a two year grant period. A substantial financial award – this may be adjusted in accord with population and risk factors, but in the range of \$200,000 - \$400,000 over the two year period will be given to a fiscal agent selected by the community. The state team, with input from stakeholders will develop a menu of evidence-informed investments that communities can choose from to build community capacity to ensure every child the developmentally beneficial experiences and relationships they need to enter kindergarten ready

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to succeed. The community will embark on a supported assessment and planning process, choose and implement investments using local service providers and measure outcomes. As the VT ELC State Plan Implementations Team and project team focus on these communities we will help them to effectively connect with one another and with statewide systems that can add value to and empower local efforts. We will invite members of each of the ELCP communities to participate in a concurrent one year BBF Leadership Institute during the second implementation year of their participation in the project.

The BBF Leadership Institute will capitalize on a long history of efforts to provide opportunities for citizens across Vermont to become empowered and to participate effectively in government and education. Vermont also has a proven track record of helping citizens develop leadership skills through programs at the Snelling Center for Government, Champlain College, and the Vermont Center for State Employee Development. Research is clear that leadership is a critical component to the success of any organization or systemic effort, and makes good sense to include leadership development in the strategies we employ in order to strengthen the early learning and development system at the state and local level. If the individuals at the local level have the knowledge and skills to build strong and effective relationships that bridge the variety of services children and families need for support, they will be primed to align and coordinate services in ways that best support children and families. Problem solving, dealing with emergencies, and solving disputes need to happen as close as possible to the services families access. Leadership development at the local level is the foundation for deep deployment of our shared vision.

The BBF Leadership Institute will form cohorts around the ELCPs. Regional Council members, ECEs, participating program representatives and parents will be invited to apply for the Institute, and cohorts will be organized to include a broad and representative group from participating regions. In this way, relationships will develop around local culture, issues, opportunities, and will also be part of the statewide culture that forms the basis for a state system that is integrated across services and across regions in the state. As an additional move to integrate and deploy the state system at each local level, members of the VT ELC Implementation Team and statewide and regional BBF Council members will be involved with the institute, some providing instruction and some being participants.

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Cohorts would include 25 – 30 participants meeting monthly for about 10 months over the course of a year. Our goal is to fully support, at no charge to participants, about eight cohorts during the RTT-ELC grant period. We plan to sustain the BBF Leadership Institute after the grant with a combination of public and private institutional funding, tuition and need base tuition assistance including support from employers and community based organizations.

<b>Goal 2:</b> Implement, customize and integrate statewide systems at the local level through Early Learning Challenge Partnerships (ELCPs) and the BBF Leadership Institute (LI)				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
2 (a) CDD in collaboration with VT ELC Implementation Team and the BBF Council determines selection criteria for ELCP	Q1 – Q2			
2 (b) CDD in collaboration with VT ELC Implementation Team and the BBF Council and other stakeholders determine the menu of investments for ELCP	Q1- Q2			
2 (c) A solid project plan for engaging consistently with and supporting communities through ELCP is developed.	Q2- Q3			
2 (d) A vendor to staff and implement the ELCP project is selected through a competitive bidding process	Q2			
2 (e) Data about Vermont communities is analyzed to select the first cohort of Supervisory Unions invited to participate in ELCP	Q2			
2 (f) The first cohort of ELCP is recruited. Regional Councils are established as governing entities for each ELP. Communities select fiscal agents and embark on asset mapping.	Q3- Q4	Q1		
2 (g) Each ELCP develops a plan of action and targeted investments to support school readiness for children prenatal to age 8 in their communities.		Q1		
2 (h) ELCP implements plan of action, evaluates success and plans for sustaining achievements (timeline shows movement of one cohort through two year cycle, entrance of subsequent cycle		Q2 ongoing		



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is shown but not full plan)				
2 (i) Second cohort of 12ELCP is invited to participate		X		
2 (j) Third cohort of 12 ELCP is invited to participate			X	
2 (k) Fourth cohort of 6 ELCP is invited to participate. DCF proposes re-purposing about \$1 million in funds to support ELCP moving forward on remaining Supervisory Unions at a pace of 6 ELCPs per cohort invited every other year.				X
2 (l) A vendor to staff and implement the BBF LI is selected through a competitive bidding process		Q1		
2 (m) Curriculum and teaching materials for BBF LI. Are developed. Instructors and presenters are recruited.		Q2		
2 (n) Members of ELCP communities are invited to apply for first BBF LI and participants are selected.		Q3		
2 (o) First 2 BBF LI begin		Q4		
2 (p) BBF LI follow up sessions for participants to sustain a learning community			X	X
2 (q) Two – three concurrent BBF LI sessions of 25 – 30 individual per year		X	X	X
Responsible Party: VT Early Learning Challenge Implementation Team, selected vendors Key Personnel: BBF Council staff and Regional Council Coordinators, Building Bright Futures state-wide and Regional Council members Critical Partners: Snelling Center, Champlain College, State Agencies, statewide and local Early Childhood Intermediary Organizations, Early Childhood Educators, families, Local Education Agencies				

How plan addresses needs of different types of Early Learning and Development Programs:

Assuring a well articulated and functional governance structure that is formally established is the key for having a functional, coherent, coordinated system of early care, health and education that

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assures equitable access to services, continuity of care for children and families, the sustainability and retention of service providers and a professional pathway for the workforce.

How plan meets the needs of Children with High Needs in general and for particular populations:

Access to high quality, consistent services for all children with special needs and challenges, regardless of where they live in the State, is critically important and is a core function and responsibility of the BBF governance structure. Aligning resources, policies and programs to support statewide access to quality services and providing the framework for consistent leadership to carry out the work is why a formal governance structure was created in Vermont.

Leadership crosses all aspects of the effort to improve the state system of early learning and development. It is necessary at the local level to ensure that relationships are made among service providers and families and that these relationships serve the interests of the child. In many cases, children with the highest needs require the most alignment as an increasing number of services and agencies are involved as the needs of a child increases. Increased leadership knowledge and skills and stronger relationships increase the ability of the local managers to cross the complex terrain of providing, in a seamless fashion, the array of services needed by high needs children.

Milestones/ Measures:

All stakeholders will know and be able to articulate the roles and responsibilities with which BBF is charged and how they apply to their respective agency and constituents.

Participation in BBF meetings and direct involvement in the work of the BBF organization will increase for all required participants and the general public.

The Building Bright Futures Regional Councils are active and vital unifying structures at the state level and in every region. They will have active participation from public school and health providers and their respective roles and services will be integrated into the Regional and State BBF plans.

Critical partners from state agencies responsible for health, human services and education, local education agencies, community based agencies and organizations and key allies in the private sector will view the statewide and regional Councils as the agent of strategic planning,

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investment planning, accountability and transformation in regard to early learning and development in Vermont.

Building Bright Futures is a stable, highly valued entity unifying the early learning and development system in Vermont and in individual communities. BBF Council are results based and achieve outcomes reflective of each communities needs and values.

The structure and supports necessary to maintain BBF as a strong and vital governing body are sustained through combined public and private funding.

Evaluation shows that the BBF Leadership Institute is effective in giving graduates the skills and knowledge they need to support and advocate for children and families in their communities.

<b>Table (A)(3)-1: Governance-related roles and responsibilities</b>	
<b>Vermont Early Learning Challenge (VT ELC) State Plan Implementation</b>	
<b>Participating State Agency</b>	<b>Governance-related roles and responsibilities</b>
Department for Children and Families (DCF)  <i>Lead Agency</i>	<ul style="list-style-type: none"> <li>• Assumes overall fiscal management for VT ELC State Plan</li> <li>• Distributes funding to other participating agencies as specified on Master Agreements in a manner consistent with state procurement rules</li> <li>• Commissioner or designee and Head Start Collaboration Office Director participate regularly and actively on BBF Council (statewide) and encourage District Office staff and AHS Field Directors to participate actively on Regional Councils</li> <li>• Hires and supervises VT ELC State Plan Manager. Manager is responsible for federal reporting, managing timelines and Plan deliverables</li> <li>• Convenes, manages and supports the VT ELC Implementation Team</li> <li>• Designated senior staff participates regularly and actively as a member of the VT ELC Implementation Team and recruits DCF content/program experts as participants in VT ELC activities as appropriate.</li> <li>• Leads development and implementation of ELC Partnerships.</li> <li>• Encourages District Office staff and AHS Field Directors to participate in ELC Partnerships in local communities.</li> <li>• Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan</li> </ul>

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<b>Table (A)(3)-1: Governance-related roles and responsibilities</b>	
<b>Vermont Early Learning Challenge (VT ELC) State Plan Implementation</b>	
<b>Participating State Agency</b>	<b>Governance-related roles and responsibilities</b>
Department of Education	<ul style="list-style-type: none"> <li>• Commissioner or designee participates regularly and actively on BBF Council (statewide) and encourage leaders in Local Education Agencies (LEAs) to participate on BBF Regional Councils.</li> <li>• Designated senior staff participates regularly and actively as a member of the VT ELC Implementation Team and recruits DOE content/program experts as participants in VT ELC activities as appropriate.</li> <li>• Hires and supervises a VT ELC Coordinator. Coordinator serves as one of support staff of VT ELC Implementation Team</li> <li>• Lends expertise and participation to success of local efforts in ELC Partnerships and Leadership Development Institute.</li> <li>• Encourages leaders in LEAs to engage in ELC Partnerships in their communities</li> <li>• Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan</li> </ul>
Department of Health	<ul style="list-style-type: none"> <li>• Commissioner or designee participates regularly and actively on BBF Council (statewide) and encourages District Office staff and leadership of local community wellness initiatives to participate actively on Regional Councils</li> <li>• Designated senior staff participates regularly and actively as a member of the VT ELC Implementation Team and recruits VDH content/program experts as participants in VT ELC activities as appropriate.</li> <li>• Lends expertise and participation to success of local efforts in ELC Partnerships.</li> <li>• Encourages District Office staff and leaders in local community wellness initiatives to engage in ELC Partnerships in their communities.</li> <li>• Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan</li> </ul>
<b>Other Entities</b>	
State advisory council on early childhood education and care Building Bright Futures Council	<ul style="list-style-type: none"> <li>• Convenes, manages, and supports Building Bright Futures Council (statewide)</li> <li>• Actively recruits and engages critical partners at state and local levels, clearly articulates relationships and responsibilities among partners and overlapping systems of care, and promotes strategic planning and action at state and</li> </ul>



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<b>Table (A)(3)-1: Governance-related roles and responsibilities</b>	
<b>Vermont Early Learning Challenge (VT ELC) State Plan Implementation</b>	
<b>Participating State Agency</b>	<b>Governance-related roles and responsibilities</b>
	local levels <ul style="list-style-type: none"> <li>• BBF Council Executive Director participates regularly and actively as a member of the VT ELC Implementation Team and recruits BBF Council content/program experts as participants in VT ELC activities as appropriate.</li> <li>• Hires and supervises a BBF Regional Councils Manager. Manager serves as one of support staff of VT ELC Implementation Team</li> <li>• Hires, trains, supervises and supports 6 FTEs as Regional Council Coordinators to enhance the capacity of BBF Regional Councils</li> <li>• Participates in the development and implementation of ELC Partnerships.</li> <li>• Supports Regional BBF Councils in providing inclusive, collaborative local governance structure for ELC Partnerships.</li> <li>• Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan</li> </ul>
State Interagency Coordinating Council for Part C of IDEA	<ul style="list-style-type: none"> <li>• Advises DCF/CDD on Children’s Integrated Services</li> <li>• Designated member of ICC sits on BBF Council as a Member at Large</li> </ul>
Agency of Human Services (AHS) <i>Umbrella Agency for DCF</i>	<ul style="list-style-type: none"> <li>• Secretary participates regularly and actively on BBF Council (statewide) and encourages Commissioners or designees named on the Council to participate regularly and actively.</li> <li>• Encourages District Office staff and AHS Field Directors to participate actively on Regional Councils</li> <li>• Engages in discussion and planning by the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan</li> </ul>

<b>Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils</b>	
<b>List every Intermediary Organization and local early learning council (if applicable) in the State</b>	<b>Did this entity provide a letter of intent or support which is included in the Appendix V (Y/N)?</b>
Congressional Delegation	YES
Vermont Education Coalition	YES

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<b>Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils</b>	
<b>List every Intermediary Organization and local early learning council (if applicable) in the State</b>	<b>Did this entity provide a letter of intent or support which is included in the Appendix V (Y/N)?</b>
Vermont Head Start Association	YES
Vermont Parent Child Center Network	YES
Vermont Academy of Pediatrics	YES
Vermont Association for the Education of Young Children (VAEYC)	YES
Division for Early Childhood Vermont (DEC-VT)	YES
Reach Out and Read	YES
Vermont Refugee Resettlement	YES
Kids Are Priority One (KAP1)	YES
Vermont Business Roundtable	YES
Vermont Child Care Providers Association	YES
Building Bright Futures Regional Councils (4)	YES
University of Vermont	YES
Vermont Philanthropic Group	YES
Vermont Family Network	YES
AFT/Vermont Early Educators United	YES
Vermont Center for the Book	YES
Department of Labor/Vermont Child Care Industry Careers Council	YES

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(A)(4) Developing a budget to implement and sustain the work of this grant. (15 points)

The extent to which the State Plan--

(a) Demonstrates how the State will use existing funds that support early learning and development from Federal, State, private, and local sources (*e.g.*, CCDF; Title I and II of ESEA; IDEA; Striving Readers Comprehensive Literacy Program; State preschool; Head Start Collaboration and State Advisory Council funding; Maternal, Infant, and Early Childhood Home Visiting Program; Title V MCH Block Grant; TANF; Medicaid; child welfare services under Title IV (B) and (E) of the Social Security Act; Statewide Longitudinal Data System; foundation; other private funding sources) for activities and services that help achieve the outcomes in the State Plan, including how the quality set-asides in CCDF will be used;

(b) Describes, in both the budget tables and budget narratives, how the State will effectively and efficiently use funding from this grant to achieve the outcomes in the State Plan, in a manner that--

(1) Is adequate to support the activities described in the State Plan;

(2) Includes costs that are reasonable and necessary in relation to the objectives, design, and significance of the activities described in the State Plan and the number of children to be served; and

(3) Details the amount of funds budgeted for Participating State Agencies, localities, Early Learning Intermediary Organizations, Participating Programs, or other partners, and the specific activities to be implemented with these funds consistent with the State Plan, and demonstrates that a significant amount of funding will be devoted to the local implementation of the State Plan; and

(c) Demonstrates that it can be sustained after the grant period ends to ensure that the number and percentage of Children with High Needs served by Early Learning and Development Programs in the State will be maintained or expanded.

*The State's response to (A)(4)(b) will be addressed in the Budget Section (section VIII of the application) and reviewers will evaluate the State's Budget Section response when scoring (A)(4). In the text box below, the State shall write its full response to (A)(4)(a) and (A)(4)(c) and may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

Evidence for (A)(4)(a):

- The completed table listing the existing funds to be used to achieve the outcomes in the State Plan (see Table (A)(4)-1).
- Description of how these existing funds will be used for activities and services that help achieve the outcomes in the State Plan.

Evidence for (A)(4)(b):

- The State's budget (completed in section VIII).

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- The narratives that accompany and explain the budget, and describes how it connects to the State Plan (also completed in section VIII).

**Goal 3: Sustaining Early Learning Challenge Achievements and Investments**

In this proposal Vermont has created an ambitious plan to leverage existing investments to bring a system of early care and education to a new level in our state enabling us to significantly improve the quality early learning and development services and pull together health, education and social services at the statewide level as well as in local communities.

For most of the projects identified in the overall budget, there are some existing resources in place and we are requesting funds to expand and enhance good ideas into great results. Vermont spends almost \$900,000 annually on Building Bright Futures Direct Services grants to local communities. (Table (A)(4)-1). RTT ELC funds will bring new more targeted funds into communities in the form of ELC Partnerships – approximately \$9 million dollars over the life of the grant - with particular intent to assist communities in establishing a deeper focus and more intentional shared strategy on getting every child in their community ready to succeed. Vermont invests over \$300,000 now in CCDF quality dollars into STARS administration and modest STARS bonuses – in Project 4 we request almost \$4 million dollars over the life of the grant to help providers address the challenges they have expressed in trying to achieve and maintain high quality. In Project 8 we request funds to expand the MIECH Home Visiting model and our own innovative Children’s Integrated Services program. In each instance Vermont has stepped up to marshal our resources to innovate and invest.

As a small state there is a particular economy of scale in our efforts. Our plan is broad and ambitious because \$48 million goes a long way to catalyzing lasting change. An investment of that magnitude here is an investment in better understanding what adequate resources may achieve.

In considering sustainability of the achievements gained through successful VT ELC State Plan implementation we are prepared to employ a number of strategies. First, as we evaluate investments and upgrade systems of care, we are willing to re-purpose current investments to support what succeeds.

Through integration and coordination and reforms in other areas of government we will also achieve savings that Our Governor pledges to re-invest in early learning and development.

Finally, this section includes a high quality plan to raise public awareness and garner support and public will for investments in early learning and development.

**Goal 3.3 Public Information Campaign**

**Goal 3.3 (a)** Increase public will and support for investments in early learning and development services by moving public opinion to support a systematic approach that is the collective responsibility of all citizens for assuring school readiness and ongoing academic success for all Vermont children.



**Goal 3.3 (b)** Increase the public's awareness of the VT STARS program and its relationship to higher quality services for children, leading to increase demand from parents for STAR rated programs for their children.

**Goal 3.3 (c)** Increase the public's awareness of the Building Bright Futures Facilities Fund, and the relationship of the quality of the physical environment to overall early childhood program quality.

**Rationale:** The growing body of research on brain development and the impact of the earliest years of development, from the pre-natal period to age 3, on school readiness, ongoing academic achievement, and life-long success is becoming more widely known and understood and is beginning to positively impact support for public investments in early childhood services. The timing is right to capitalize on this work to improve the overall quality of Vermont's early learning and development system, including increasing awareness of and support for investments in the physical environments in which young children spend a great deal of time.

Vermont has made sustained strategic investments in both funding and policies for the early childhood system over the past 30 years in order to have a coordinated, cross sector system of early childhood services. Some of these investments include implementing the Step Ahead Recognition System, our QRIS, as a way to support providers and improve the quality of the early childhood system, and the establishment, in 2003, of the Bright Futures Facilities Fund (BBFF) that is funded with private contributions, state appropriations and a dedicated special issue license plate. The Fund is administered by the Vermont Community Loan Fund (VCLF). Since its inception the BBFF has increased the quality of child care programs for approximately 5,000 Vermont children. \$930,000 has been awarded to 96 programs, leveraging an additional \$33,500.

The current Administration has identified enhancing the early childhood system as one of its priority areas for action and the designated State Advisory Council has formed a Communications and Marketing Committee to develop a plan for an intentional statewide outreach campaign to increase the public's understanding of the critical importance of the

earliest years in a child’s life to their growth, well being, and their long term success while promoting greater investments in early childhood services.

With all of these pieces in place, now is the time for Vermont to launch a high profile, professionally designed public education campaign that is multi faceted and designed to increase public support for investments in early childhood services as a public good , to increase parents understanding of the importance of the quality of the programs they utilize for their children thereby increasing the demand for programs to be STAR rated and engaged in ongoing quality improvement, and to promote the Building Bright specialized license plate as a modest investment that results in a major positive impact on the quality of the facilities in which literally thousands of our young children are being nurtured. Since this is intended to be a multi-faceted but single public education and awareness campaign, all of the activities apply to all three goals.

**Goal 3: Public Information Campaign**

Goal 3.3 (a) Increase public will and support for investments in early learning and development services by moving public opinion to support a systematic approach that is the collective responsibility of all citizens for assuring school readiness and ongoing academic success for all Vermont children.

Goal 3.3 (b) Increase the public’s awareness of the VT STARS program and its relationship to higher quality services for children, leading to increase demand from parents for STAR rated programs for their children.

Goal 3.3 (c) Increase the public’s awareness of the Building Bright Futures Facilities Fund, and the relationship of the quality of the physical environment to overall early childhood program quality.

<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
i) Develop and implement a multi faceted public education and engagement campaign that targets all Vermont communities and is focused on 3 target audiences, the public, parents and families, and policy makers.	Q1 Q3 Q4	Q2		

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<p>a. Establish an oversight group for the public education campaign that includes representatives from the key personnel and critical partners to build on the initial plan that has been developed by the BBF Communication and Marketing committee. (Y1Q1)</p> <p>b. Hire a part time Campaign Manager (Y2Q2)</p> <p>c. Craft messages for respective audiences and develop website for the campaign (Y1Q3, Y1Q4)</p>				
<p>ii) Launch the public education campaign beginning with a general public opinion poll and parent polls to assess the public’s understanding of and support for early childhood investments and parents perceptions of quality. Use the polls to establish a baseline. Repeat them one and three years into the campaign. Year 2 quarter 1 for full launch and then ongoing with campaign being modified as public will and other indicators of success are emerge.</p>	Q4	Q4	Q4	Q4
<p>Responsible Party: BBF ED , State Council and BBF Communication and Marketing committee          Key Personnel: ELCG implementation team, DOE, DCF, Stars Administrators, VCLF,          Critical Partners: Private foundations, Business Community, BBF Regional Councils, State Advocacy organizations, National Advocacy organizations, early education and development service providers, parents</p>				

How plan addresses needs of different types of Early Learning and Development Programs:

By investing in a professionally designed and implemented public education and engagement campaign, the early learning and development system as a whole will benefit. Current public policies and investments will be better protected with an informed electorate and consumers’ choices for higher quality care will move the system as a whole to a higher level of quality over time.

How plan meets the needs of Children with High Needs in general and for particular populations:

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As the overall quality of the system improves, children with high needs will have more access to higher quality programs and their parents will have better information to inform their choices for care for their children.

Measures and Milestones:

Structure in place to begin a multi pronged campaign

Baseline information in place to assess change/progress over time

Public policy will be positively impacted as support for public investments in early childhood programs grows

Private and public investments grow to sustain an ongoing public education and outreach campaign that will grow and be modified over time with the ongoing goal of assuring that the early childhood system is seen as a public good, securing positive economic, social and cultural gains for the state and country just as the public education and public health systems do

Outcomes for children improve as more children, including children with multiple risk factors, are served in higher quality programs that include supporting and engaging parents as part of the programs that are operated in developmentally and environmentally appropriate spaces

<b>Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.</b>					
<b>Source of Funds</b>	<b>Fiscal Year 2012</b>	<b>Fiscal Year 2013</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>	<b>Total</b>
Building Bright Futures Council: State General Fund	\$184, 667	\$184, 667	\$184, 667	\$184, 667	
Building Bright Futures license plate funding	Estimated revenues of \$16-20,000	Estimated revenues of \$16-20,000	Estimated revenues of \$16-20,000	Estimated revenues of \$16-20,000	
Child Care Licensing Review	\$100,000				
Building Bright Futures Direct Service Grants State General Fund	869,833	869,833	869,833	869,833	
Parent Child Centers State General Fund	785,752	785,752	785,752	785,752	
Strengthening Families Grants	792,000	792,000	792,000	792,000	



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<b>Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.</b>					
<b>Source of Funds</b>	<b>Fiscal Year 2012</b>	<b>Fiscal Year 2013</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>	<b>Total</b>
State General Fund					
Starting Points Networks CCDF	99,196	99,196	99,196	99,196	
CC Apprenticeship Program CCDF	120,797	120,797	120,797	120,797	
Northern Lights CDC CCDF	322,371	322,371	322,371	322,371	
STARS bonuses CCDF	279,300	279,300	279,300	279,300	
Social Services Block Grant	\$273,188				
Support for Pregnant and Parenting Teens	\$934,481	\$934,481	--	--	
Northeast Delta Dental Foundation (funding for the Head Start Tooth Tutor Dental Access Program) <sup>110</sup>	\$84,000	\$84,000	\$84,000	\$84,000	\$336,000
Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant	557,000	1,000,000	1,000,000	1,000,000	1,000,000
STARS bonuses	\$50,000	\$100,000	\$100,000	--	\$250,000

<sup>110</sup> Funding is annual with re-application each year. Head Start will re-apply each year but there is no assurance funding will be available for 2013, 2014 and 2015.

**B. High-Quality, Accountable Programs**

**(B)(1) Developing and adopting a common, statewide Tiered Quality Rating and Improvement System. (10 points)**

The extent to which the State and its Participating State Agencies have developed and adopted, or have a High-Quality Plan to develop and adopt, a Tiered Quality Rating and Improvement System that--

(a) Is based on a statewide set of tiered Program Standards that include--

- (1) Early Learning and Development Standards;
- (2) A Comprehensive Assessment System;
- (3) Early Childhood Educator qualifications;
- (4) Family engagement strategies;
- (5) Health promotion practices; and
- (6) Effective data practices;

(b) Is clear and has standards that are measurable, meaningfully differentiate program quality levels, and reflect high expectations of program excellence commensurate with nationally recognized standards<sup>111</sup> that lead to improved learning outcomes for children; and

(c) Is linked to the State licensing system for Early Learning and Development Programs.

*In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

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<sup>111</sup> See such nationally recognized standards as:

U.S. Department of Health and Human Services. (2009). Head Start Program Performance Standards. Washington, DC: U.S. Department of Health and Human Services. PDF retrieved from: 45 CFR Chapter XIII - 1301-1311 [http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII\\_ENG.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII_ENG.pdf)

U.S. Department of Defense. DoD Instruction 6060.2, Child Development Programs (CDPs), January 19, 1993, certified as current August 25, 1998 (to be updated Fall 2011). Washington, DC: U.S. Department of Defense. Retrieved from:

[http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF\\_DETAIL\\_1?section\\_id=20.60.500.100.0.0.0.0.0&current\\_id=20.60.500.100.500.60.60.0.0](http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF_DETAIL_1?section_id=20.60.500.100.0.0.0.0.0&current_id=20.60.500.100.500.60.60.0.0)

American Academy of Pediatrics, American Public Health association, and National Resource Center for Health and Safety in Child Care and Early Education. (2011) Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and education Programs. Elk Grove Village, IL; American Academy of Pediatrics.

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*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

Evidence for (B)(1):

- The completed table that lists each set of existing Program Standards currently used in the State and the elements that are included in those Program Standards (Early Learning and Development Standards, Comprehensive Assessment Systems, Qualified Workforce, Family Engagement, Health Promotion, Effective Data Practices, and Other), (see Table (B)(1)-1).
- To the extent the State has developed and adopted a Tiered Quality Rating and Improvement System based on a common set of tiered Program Standards that meet the elements in criterion (B)(1)(a), submit--
  - A copy of the tiered Program Standards;
  - Documentation that the Program Standards address all areas outlined in the definition of Program Standards, demonstrate high expectations of program excellence commensurate with nationally recognized standards, and are linked to the States licensing system;
  - Documentation of how the tiers meaningfully differentiate levels of quality.

### **HIGH QUALITY, ACCOUNTABLE PROGRAMS**

**Goal 4:** Developing and adopting a common, statewide Tiered Quality Rating and Improvement system

**Goal 4.1:** Evaluate and validate, streamline as advisable, maintain commitment to high standards. (This goal will be addressed in (B)(5).)

**Goal 4.2:** Promoting and increasing participation in the Vermont's Tiered Quality Rating and Improvement System, STARS

Vermont's TQRIS was developed in 2004 after three years of research which included gathering input from Vermont providers, private funders and national experts. STARS is built upon the a foundation of regulatory compliance and the point-based system with 5 core "arenas of action" which reflects the capacity of the system to recognize the quality a program may have in various

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arenas upon entry into STARS and, at the same time, provides a framework and structure to improve in all arenas to achieve the highest star level. Vermont STARS (STep Ahead Recognition System) has been designed to include all types of programs and accommodates various types of programs by customizing the program practices and administration arenas of action.

STARS has seen steady growth since 2004, and since implementation has had programs participating at all 5 star levels which indicates STARS is differentiating between levels of program quality. Currently 56% of licensed programs participate in STARS and 14% of family child care homes participate. When programs enter at the lower level, the typical pattern is to increase the quality and achieve higher levels. Vermont would like to target resources to evaluate and improve STARS as well as to identify additional supports and strategies that will increase participation especially among family child care home providers.

In 2005 key stakeholders gathered to determine articulations between STARS and Accreditations (NAEYC, NAFCC and NAA). This goal was accomplished as well as articulation with Head Start programs of high quality as documented by their prism review report. This articulation committee expanded to include additional representatives of the provider community affected by STARS and has become the STARS Oversight Committee that meets monthly to oversee and develop STARS and advise the CDD and DOE on how to improve and support the program. For example, this committee was instrumental in creating the STARS rules that have been legislatively approved and supporting the increase of ECERS trained STARS assessors

In 2009, in concert with public preschool legislation that requires common standards across settings providing public preschool services, STARS rules were legislatively approved and they are in the Appendix B, as is the STARS Brochure for Parents and Providers that very clearly and concisely describes the System.

Health promotion practices and related Nutrition policies (such as participation in the CAFPP) are in STARS, and ERS evaluations include aspects of health. However, this is an area that will be



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examined for improvement and STARS rules and/or the application will reflect the outcomes of this evaluation.

Vermont's TQRIS incorporates The Vermont Early Learning Standards the NLCDC teacher standards and validated Program assessment tools such as the ECERS, and in the near future, CLASS.

<b>Goal 4: Developing and adopting a common, statewide Tiered Quality Rating and Improvement system</b>				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
4 (a) TQRIS based on Early Learning and Development Standards	In Place (with plans to further develop)	In Place		
4 (b) TQRIS based on a Comprehensive Assessment System		In Place		
4 (c) TQRIS based on Early Childhood Educator qualifications	In Place (with plans to further develop)	In Place		
4 (d) TQRIS based on Family engagement strategies	In Place (with plans to further develop)	In Place		
4 (e) TQRIS based on Health promotion practices- Health and Nutrition policies will be evaluated and changes implemented as recommended		X	X	X
4 (f) TQRIS Effective data practices – Over arching data on STARS is collected by CDD but Data collection by providers will be a focus of RTTT		X	X	X

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4 (g) TQRIS standards are measurable and differentiate program quality levels- In place with plans to formally evaluate STARS		X	X	X
4 (h) TQRIS is linked to Licensing system. In Place with need to increase licensing oversight by adding a licensing staff over the course of the RTTT that will be maintained by State in the future		X	X	X
<p>Responsible Party: Child Development Division and Department of Education</p> <p>Key Personnel: Child Development Division and Department of Education and STARS Oversight Committee</p> <p>Critical Partners: Representatives of Professional Development organizations many of whom are in the STARS Oversight Committee and include VT Association for the Education of Young Children, Head Start, VT Association for Child Care and Referral Agencies and VT Child Care Industry Career Council in dialogue and partnership with private funders and Building Bright Futures regional and statewide council</p>				

How plan addresses needs of different types of Early Learning and Development Programs:

The goals of the Vermont STARS has always been to have a program recognition system that would include of all types of regulated early learning and development programs/providers. The STARS rules and applications reflect this goal as does the diverse make up of the STARS Oversight Committee.

How plan meets the needs of Children with High Needs in general and for particular populations:

[insert here]

Milestones and Measures: Vermont will use current data collection systems such as the Bright Futures Information System and the detailed information from the STARS Coordinators, who review STARS applications, to evaluate STARS as well as engage a third party evaluator to conduct a comprehensive evaluation of the system as a whole. The increased licensing visits as a result of more licensing staff will also provide ongoing data as to the capacity of programs to

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maintain core aspects of quality while also going above and beyond licensing standards to achieve STARS standards.

<b>Table (B)(1)-1: Status of all Program Standards currently used in the State</b>							
<b>List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards</b>	<b>Program Standards Elements</b>						
	<i>If the Program Standards address the element, place an "X" in that box</i>						
	Early Learning and Development Standards	Comprehensive Assessment Systems	Qualified workforce	Family engagement	Health promotion	Effective data practices	Other
<b>State preK (Act 62)</b>	X	X	X	X	X <sup>112</sup>	X <sup>113</sup>	
<b>Licensing</b>			X <sup>114</sup>		X <sup>115</sup>		

<sup>112</sup> PreK Programs must meet Licensing Regulations. Additionally, the VELs, which all preK education programs must adhere to, includes the domain of Physical Development and Health.

<sup>113</sup> Educators in preK are required to use child progress measures for formative and summative assessment. This is the extent of what is required at this time.

<sup>114</sup> Licensing regulations require that persons who have direct contact responsibilities for the operation of the program or care and education of children meet specific qualifications.

<sup>115</sup> Licensing regulations require programs to follow Federal Health and Safety standards.

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<b>Table (B)(1)-1: Status of all Program Standards currently used in the State</b>							
<b>List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards</b>	<b>Program Standards Elements</b>						
	<i>If the Program Standards address the element, place an "X" in that box</i>						
	Early Learning and Development Standards	Comprehensive Assessment Systems	Qualified workforce	Family engagement	Health promotion	Effective data practices	Other
<b>Head Start</b>	X <sup>116</sup>	X <sup>117</sup>	X <sup>118</sup>	X <sup>119</sup>	X <sup>120</sup>	X <sup>121</sup>	
<b>STARS</b>	X	X	X	X	X		

(B)(2) Promoting participation in the State’s Tiered Quality Rating and Improvement System.  
 (15 points)

<sup>116</sup> Head Start Act, Sec. 641A. Standards, Federal Head Start Performance Standards, § 1304.21 Education and early childhood development

<sup>117</sup> Federal Head Start Performance Standards, § 1304.21 Education and early childhood development.

<sup>118</sup> Head Start Act, Sec. 648A. Staff Qualifications and Development, Federal Head Start Performance Standards, § 1304.52 Human resources management.

<sup>119</sup> Federal Head Start Performance Standards, § 1304.40 Family partnerships.

<sup>120</sup> Federal Head Start Performance Standards, 1304.20 Child health and developmental services.1304.21 Education and early childhood development. 1304.22 Child health and safety. 1304.23 Child nutrition. 1304.24 Child mental health.

<sup>121</sup> Federal Head Start Performance Standards 1304.51 Management systems and procedures.(specifically (g), (h), (i) )



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The extent to which the State has maximized, or has a High-Quality Plan to maximize, program participation in the State's Tiered Quality Rating and Improvement System by--

(a) Implementing effective policies and practices to reach the goal of having all publicly funded Early Learning and Development Programs participate in such a system, including programs in each of the following categories--

- (1) State-funded preschool programs;
- (2) Early Head Start and Head Start programs;
- (3) Early Learning and Development Programs funded under section 619 of part B of IDEA and part C of IDEA;
- (4) Early Learning and Development Programs funded under Title I of the ESEA; and
- (5) Early Learning and Development Programs receiving funds from the State's CCDF program;

(b) Implementing effective policies and practices designed to help more families afford high-quality child care and maintain the supply of high-quality child care in areas with high concentrations of Children with High Needs (*e.g.*, maintaining or increasing subsidy reimbursement rates, taking actions to ensure affordable co-payments, providing incentives to high-quality providers to participate in the subsidy program); and

(c) Setting ambitious yet achievable targets for the numbers and percentages of Early Learning and Development Programs that will participate in the Tiered Quality Rating and Improvement System by type of Early Learning and Development Program (as listed in (B)(2)(a)(1) through (5) above).

*In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

*Additionally, the State must provide baseline data and set targets for the performance measure under (B)(2)(c).*

**Goal 4.2: Promoting and increasing participation in the Vermont's Tiered Quality Rating and Improvement System, STARS**

**Rationale:** Promoting participation in the Vermont's Tiered Quality Rating and Improvement System, as noted in B1, legislation requires that all public PreK programs and any program serving children eligible for preK funded services must be in Vermont's TQRIS-STARS. Thus, all public preK programs are currently in STARS although many were in STARS prior to the legislation. We are proposing that RTT-ELC funds support outreach to more towns across Vermont to support their delivery of PreK services. This effort will be sustained by public education funding.

Due to STARS articulation agreements with Head Start standards that were developed and supported through Head Start participation on the STARS Oversight Committee, all Head Start programs (as well as the majority of Head Start partner programs) are also in STARS. We are proposing that RTT-ELC funds expand the availability of Head Start and Early Head Start slots as proposed in the Poverty Council Report in 2009. This is addressed in more detail in Goal 5.2.

Vermont does not separately fund programs under section 619 of part B of IDEA and Part C of IDEA as Vermont strives to create high quality inclusive programs suitable for all children. Because of STARS and the desire to include all children, especially those with special needs or who are at-risk in high quality programs, there is an intentional effort within Children's Integrated Services (CIS) specialized care services to support families in choosing high quality care for their children (see Goal 8.1 for further detail.) Currently 44% of children involved with CIS specialized care are in high quality early learning and development programs, at the 4 and 5 star level.

All regulated child care program are eligible to receive funds from the States CCDF program and rates paid are linked to the quality STARS level the program has achieved. Building Bright Futures Information System (BFIS) data indicates that an increased number of families eligible for the Child Care Financial Assistance Program (VT's child care subsidy program) are enrolled in STARS participating programs and most are in the higher level programs. We believe this

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reflects the reduced amount of co-payment for the family due to the higher rate paid to the program on their behalf.

Vermont proposes to create a variety of ongoing rewards and incentives to participation in STARS. This will be done in partnership with private funders and linked to the third party evaluation of STARS that will provide evidence and guidance as to the most effective strategies.

<b>Goal 4.2: Promoting and increasing participation in the Vermont’s Tiered Quality Rating and Improvement System, STARS</b>				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
4.2 (a) Implement effective policies and practices to include all types of programs including programs serving children with special needs. Currently effective policies and practices are in place. In Y1 and Y2, plans will be implemented to make improvements. In Y2 activities will also be implemented to expand	X	X		
4.2 (b) Expand a system of rewards and incentives for participation in STARS		X	X	X
4.2 (c) Expand Public preK to all towns incorporating recent feedback from the public on how implementing publicly funded preschool services (as defined and prescribed under Act 62) may be streamlined as required by another piece of legislation ACT 58.	X	X	X	X
4.2 (d) Conduct a Child Care Financial Assistance policy analysis to improve economic security and stability and thus continuity of care for children. (This is linked to Goal 5.3)		X	X	
4.2 (e) Support improved transitions between Part C and Part B services and kindergarten and initiating a		X	X	X

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birth to 5 option under IDEA (linked to Goal 5.4)				
4.2 (f) Expand funding for EHS /HS slots as recommended by the poverty council report.		X	X	X
Responsible Party: CDD/DOE Key Personnel: CDD/DOE STARS Oversight Committee, Public school administrators Critical Partners: Representatives of Professional Development organizations many of whom are in the STARS Oversight Committee but include VAEYC, Head Start, VACCRRRA and VCCICC in dialogue and partnership with private funders and BBF regional and statewide council				

How plan addresses needs of different types of Early Learning and Development Programs and how plan meets the needs of Children with High Needs in general and for particular populations:

Vermont's TQRIS - STARS is inclusive of all types of programs and the above plan will enhance the participation further as well as ensure that families who may be at risk or who have children with special needs will have the benefit of access to the high quality programs due to the STARS rate of reimbursement on behalf of families linked to STAR level of the program.

Milestones and Measures: Benchmarks will include measurable progress on the above activities:

- Increase in the number of Towns with public preK programs
- Study of CC FAP completed
- Birth to Five option created
- Increased number of Head Start eligible children enrolled in Head Start or Early Head Start

**Goal 4.3:** Develop a robust system of incentives, supports and rewards linked to promoting quality that is sustainable.

**Rationale:** The QRIS in Vermont (STARS) was developed based on extensive feedback from providers on what components they wanted in such a recognition system if Vermont was to institute one. While monetary incentives were and continue to be important to the members of the early childhood industry, they were not and are not the only incentives that motivate providers to implement and sustain quality programs.



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There has been support from the business and philanthropic sectors from the beginning and it continues today. Financial support for STARS has always been envisioned to be provided through a public/private partnership. Including participation in STARS at a 3 STAR level or higher as a statutory requirement under Act 62, Vermont’s pre-k legislation, has also increased participation in STARS and a commitment to sustaining adequate incentives.

The establishment of a dedicated quality fund is an idea that has been considered for several years. Having ELCG funds available to serve as bridge funding will significantly impact meeting this goal.

<b>Goal 4.3: Develop a robust system of incentives, supports and rewards linked to promoting quality that is sustainable</b>				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	2012	2013	2014	2015
4.3 (a) Convene key members of the STARS oversight committee and the Early Care and Education sub-committee of BBF to form a Task Group charged with doing an analysis of what the current status of the incentives are including , amount and source of funds supporting the incentives, areas of concern/gaps, what incentives providers are most seeking in addition to or instead of monetary incentives, and recommendations for infusing new resources over time to create a truly robust and graduated menu of supports that do increase and sustain quality in our early childhood programs. Be sure there is representation from private funders, local school districts and Early Educators United on this task group.	Q1			
4.3 (b) Finalize recommendations and present recommendations to BBF State Council. BBF State Council determines which recommendations to incorporate into their action/policy agenda and works with the Legislative Fiscal committee and Business Offices of AHS and DOE to complete an initial and long term	Q3	X	X	X

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<p>cost analysis associated with the recommendations.</p> <p>4.3 (c) Based on this analysis, BBF and the ELCG Implementation Committee allocate ELCG funding (as defined in the ELCG application) to begin the enhanced quality incentives. The ELCG implementation team will continue to work on long term funding strategies, working closely with the Business and philanthropy sectors (Y1Q4 first funding awarded continued with each grant year thereafter.)</p>				
<p>4.3 (d) BBF presents issue/funding request to the Administration for inclusion in proposed state budget for SFY 2014. Goal is to seek a matching grant from the private sector to match all increases in SGF for the quality incentives, which will become a dedicated fund that is put into place as a result of this effort to assure ongoing sustainability</p>		<p>Q3 Q4</p>		
<p>Responsible Party: Building Bright Futures Council, Early Learning Challenge Grant Implementation Team</p> <p>Key Personnel: Building Bright Futures Council Executive Director, Building Bright Futures Early Care and Education Committee Chair, Child Development Division, Department of Education and VT Association for Child Care Resource and Referral Agencies representatives, STARS Coordinators and representatives of the STARS Oversight Committee</p> <p>Critical Partners: Vermont Provider Associations, Early Childhood Educators United, Kids Are Priority 1, Birth to Three project representative, private funder(s), Parent Child Centers and Head Start and Early Head Start, VT Association for the Education of Young Children</p>				

How plan addresses needs of different types of Early Learning and Development Programs:

Knowing that the quality incentives attached to STARS are stable and ongoing will positively influence providers to meet and maintain higher levels of quality.

How plan meets the needs of Children with High Needs in general and for particular populations:

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Access to high quality programs for children with high need has always been and continues to be a primary reason for having a QRIS. Due to the very rural nature of Vermont, assuring center and home based programs that are at a 4 STAR level or above are available in every community across the state is an absolutely necessary if we are to assure access to quality services for most of our children, including those children and families with significant needs. A robust system of incentives is one component of the QRIS that helps to achieve this goal.

Measures and Milestones:

- By the end of the grant, December 2015 a dedicated quality fund that is sustained with ongoing state funds that are matched by private funds will be fully established

**Goal 4.2:** Increase the number of early learning and development programs of all types participating in VT STARS through increased, customized, multi-disciplinary program consultation.

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<b>Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number<sup>122</sup> of programs in the State</b>	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target - end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
		<b>#</b>	<b>%</b>	<b>#<sup>123</sup></b>	<b>%</b>	<b>#<sub>124</sub></b>	<b>%</b>	<b>#<sub>125</sub></b>	<b>%</b>	<b>#<sub>126</sub></b>	<b>%</b>
State-funded preschool <i>Specify:</i>	214	214	100%		100%		100%		100%		100%
Early Head Start and Head Start <sup>127</sup>	58	56	96.5%		100%		100%		100%		100%
Programs funded by IDEA, Part C	190 <sup>128</sup>	88	46.3%		56.3%		66.3%		76.3%		86.3%
					10% ↑		10% ↑		10% ↑		10% ↑

<sup>122</sup> The data (number of programs, baseline and targets (number and percentages) is based on actual data through VT's integrated licensing data system (Bright Futures Information System) that has real time, program level data (with unique program identifier) that links across all programs represented in this table. All related data collected are subject to standardized procedures for collection and verification both established within the data system and by trained personnel.

<sup>123</sup> This target number will fluctuate each year depending on the number of licensed programs (in VT all programs or special populations using these programs in this Table must be licensed,) however, the target will always be the percentage target of the programs for that year and is easily monitored as VT has a integrated licensed program level data system (Bright Futures Information System – real time) that will provide this data.

<sup>124</sup> Ibid

<sup>125</sup> Ibid

<sup>126</sup> Ibid

<sup>127</sup> Source of information: VT's 7 Head Start Program Directors and Bright Futures Information System.  
 Please note, there are no Migrant and Tribal Head Start located in Vermont.

<sup>128</sup> This represents 44.8% of children enrolled in Part C who participate in an early learning and development program.



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<b>Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number<sup>122</sup> of programs in the State</b>	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target - end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
		<b>#</b>	<b>%</b>	<b>#<sup>123</sup></b>	<b>%</b>	<b>#<sub>124</sub></b>	<b>%</b>	<b>#<sub>125</sub></b>	<b>%</b>	<b>#<sub>126</sub></b>	<b>%</b>
Programs funded by IDEA, Part B, section 619	Not available <sup>129</sup>		100%		100%		100%		100%		100%
Programs funded under Title I of ESEA130	See preK above										
Programs receiving from CCDF funds  Source and Date: Bright Futures Information System, May 2011	1,091	338	31%		38% 7% ↑		45% 7% ↑		55% 10% ↑		65% 10% ↑
All VT Early Learning and Development Programs (Licensed and Registered) <sup>131</sup>  Source and Date: Provider Report, Bright Futures Information	1,526	448	32%		39% 7% ↑		46% 7% ↑		56% 10% ↑		66% 10% ↑

<sup>129</sup> Data is not readily available, however, 80% of children participating in Part B of section 619 are enrolled in preK which all are required to participate in STARS at a 4 or 5 Stars level or 3 STARS with a plan to achieve 4 or 5 STARS within a given time period.

<sup>130</sup> There are no stand alone Title I classes. Title I funds are blended with state and local funds to support preK. All preK programs are required to participate in STARS at a 4 or 5 Stars level or 3 STARS with a plan to achieve 4 or 5 STARS within a given time period.

<sup>131</sup> School-age programs were excluded from this Provider Report, BFIS, August 2011

<b>Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number<sup>122</sup> of programs in the State</b>	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target - end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
		#	%	# <sup>123</sup>	%	# <sub>124</sub>	%	# <sub>125</sub>	%	# <sub>126</sub>	%
System, August 2011											
<i>[Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information; and please include any definitions you used that are not defined in the notice.]</i>											

**(B)(3) Rating and monitoring Early Learning and Development Programs. (15 points)**

The extent to which the State and its Participating State Agencies have developed and implemented, or have a High-Quality Plan to develop and implement, a system for rating and monitoring the quality of Early Learning and Development Programs participating in the Tiered Quality Rating and Improvement System by--

(a) Using a valid and reliable tool for monitoring such programs, having trained monitors whose ratings have an acceptable level of inter-rater reliability, and monitoring and rating the Early Learning and Development Programs with appropriate frequency; and

(b) Providing quality rating and licensing information to parents with children enrolled in Early Learning and Development Programs (e.g., displaying quality rating information at the program site) and making program quality rating data, information, and licensing history (including any health and safety violations) publicly available in formats that are easy to understand and use for decision making by families selecting Early Learning and Development Programs and families whose children are enrolled in such programs.

*In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components*

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*reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

**Goal 4.4:** Vermont's capacity to license and monitor quality in all early learning and development programs in schools, centers and family child care homes will increase. The quality and frequency of on-site monitoring will improve.

**Goal 4.5:** Information provided to parents and the public on regulatory compliance and VT STARS ratings will be expanded and improved.

**Goal 4.4 and 4.5 Rationale:** The foundation for ensuring the health, safety and well-being of children in early learning and development programs in schools, centers and family child care homes in Vermont rests on a foundation of child care regulation and monitoring. Programs, including preschool programs in public school settings, must be licensed or registered to participate in VT STARS and all types of regulated programs are encouraged to participate. In the VT STARS child care providers earn points for a history of regulatory compliance.

In 2010, the Legislative Report from the Vermont Child Care Advisory Board identified insufficient capacity for regular monitoring as a serious impediment to a consistent foundation for supporting high quality in Vermont child care programs. In 2009, the National Association for Child Care Resource and Referral Agencies rated Vermont as 4<sup>th</sup> in the nation for the strength of our child care regulations, and 44<sup>th</sup> in our ability to provide adequate oversight to child care programs, including routine inspections.<sup>132</sup>

Despite NACCRRRA's good rating on the strength of Vermont's child care regulations, these are, in fact, outdated and in need of review. Beginning January 2012, the Child Development Division (CDD) will launch a professionally facilitated statewide work group of early care and education providers from schools, center sand family child care homes, licensing staff, child

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<sup>132</sup> *We Can Do Better: 2009 Update from the National Association of Resource and Referral Agencies (NACCRRRA),*



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advocates, parents and content area experts to embark on a thorough review and revision of child care regulations for early learning and development programs in centers and family child care homes. We will address both regulatory standards and processes. Our goal is to reform six separate sets of regulations with varied formats and definitions into three sets of regulations, covering all provider types, that set clear, objective, developmentally appropriate standards, based on structural characteristics known to protect and promote the health, safety and well-being of children in out of home care. Regulations will use common definitions and formats, create comparable alignment of standards across provider types, and incorporate provider qualifications and professional development activities identified in Vermont’s Northern Lights Career Development Center which was not yet in place when the current standards were written. Funds to support this effort and staff time to manage it have already been allocated.

Revised and improved regulations will not address our compromised capacity to monitor compliance and ensure a strong foundation for continuous quality improvement. Through RTT-ELC, Vermont has an opportunity to dramatically increase monitoring both in the regulatory arena for basic standards in the VT STARS arena, and through increased training and improved reliability on all the Environmental Ratings Scales used as program assessment tools in VT STARS. As part of this overall effort we will be updating CDDs Bright Futures Information System (BFIS) and VT STARS website to significantly improve the quality of information on regulatory compliance and VT STARS ratings that is available to parents and the general public. BFIS already publicizes regulatory compliance information and VT STARS ratings, but the plan is to improve both the quantity and quality and quality of information that is available.

**Goal 4.4:** Vermont’s capacity to license and monitor quality in all early learning and development programs in schools, centers and family child care homes will increase.

The quality and frequency of on-site monitoring will improve.

**Goal 4.5:** Information provided to parents and the public on regulatory compliance and VT STARS ratings will be expanded and improved.

<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
4.4 (a) CDD will recruit, hire train and supervise 4 additional	Q1	X	X	X



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Licensing Field Specialists (bring total to 10). In Y1, RTT will fund all four positions, as each year pdf the grant asses, CDD will transfer support for one of these position into CDD's base personnel	Q2			
4.4 (b) In collaboration with the VT STARS Administrators, CDD will support annual ERS training and reliability training and follow up.* In Y4, this annual training will be sustained through an alternative funding stream	Q2	Q2	Q2	Q2*
4.4 (c) The VT STARS Oversight Committee will establish a standard for maintaining reliability for VT STARS assessors.		X		
4.4 (d) CDD will review and revise CC Licensing Standards	X			
4.4 (e) New CC Licensing Standards become effective September 2013		Q3		
4.4 (f) CDD updates and improves regulatory compliance information on the CDD website			X	
4.5 The VT STARS Oversight Committee works with VT STARS Administrators to provide more in-depth information for families re VT STARS ratings for participating providers.			X	
Responsible Party: CDD Sheila Duranleau CC FAP; Jan Walker, VT STARS Key Personnel: VT STARS Oversight Committee, CDD Licensing staff, VT STARS Administrators Critical Partners:; Participants on Child Care Regulatory Review Work group, Families				

How plan addresses needs of different types of Early Learning and Development Programs: All early learning and development programs in schools, centers and family child care homes in Vermont are subject to regulation and monitoring including Head Start programs who accept subsidy payments for full day/full year services or who participate in ACT 62 preschool partnership must be licensed. Improvements in licensing and monitoring will have a positive effect on all of them and the children and families they serve. All of these programs are encouraged to participate in VT STARS so all will also be positively impact by the availability

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and reliability of more assessors familiar with the and reliable in observation using the Environmental Rating Scales.

How plan meets the needs of Children with High Needs in general and for particular populations:

Families will be better informed about the quality of care their children are receiving and using regulatory history and in-depth VT STARS rating reports to help them find a good match for their family.

Measures and Milestones:

- Clear, effective, consistent child care regulations and licensing processes informed by research and evidence-driven best practice will provide a secure foundation for safe, healthy and developmentally beneficial early learning and development services in regulated schools, centers and homes in Vermont.
- Participation in Vermont Step Ahead Recognition System (VT STARS) will be recognized by parents and providers as a measure of a center or family home program's commitment to providing developmentally beneficial early learning and development services for children.
- Families will reference VT STARS ratings and reports in making child care choices.

(B)(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs. (20 points)

The extent to which the State and its Participating State Agencies have developed and implemented, or have a High-Quality Plan to develop and implement, a system for improving the quality of the Early Learning and Development Programs participating in the Tiered Quality Rating and Improvement System by--

(a) Developing and implementing policies and practices that provide support and incentives for Early Learning and Development Programs to continuously improve (*e.g.*, through training, technical assistance, financial rewards or incentives, higher subsidy reimbursement rates, compensation);

(b) Providing supports to help working families who have Children with High Needs access high-quality Early Learning and Development Programs that meet those needs (*e.g.*, providing full-day, full-year programs; transportation; meals; family support services); and

(c) Setting ambitious yet achievable targets for increasing--

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(1) The number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System; and

(2) The number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.

*In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

*Additionally, the State must provide baseline data and set targets for the performance measures under (B)(4)(c)(1) and (B)(4)(c)(2).*

**Goal 5:** Promote access to high quality, developmentally beneficial programs for children with high needs.

**Goal 5.1:** Expand Act 62-Prekindergarten Education to all Towns, and Increase Access and Participation of High Needs Children through Program Expansion and Outreach

**Goal 5.2:** Expand Head Start/Early Head Start to increase its capacity to assure access to high-quality early learning and development programs.

**Goal 5.3:** Increase access to affordable high quality early learning and development programs for high needs children by recommending policy changes and targeted investments in Vermont's Child Care Financial Assistance Program (CC FAP-VT's child care subsidy program.)

**Goal 5.4:** Create and implement an effective P-3 (birth to grade 3) coordinated system for transition.

**Goal 5.1 Rationale:** Publicly funded prekindergarten education (pre-K), often referred to as “Act 62,” continues to be voluntary, both in terms of children’s participation and whether or not LEAs offer pre-K. Currently, 90% of all LEAs in Vermont offer pre-K, but a 100% participation rate is needed to reach all children, especially high needs children. In addition, the pre-K programs that exist either through partnerships with existing community providers and Head Start, or through school-based programs, are often not sufficiently robust to include all three- and four-year-olds whose families would like them to participate. There are two main barriers to the establishment and/or expansion of pre-K in Vermont: (1) implementing a Community Needs Assessment, and (2) funding for the first two years of the expansion or establishment of pre-K. Pre-K is funded through Vermont’s Education Fund which funds all public education. This ensures that pre-K has sustainable funding and is less vulnerable to cuts that may be made to line item appropriations. However, in Vermont, school funding is tied to the local tax rate and to the Average Daily Membership or ADM (i.e., the average number of FTE students in preK-12 per town) which is averaged over the previous two years. Hence, a town’s property tax rate would be significantly increased with the costs of newly providing or expanding pre-K until the third year when the additional number of children is factored into the ADM.

The Vermont Community Preschool Collaborative (VCPC), an organization funded by a consortium of philanthropists, has been working for six years to promote pre-K and the partnerships that are needed. VCPC provides grants to communities to partially mitigate the effects of the two year averaging of ADM. Additionally, the VCPC director and staff facilitate pre-K conversations among LEAs, families, and community leaders, and provide technical assistance on how to implement a Community Needs Assessment, develop a plan, and establish partnerships. VCPC has been invaluable to the state’s effort to move towards universal pre-K. However, the level of VCPC support will decrease in the coming years. In order to augment the work and funding, VCPC has provided and intends to provide support in the future. To accelerate the expansion of pre-K in Vermont, the DOE and DCF plan to use resources from the Early Learning Challenge grant. The high quality plan below details the steps the state agencies will take. Once the new or expanded pre-K programs are operational for at least three years, they will be sustained through the public school funding of the Education Fund without adversely affecting local property taxes.



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Expanding pre-K will provide increased opportunities for high needs children to access a quality early learning and development program. All programs that provide pre-K education must have achieved a minimum of 3 STARS in Vermont’s tiered quality rating and improvement system, have a licensed ECE or ECSE teacher, use curriculum that addresses Vermont’s Early Learning Standards, and provide opportunities for families to be actively engaged. However, expanding opportunities is only part of the solution. In order to inform families with high needs of the benefits of quality early learning and development programs, and to tear down the barriers that may prevent their children from participating in pre-K, more efforts need to be made. Hence, the plan described below not only includes funding to allay the potential negative effects of expanding or establishing pre-k on a town’s property taxes, but it also supports outreach and support to high need families so their children will be able to take advantage of publicly funded pre-K.

<b>Goal 5.1: Expand Prekindergarten Education and Provide Outreach to Enable High Needs Children to Access Pre-K</b>				
Expand publicly funded prekindergarten education (pre-K) to all LEAs. Increase the number of children, especially high needs children, participating in various types of inclusive high quality pre-K education programs.				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	2012	2013	2014	2015
5.1 (a) Convene public meetings to review the public prekindergarten education statute (Act 62) and rules to propose ways to simplify implementation and to encourage all LEAs to establish or expand preK while maintaining high quality standards. (Started October 2011)	Q1			
5.2 (b) Strengthen collaboration with the privately funded Vermont Community Preschool Collaborative (VCPC) to provide LEAs and communities seeking to establish or expand pre-K with technical assistance on conducting a community needs assessment, strategies for garnering support for pre-K, and funds to help bridge the first 2 years of new or expanded pre-K programs (the state Education Fund takes over after that)	Q1 Q2 Q3 Q4	Q1 Q2 Q3 Q4	Q1 Q2 Q3 Q4	Ongoing
5.2 (c) Track the participation of high needs children in pre-k education across all types of early learning and development programs, and work with communities to reach out to high need families not participating in pre-K to identify and resolve barriers to their participation.	Q3 Q4	Ongoing	Ongoing	Ongoing

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Responsible Party: Department of Education (DOE) & Department for Children and Families (DCF) Key Personnel: DOE staff, DCF staff, VCPC staff Critical Partners: Building Bright Futures State & Regional Councils, Head Start
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How plan addresses needs of different types of Early Learning and Development Programs: All types of early learning and development programs (center-based child care, family-based child care, Head Start, public schools, private preschools) are eligible to offer pre-K education to children three- and four-year-olds if they meet the required program quality standards (3 or more STARS), personnel standards, assess child progress, and align their curricula with the Vermont Early Learning Standards.

How plan meets the needs of Children with High Needs in general and for particular populations:

In order to close the achievement gap, especially that the gap that stubbornly persists for young children with high needs and their families, children need to participate in quality early learning and development programs. The research is unequivocal in demonstrating the benefits of such early experiences. This plan seeks to increase the opportunities young children with high needs living in all Vermont towns have to attend a quality pre-K program. Pre-K programs in Vermont are inclusive programs where children with high needs learn alongside children who are not at risk. Additionally, this plan will provide resources for outreach to high needs families whose children do not participate in pre-K to help them resolve the challenges that prevent their children from attending. Since public education dollars pay for pre-K, expanding pre-K will at least break down the cost barrier families would otherwise face.

Milestones/ Measures of Success:

- Increase in the percentage of LEAs offering pre-K (goal of 100%);
- Increase in the number of high needs children participating in early learning and education programs that meet the high quality standards that qualify them to provide pre-K education.

**Goal 5.2:** Expand Head Start/Early Head Start to increase its capacity to assure access to high-quality early learning and development programs.

**Goal 5.2 Rationale:** Vermont’s Child Poverty Council recommended in its Report to the legislature in 2009 the expansion of Early Head Start and Head Start as an important strategy to address its goal: *Every Vermont child will have the opportunity to achieve his or her maximum potential through high-quality, nurturing learning experiences starting at birth and through a high quality education system from pre-K through higher education. All Vermonters will have at least a high school diploma.* In March 2011, the Governor’s Office in collaboration with the Head Start Association and the Department for Children and Families (including the Child Development Division and the Head Start Collaboration Office) conducted a needs assessment of the young children with high needs eligible but not enrolled in Head Start due to funding. In this assessment, an estimated 96% of Vermont birth to three year olds and 51% of Vermont three & four year old children are eligible but not enrolled in Head Start because of insufficient federal funding. Because all Head Start programs must maintain an active wait list, Head Start programs are confident that enrollment would happen as capacity increased. Much of the capacity to meet this unmet need could be built through an expansion of partnerships between Head Start grantees and community partners in registered homes, community centers and schools.

<b>Goal 5.2:</b> Expand Head Start/Early Head Start to increase its capacity to assure access to high-quality early learning and development programs.				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	2012	2013	2014	2015
5.2 (a) Convene an oversight committee to consider statewide allocation of targeted RTT-ELC funds for expansion of Head Start in VT, review data based on statewide and regional Community Needs Assessments, and determine relative need per VT Head Start grantee region	Q1	Ongoing	Ongoing	Ongoing
5.2 (b) Oversight Committee (or designee) will draft sub-grant agreements for granting funds to VT Head Start agencies	Q2	Q2	Q2	Q2
5.2 (c) Vermont will execute Sub-grant agreements with VT Head Start agencies specifying distribution of funds and deliverables.	Q2	Q2	Q2	Q2
5.2 (d) State agency will distribute first year, second, third and fourth year funds and VT Head Start agencies will expand	Q3	Q3	Q3	Q3

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programming.				
5.2 (e) Governor’s office (or state agency designee) will develop and execute M.O.U. with U.S. Administration for Children and Families to allow for State designee to accompany and participate with Federal Monitoring Teams for Triennial Reviews of VT Head Start agencies. TBD based on schedule of individual VT Head Start agency triennial monitoring reviews occur; outcomes inform continuous quality improvement.	TBD			
5.2 (f) A sustainability plan will be implemented with the State of Vermont dedicating \$1,000,000 in state funds annually to sustain expanded programming for Children with High Needs.				Q4
Responsible Party: Governor’s Office Key Personnel: VT Head Start Collaboration Office Director, Early Learning Challenge Implementation Team, Critical Partners: Department of Education, Child Development Division/Department for Children and Families, VT Head Start Association, US Administration for Children and Families, Building Bright Futures				

How plan addresses needs of different types of Early Learning and Development Programs: All Vermont Head Start programs have partnerships with some local early care and education programs (home-based, center-based and school-based) where Head Start and non-Head Start children are enrolled. Through these partnerships, the Head Start programs provide significant resources and support to the non-Head Start children and families participating in the programs, as well as to the non-Head Start teaching staff. These resources include child health and dental screening, Comprehensive Assessment Systems (inclusive of Screening Measures, Formative Assessments, Measures of Environmental Quality, and Measure of the Quality of Adult-Child Interactions), teacher training and family support and engagement opportunities. These partnerships raise the level of quality in early care and education programs collaborating with Head Start and, by our estimates, result in Vermont’s Federal Head Start funds reaching twice the number of Vermont children and families as those formally enrolled in Head Start.

How plan meets the needs of Children with High Needs in general and for particular populations: Vermont’s Head Start programs serve Children with High Needs, inclusive of children from birth



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through kindergarten entry who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays; who are English learners; who are migrant, homeless, or in foster care. In addition to these populations, Vermont’s Head Start programs serve a limited number of children from “over-income” families, many of whom are barely above the federal poverty level.

Measures and Milestones:

- State monitoring process to involve coordination with Federal monitoring process. State designee to be assigned to accompany Federal review team on triennial review of individual grantees.

**Goal 5.3:** Increase access to affordable high quality early learning and development programs for high needs children by recommending policy changes and targeted investments in Vermont’s Child Care Financial Assistance Program (CC FAP-VT’s child care subsidy program.)

**Goal 5.3 Rationale:** Why analyze instead of investing RTT-ELC funds in the subsidy program? Vermont needs to consider the policy options and price tag on the magnitude of long term stable investment it will take to achieve true access to stable high quality developmentally beneficial child care programs for low income families as part of a systemic approach to supporting early learning and development. RTT ELC is one time funding. It affords a rare opportunity to invest in policy research and in depth fiscal analysis to create a road map for future investments. Governor Shumlin has committed to reform the Corrections system in Vermont to achieve substantial savings that he has pledged to re-invest in early learning and development as a preventive alternative to late incarceration. We want to be ready with sound investments and a clear spending plan to support a CC FAP that contributes to family security and stability and school readiness while contributing to economic development.

<b>Goal 5.3:</b> Increase access to affordable high quality early learning and development programs for high needs children by recommending policy changes and targeted investments in Vermont’s Child Care Financial Assistance Program (CC FAP-VT’s child care subsidy program.)	
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	<b><i>YEAR</i></b>
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<i>Description of Key Activities</i>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Work with BBF Council Leadership and the ECE Subcommittee of BBF Council to frame the questions and refine the goals of the CC FAP Study	Q2			
Examine existing research and design study components and basic research design.	Q3			
Procure a qualified research team through an approved process	Q4			
Engage qualified research team, Refine research design		Q1		
Collect administrative data and other input & information to inform analysis, Analyze data		Q2 Q3 Q4		
Work with BBF Council Leadership and the ECE Subcommittee of BBF Council to review emerging data and begin to review policy options		Q4	Q1	
Analyze fiscal implications of policy options			Q1	
Finalize report to deliver recommendations and fiscal note in time to consider investments in SFY15			Q2	
Responsible Party: Reeva Murphy, Deputy Commissioner, Child Development Division (CDD) and Sheila Duranleau, CC FAP and Licensing Director, CDD Key Personnel: RTT-ELC Project Manager and support staff, CDD data staff, Qualified research partner Critical Partners: Early Childhood and Education Subcommittee of Building Bright Futures Council, Senior Leadership				

How plan meets the needs of Children with High Needs in general and for particular populations:

Essentially all children assisted by the CC FAP are high needs children because their family income generally falls below 200% FPL. Children involved with protective services and children in short term high stress situation also access to early learning and development services thorough CC FAP. High cost-sharing under current policies is a barrier for many families. Existing income eligibility guidelines mean that families become ineligible for child care

financial assistance before they can afford to pay full tuition. Having to pay the high co-payments or the full cost of child care may force some parents to settle for lower quality or unregulated care or to drop out of the workforce. Inadequate funding of care services also suppresses quality and supply as providers can't afford to offer high quality services that families can't afford to pay for. All of this weakens the system and has negative impacts on children's early development.

Performance Measures:

- Vermont will have a clearly identified long term plan to re-invest savings from reforms in downstream human service expenditures to child and family centered investments in early learning and development through CC FAP subsidies and the expansion of EHS/HS and publicly funded prekindergarten.

**Goal 5.4:** Create and implement an effective P-3 (birth to grade 3) coordinated system for transition.

**Goal 5.4 Rationale:** Designing and implementing an effective interagency Birth to Grade 3 (P-3) transition system for Vermont's children, families, and early childhood workforce is pivotal in insuring children and families benefit from a smooth and effective transition process and practices. Vermont Early Learning Standards (VELS) will help to define the trajectory of children's growth, learning and ultimate success, and when aligned with Vermont's adoption of the common core standards, will align the full P-3 continuum.

Historically, Vermont has been a critical leader in research as well as in the dissemination of tools and materials promoting systematic planning process and best practices for transition. In 1988 the TEEM Model was initially developed and field-tested in Vermont to facilitate the inclusion of young children with severe disabilities into Vermont's kindergarten classes of their local public schools (*Manual to Support the Transition of Young Children with Special Needs and Their Families from Preschool into Kindergarten and Other Regular Education Environments* Fox, Conn-Powers & Ross-Allen, 1988). From 1998 to 2001 Office of Special Education Programs (OSEP) funded the University of Vermont's Center for Disabilities and Community Inclusion research project, National TEEM Outreach: Successfully Including Children in Kindergarten and Subsequent General Education Classrooms. These projects greatly

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influenced Vermont’s development of the following family friendly resources: *Off to Kindergarten Booklet* 2000; *Moving On* (transition at 3 years for children with disabilities) 2003; *Moving On Up* (transition at K for children with disabilities) and; *Toolbox for Effective Transitions* 2003.

The Vermont Department of Education and Vermont Agency of Human Services completed and submitted the Part C-B Interagency Agreement (IAA) to OSEP on 06/29/06. This agreement was revised on 04/17/07. The IAA was disseminated to LEAs and local Early Intervention Programs (EIPs); it clarifies both state and local agency roles and responsibilities to ensure a smooth and effective transition for children who exit Part C and enter Part B. Additionally, in collaboration with our state Part C program and the Northeast Regional Resource Center staff, a statewide C to B Transition ‘Triage’ and ‘Wellness’ technical assistance plan was developed and implemented. This effort can be directly linked to statewide improvements in Part C to B transition compliance indicators for Part B and Part C as well as overall best practices for all children being implemented in the field. Based on the Part C Interagency Agreement (2007), a **regional interagency agreement** template was created as a guidance document for the field in November 2008. This document assists LEAs and EIPs during the decision making process and delineates each entity’s roles and responsibilities for ensuring that compliance requirements are fulfilled under APR indicators C8 a, b, c and B12. **Local and regional interagency agreements must include** the following content: Child Find activities, **transition activities**, financial responsibilities, and dispute resolution process.

Given Vermont’s history and commitment to establishing positive early childhood transition practices for all children and their families, we are now poised to work diligently on creating the necessary infrastructure that will maintain and sustain common knowledge, practices and implementation across schools, agencies and community-based organizations. We will move forward with creating effective policies that align growth, learning and effective transition practices across the P-3 continuum and as a result improve outcomes for Vermont’s young children, especially those with high needs.

<b>Goal 5.4:</b> Create and implement an effective P-3 (birth to grade 3) coordinated system for transition.				
<i>Description of Key Activities</i>	<b>YEAR</b>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>



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<p>5.4 (a) Create an effective P-3 (birth to grade 3) coordinated system for transition</p> <ol style="list-style-type: none"> <li>1. Review, revise and develop new state guidance on transition practices to insure that children and their families move smoothly and successfully from one learning setting to another.</li> <li>2. Develop and implement alignment of basic pedagogical components of early learning and the early grades to create continuous learning and teaching experiences.</li> <li>3. Create the necessary policies to support effective transition for children and families to help assure continuity across systems and alleviate discontinuities that result from lack of communication and information between schools and early-care and education programs.</li> </ol> <p>Source—Education Commission Policy Brief <i>Transition and Alignment: Two Keys to Assuring Student Success 2010</i>. This aligns with standards and assessment work completely.</p>	X	X	X	
<p>5.4 (b) Create ‘Ready Schools’ awareness campaign to increase and improve transition practices and alignment in early childhood and the early elementary grades (up to grade 3) through horizontal movement (alignment across standards, curriculum, instruction) and vertical movement (birth through age 8).</p> <p>Expand and develop multiple dissemination paths:</p> <ol style="list-style-type: none"> <li>1. On-line ‘Ready Schools’ modules (DOE, AHS, VFN, DOH etc)</li> <li>2. Family friendly written products</li> <li>3. Local awareness celebration campaigns</li> <li>4. Local media (radio, local TV, newspaper)</li> <li>5. Family focus feedback forums</li> </ol>			X	
<p>5.4 (c) Update and strengthen interagency agreements between</p>	X	X		

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<p>CIS Early Intervention and EEE at both state and local levels with a focus on supporting children and families exiting CIS Early Intervention to maintain progress toward developmental goals and school readiness</p> <p>Provide TTA through the MTSS (training/consultation/coaching) system to local programs and service delivery personnel. (Aligns with Goal 11.2)</p>				
<p>5.4 (d) Revise, improve and strengthen relationships and communication between CIS and school-based services for those children and families transitioning from CIS at age three to EEE as well as children transitioning from CIS to other early childhood settings/services.</p> <p>Provide TTA through targeted MTSS (training/consultation/coaching) to local programs and service delivery personnel. (Aligns with Goal 11.2)</p>	X	X	X	
<p>5.4 (e) Explore IDEA Part C Birth to Five Option. Convene state, regional and local stakeholders to explore rationale as to why VT should decide to adopt IDEA Part C Birth to Five Option. Determine to move forward with piloting the option in 1-2 local programs over the course of one year.</p>		X	X	
<p>5.4 (f) Examine and strengthen an integrated family services approach that includes a strong connection with education for children in K-3. Support communication and coordinated of services at state and local level in helping high needs children and their families navigate systems.</p> <p>Provide TTA through targeted MTSS (training/consultation/coaching) to local programs and service delivery personnel. (Aligns with Goal 11.2)</p>	X	X	X	
<p>Responsible Party: Building Bright Futures (5.4 (a), 5.4 (b), 5.4 (f)); Department of Education (5.4 (c), 5.4 (d), 5.4 (e))</p>				

Key Personnel: Department of Education, Head Start Association, Agency of Human Services-Integrated Family Services, Department for Children and Families/Child Development Division/Children’s Integrated Services  
 Critical Partners: VT Family Network, Interagency Coordinating Council, School District Representatives

Education Commission Policy Brief *Transition and Alignment: Two Keys to Assuring Student Success 2010*.

How plan addresses needs of different types of Early Learning and Development Programs: Plan will support creating an effective P-3 coordinated system focused on evidence-based practices and principals of transition. An effective infrastructure will provide the critical horizontal and vertical alignment and understanding for families and practitioners, and organizations across the P-3 continuum.

How plan meets the needs of Children with High Needs in general and for particular populations:

This plan will insure that children with high needs and their families have the supports necessary that address child and family needs in support of experiencing and smooth and predictable move be it horizontally and or vertically as they move through the transition process.

**Measures of Success:**

- Annual Ready Kindergartners Survey Results;
- Pre-K progress monitoring (Act 62);
- Percentage of families satisfied with their child’s transition from: Part C to Part B, preschool to K, grade level transitions;
- Percentage of practitioners requiring targeted training and technical assistance based on multi-tier system of supports, family focus feedback forums
- Inclusion of students with disabilities and high needs is critical.

<b>Performance Measure for (B)(4)(c)(1): Increasing the number of Early Learning and Development Programs in the top tiers<sup>133</sup> of the Tiered Quality Rating and Improvement System.</b>					
	<b>Baseline</b>	<b>Target- end of calendar</b>	<b>Target- end of calendar</b>	<b>Target- end of calendar year</b>	<b>Target- end of calendar year</b>

<sup>133</sup> The top tiers are defined as STARS levels 3, 4 and 5.

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	<b>(Today)</b>	<b>year 2012<sup>134</sup></b>	<b>year 2013<sup>135</sup></b>	<b>2014<sup>136</sup></b>	<b>2015<sup>137</sup></b>
<b>Total number of Licensed Center (LC) programs covered by the Tiered Quality Rating and Improvement System</b>	547 (100%)	100%	100%	100%	100%
<b>Total number of Registered Home (RH) programs covered by the Tiered Quality Rating and Improvement System</b>	979 (100%)	100%	100%	100%	100%
<b>Total number of programs covered by the Tiered Quality Rating and Improvement System</b>	1,526 (100%)	100%	100%	100%	100%
<b>Number of Total programs with 3</b>	101 (6.6%) 54 LCs	8.6% 2% ↑	10.6% 2% ↑	12.6% 2% ↑	14.6% 2% ↑

<sup>134</sup> This target number will fluctuate each year depending on the number of licensed center and registered home programs, however, the target will always be the percentage target of the programs for that year and is easily monitored as VT has a integrated licensed and TQRIS/STARS program level data system with unique identifier (Bright Futures Information System – real time) that will provide this data. Both the data collection and quality control processes for both licensing and STARS data is very rigorous with specific protocols.

<sup>135</sup> Ibid

<sup>136</sup> Ibid

<sup>137</sup> Ibid



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<b>Stars</b>	47 RHs				
<b>Number of Total programs with 4 Stars</b>	150 (9.8%)	11.8%	13.8%	15.8%	17.8%
	118 LCs	2% ↑	2% ↑	2% ↑	2% ↑
	32 RHs				
<b>Number of Total programs with 5 Stars</b>	148 (9.7%)	11.7%	13.7%	15.7%	17.7%
	136 LCs	2% ↑	2% ↑	2% ↑	2% ↑
	12 RHs				
<b>Number of Total programs with 3-4-5 Stars</b>	399 (26.1%)	32.1%	38.1%	44.1%	50.1% <sup>138</sup>
<p><i>The baseline data is actual data based on August 2011 Provider Report from VT's Bright Futures Information System.</i></p> <p><i>[Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information. Also, if applicable, describe in your narrative how programs participating in the current Tiered Quality Rating and Improvement System will be transitioned to the updated Tiered Quality Rating and Improvement System.]</i></p>					

<sup>138</sup> The overall program participation in STARS target listed in Table B2C by the end of the grant award, 2015 is 72% and the target set for the same end date for the top tiers of STARS (3-4-5) is 62.1%. This gives an overall growth of 10% within STARS level 1 and 2. While this appears modest it does take into consideration the dynamic nature of programs' progression through the 1-2-3-4-5 STAR levels. The annual targets within top tier STAR levels after the 1<sup>st</sup> year may need re-adjustment while still keeping the overall 2015 target.

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<b>Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number<sup>139</sup> of Children with High Needs served by programs in the State</b>	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers<sup>140</sup> of the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target -end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
		<b>#</b>	<b>%</b>	<b>#<sup>141</sup></b>	<b>%</b>	<b>#<sup>142</sup></b>	<b>%</b>	<b>#<sup>143</sup></b>	<b>%</b>	<b>#<sup>144</sup></b>	<b>%</b>
State-funded preschool <i>Specify:</i>	3,476 <sup>145</sup>	3,476	100%		100%		100%		100%		100%
Early Head Start and Head Start	1,588	1,556	98%		100%		100%		100%		100%
Early Learning and Development Programs funded by IDEA, Part C	354	152	42.9%		49.9% (7%↑)		56.9% (7%↑)		63.9% (7%↑)		70.9% (7%↑)
Early Learning and	900 <sup>146,147</sup>	900	100%		100%		100%		100%		100%

<sup>139</sup> The numbers provided are actual numbers obtained from each program's information system. With the exception of preK and Part B of section 619, the data between programs is not unduplicated.

<sup>140</sup> The top tiers are defined as STARS levels 3, 4 and 5.

<sup>141</sup> This target number will fluctuate each year depending on enrollment, however, the target will always be the percentage target of the enrollment for that year and is easily monitored as each program captures enrollment information, most in real time. (E)(2) of this grant describes a plan to capture child level enrollment data across programs and services that will assist in the monitoring of this performance measure at the child-level vs program level.

<sup>142</sup> Ibid

<sup>143</sup> Ibid

<sup>144</sup> Ibid

<sup>145</sup> All state funded preK programs are required to be 4 or 5 STARS or 3 STARS with a plan in place to achieve 4 or 5 STARS in a given time period.

<sup>146</sup> 80% of children receiving Part B, section 619 services (1,406) in preK.

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<b>Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number<sup>139</sup> of Children with High Needs served by programs in the State</b>	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers<sup>140</sup> of the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target -end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
		<b>#</b>	<b>%</b>	<b>#<sup>141</sup></b>	<b>%</b>	<b>#<sup>142</sup></b>	<b>%</b>	<b>#<sup>143</sup></b>	<b>%</b>	<b>#<sup>144</sup></b>	<b>%</b>
Development Programs funded by IDEA, Part B, section 619											
Early Learning and Development Programs funded under Title I of ESEA	2,016 <sup>148</sup>	2,016	100% <sup>149</sup>		100%		100%		100%		100%
Early Learning and Development Programs receiving funds from the State's CCDF program	6,074	2,344	38.6% <sup>150</sup>		45.6% (7%↑)		52.6% (7%↑)		59.6% (7%↑)		66.6% (7%↑)
Source: Bright Futures Information											

<sup>147</sup> All state funded preK programs are required to be 4 or 5 STARS or 3 STARS with a plan in place to achieve 4 or 5 STARS in a given time period.

<sup>148</sup> These children are also counted in the State preK number above.

<sup>149</sup> There are no stand alone Title I classes. Title I funds are blended with state and local funds to support preK.

<sup>150</sup> Infants accounted for 31.8% of the total number of high needs children in the top tiers; Toddlers=34.1% and Preschoolers=22.9% with an overall percentage for children 0 through 5 years of 38.6%.

<b>Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.</b>											
<b>Type of Early Learning and Development Program in the State</b>	<b>Number<sup>139</sup> of Children with High Needs served by programs in the State</b>	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers<sup>140</sup> of the Tiered Quality Rating and Improvement System</i>									
		<b>Baseline (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target -end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
		<b>#</b>	<b>%</b>	<b>#<sup>141</sup></b>	<b>%</b>	<b>#<sup>142</sup></b>	<b>%</b>	<b>#<sup>143</sup></b>	<b>%</b>	<b>#<sup>144</sup></b>	<b>%</b>
System, Attendance Extract, May 2011											
<i>[Please list which tiers the State has included as "top tiers," indicate whether baseline data are actual or estimated; and describe the methodology used to collect the data, including any error or data quality information.]</i>											

**(B)(5) Validating the effectiveness of the State Tiered Quality Rating and Improvement System.**  
 (15 points)

The extent to which the State has a High-Quality Plan to design and implement evaluations--working with an independent evaluator and, when warranted, as part of a cross-State evaluation consortium--of the relationship between the ratings generated by the State's Tiered Quality Rating and Improvement System and the learning outcomes of children served by the State's Early Learning and Development Programs by--

(a) Validating, using research-based measures, as described in the State Plan (which also describes the criteria that the State used or will use to determine those measures), whether the tiers in the State's Tiered Quality Rating and Improvement System accurately reflect differential levels of program quality; and

(b) Assessing, using appropriate research designs and measures of progress (as identified in the State Plan), the extent to which changes in quality ratings are related to progress in children's learning, development, and school readiness.

*In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*



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*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State’s special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

**Goal 4.1:** Evaluate and validate, streamline as advisable, maintain commitment to high standards.

**Rationale:** Vermont's TQRIS - STARS is a “mature” system by National QRIS Standards since it has been in place since 2004 and while it reflects the Rand research and NAEYC recommendations for areas to include within a QRIS, STARS has yet to be formally assessed. The STARS Oversight Committee, with Region I ACF support and Building Bright Futures State Council participation recently spent August 23, 2011 with Dr. Donna Bryant, a national expert in QRIS evaluations from Frank Porter Graham Center and the University of North Carolina. The STARS Oversight Committee had proposed questions that they would like answered in the course of an evaluation and she felt these were they type of questions that should be raised. Questions ranged from what is the average point increase per-arena to how is STARS impacting children and families. Dr. Bryant pointed out that there was a fair amount of data that Vermont already may have to answer some questions and she helped determine the questions best answered by a third party evaluator. Vermont is proposing that RTT-ELC funds assist with this one time investment in evaluating STARS that will inform STARS into the future. We will be endeavoring to validate STARS as a good determiner of quality and also be looking for ways to improve, streamline the System. Dr. Bryant has agreed to serve as reviewer of the RFP for the third party evaluation and we hope the RTT-ELC funds will support this aspect of STARS evaluation.

<b>Goal 4.1:</b> Evaluate and validate, streamline as advisable, maintain commitment to high standards.				
<i>Description of Key Activities</i>	<b>YEAR</b>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
4.1 Conduct a comprehensive evaluation of STARS. In				

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Place (with plans to further develop)				
4.1 (a) Develop an RFP and select a third party evaluator		X		
4.1 (b) Develop and implement the Evaluation Plan			X	
4.1 (c) Analyze the results and prepare recommendations for stakeholder review and adoption				X
4.1 (d) Implement adopted recommendations				X
Responsible Party: Child Development Division, Department of Education				
Key Personnel: Child Development Division, Department of Education, STARS Oversight Committee and administrators,				
Critical Partners: Expert in QRIS evaluation, Public school administrators and parents (public), Building Bright Futures Statewide and Regional Councils				

How plan addresses needs of different types of Early Learning and Development Programs and how plan meets the needs of Children with High Needs in general and for particular populations:

All types of programs participated in STARS and many if not most serve children with special needs. The evaluation will include examining impact of STARS on families and children with special needs.

Milestones and Measures:

- RFP developed and a third party evaluator selected
- Evaluation Plan completed
- Recommendations to sustain strengths and improve Vermont’s QRIS – STARS adopted and implemented

**Focused Investment Areas -- Sections (C), (D), and (E)**

*The State must address in its application--*

- (1) Two or more of the selection criteria in Focused Investment Area (C);*
- (2) One or more of the selection criteria in Focused Investment Area (D); and*
- (3) One or more of the selection criteria in Focused Investment Area (E).*

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*The total available points for each Focused Investment Area will be divided by the number of selection criteria that the applicant chooses to address in that area, so that each selection criterion is worth the same number of points.*

**C. Promoting Early Learning and Development Outcomes for Children**

*Note: The total available points for (C)(1) through (C)(4) = 60. The 60 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address all four selection criteria in the Focused Investment Area, each criterion will be worth up to 15 points.*

*The applicant must address two or more selection criteria within Focused Investment Area (C).*

**(C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.**

The extent to which the State has a High-Quality Plan to put in place high-quality Early Learning and Development Standards that are used statewide by Early Learning and Development Programs and that--

(a) Includes evidence that the Early Learning and Development Standards are developmentally, culturally, and linguistically appropriate across each age group of infants, toddlers, and preschoolers, and that they cover all Essential Domains of School Readiness;

(b) Includes evidence that the Early Learning and Development Standards are aligned with the State's K-3 academic standards in, at a minimum, early literacy and mathematics;

(c) Includes evidence that the Early Learning and Development Standards are incorporated in Program Standards, curricula and activities, Comprehensive Assessment Systems, the State's Workforce Knowledge and Competency Framework, and professional development activities; and

(d) The State has supports in place to promote understanding of and commitment to the Early Learning and Development Standards across Early Learning and Development Programs.

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily. In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and*

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*addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

Evidence for (C)(1)(a) and (b):

- To the extent the State has implemented Early Learning and Development Standards that meet any of the elements in criteria (C)(1)(a) and (b), submit--
  - Proof of use by the types of Early Learning and Development Programs in the State;
  - The State's Early Learning and Development Standards for:
    - Infants and toddlers
    - Preschoolers
  - Documentation that the standards are developmentally, linguistically and culturally appropriate for all children, including children with disabilities and developmental delays and English Learners;
  - Documentation that the standards address all Essential Domains of School Readiness and that they are of high-quality;
  - Documentation of the alignment between the State's Early Learning and Development Standards and the State's K-3 standards; and

## **PROMOTING EARLY LEARNING AND DEVELOPMENT OUTCOMES FOR CHILDREN**

### **Goal 6:** Full array of early learning guidelines

- 6.1 Revise the Vermont Early Learning Standards to become a continuum of standards for children from birth to kindergarten entry
- 6.2 Align with K-3 standards, the Common Core, and the Head Start Early Learning and Development Framework.
- 6.3 The revised Vermont Early Learning Standards will be known and used by early childhood educators, families, and other stakeholders.
- 6.4 Update materials and strategies to engage and inform parents.**Rationale:** The Vermont Early Learning Standards (VELS) are based on a set of principles that view the child holistically and developmentally, include readiness domains, and recognize the importance of play. As described in section (A)(1)-6, the VELS are central to all of Vermont's early learning and development programs. VELS has been incorporated into various state policies (e.g., Act 62: Act on Prekindergarten Education), are used to guide the development of goals in the Individualized Education Plan (IEP) of children receiving Part B, section 619 services, have informed early educator core competencies and teacher preparation program approval. When selecting statewide child assessments,



the tools' alignment to VELs was of paramount concern. Most importantly, VELs have guided practice.

**Rational:** Despite the prevalence and widespread acceptance of the VELs, we realize that these standards need to be revisited to ensure they reflect current research on early learning, are aligned with the new Head Start Early Learning and Development Framework, and include infants and toddler. Vermont's adoption of the Common Core has prompted a review of the K-12 standards, which in turn requires that the VELs be examined and revised as needed in order to ensure they continue to be aligned with K-3 standards, a key element in sustaining the effects of quality early experiences, especially for children with high needs. Maintaining alignment between our early learning standards and K-3 standards is absolutely necessary in order to ensure the consistency and quality of both systems, and to facilitate smooth transitions.

While a set of clearly articulated, updated and aligned early learning standards covering the birth to kindergarten continuum is a goal, the power of these standards to inform practice can only be realized when early learning standards are known and fully implemented. Hence, the high quality plan described below details not only plans for the revision of the VELs, but also a plan for publishing and disseminating information on VELs. This plan include includes successful strategies used when the initial VELs was published and disseminated back in 2003: (1) train-the-trainer sessions to develop a cadre of trainers who can do trainings at the local and regional levels, (2) various professional development tools (e.g., online training modules, trainers manual), and (3) family guide to the VELs. Additionally, onsite coaching to support early childhood educators to incorporate the VELs into their curriculum and environmental planning is planned in Goal 6.3.

**Goal 6:** Full array of early learning guidelines

- 6.1 Revise the Vermont Early Learning Standards to become a continuum of standards for children from birth to kindergarten entry
- 6.2 Align with K-3 standards, the Common Core, and the Head Start Early Learning and Development Framework.
- 6.3 The revised Vermont Early Learning Standards will be known and used by early childhood educators, families, and other stakeholders.

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6.4 Update materials and strategies to engage and inform parents.				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	2012	2013	2014	2015
6.1 (a) Reconvene the subcommittee originally tasked with developing the infant-toddler standards and review the latest <i>First Steps</i> draft.	Q1			
6.1 (b) Assemble a working group of infant, toddler and preschool level practitioners and researchers to study the VELS and First Steps to determine their cultural, linguistic, and developmental appropriateness and recommend any needed modifications.	Q2			
6.2 (a) Expand this working group to include K-3 practitioners, consultants (e.g., language/literacy, math, ELL) and researchers. Create 0-5 early learning standards that are aligned with Head Start Early Learning and Development Framework, K-3 standards, and the Common Core. Finalize the revised Vermont Early Learning Standards for infants to kindergarten entry.	Q3 Q4	Q1		
6.2 (b) Publish the revised VELS. Concurrently, recruit early childhood practitioners/consultants to join the VELS Trainers Network.		Q2		
6.3 (a) Develop a variety of professional development opportunities (e.g., VELS Trainers Manual for face-to-face workshops, self-paced online modules, Standards in Practice articles) on using these early learning standards to guide curriculum planning, practices and assessment; these opportunities will target staff at all types of early learning and development programs.		Q2 Q3 Q4	Q1 Q2	
6.3 (b) Implement three VELS Train-the-Trainer sessions to establish a network of qualified early childhood practitioners/consultants.		Q3		

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6.3 (c) The network of qualified VELs trainers provides face-to-face workshops on how to use the VELs to guide planning, implementation, and assessment to early childhood educators across various early learning and development settings.		Q4	Ongoing	Ongoing
6.3 (d) Provide professional development on early learning standards and K-3 standards to “vertical” groupings of early childhood practitioners and K-3 teachers to promote common understanding of the coherence across standards.				
6.3 (e) Survey a random sample of early childhood practitioners from across different types of early learning and development settings to determine their knowledge and use of the VELs, as well as to assess the types of professional development experiences that have been most helpful and effective.				Q2 Q3 Q4
6.4 In consultation with VELs trainers, develop and publish a Families’ Guide to the VELs in hardcopy as well as online.			Q4	Q1 Q2

How plan addresses needs of different types of Early Learning and Development Programs: All early learning and development programs need to be held to the same set of learning standards and outcomes. While there may be many paths to achieving the standards, the goal remains the same throughout all settings. A common set of standards universally understood and used to inform practices unifies and focuses all different types of early learning and development programs, and provides a common language. The revised Vermont Early Learning Standards (VELS) will include infants and toddlers as well as children from three to kindergarten entry; the current VELs is not useful for early childhood practitioners who work with our youngest children. The Head Start Outcomes with which the original 2003 VELs was aligned have been revised and are now known as the Early Learning and Development Framework. Revising and updating the VELs will ensure they are relevant to Head Start programs. In addition, given the changes that are occurring with Vermont’s adoption of the Common Core, the current VELs are no longer aligned with Vermont’s K-3 standards.

How plan meets the needs of Children with High Needs in general and for particular populations: If learning standards are culturally, linguistically, and developmentally appropriate, then early childhood educators and practitioners will have a set of high expectations for all children,

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including those with high needs. Research has clearly demonstrated the link between the expectations we hold for children and the outcomes we see.

In order for early learning standards to be effective, they must be known and implemented effectively. This is especially true for children who are more vulnerable; they need high quality interactions with knowledgeable adults who can scaffold their learning and development.

Milestones and Measures:

- Completion of the revised VELs (0-5).
- Independent review attesting to the quality, and the cultural, linguistic and developmental appropriateness of these new standards.
- Participation and engagement levels of early childhood practitioners in various VELs professional development activities (e.g., person-to-person workshops, online modules)
- Evidence from various sources (e.g., documents, observations) that the revised VELs are incorporated in curriculum planning, implementation, and assessment
- Evidence VELs are used in undergraduate and graduate ECE curriculum development courses
- Results of the survey of early childhood practitioners' knowledge and use of the revised VELs.

(C)(2) Supporting effective uses of Comprehensive Assessment Systems.

The extent to which the State has a High-Quality Plan to support the effective implementation of developmentally appropriate Comprehensive Assessment Systems by--

(a) Working with Early Learning and Development Programs to select assessment instruments and approaches that are appropriate for the target populations and purposes;

(b) Working with Early Learning and Development Programs to strengthen Early Childhood Educators' understanding of the purposes and uses of each type of assessment included in the Comprehensive Assessment Systems;

(c) Articulating an approach for aligning and integrating assessments and sharing assessment results, as appropriate, in order to avoid duplication of assessments and to coordinate services for Children with High Needs who are served by multiple Early Learning and Development Programs; and

(d) Training Early Childhood Educators to appropriately administer assessments and interpret and use assessment data in order to inform and improve instruction, programs, and services.



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*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

**Goal 7: Comprehensive Assessment System**

- Goal 7.1 Assess the current assessment system, integrate and align assessment across disciplines and promote implementation and coordination at the local level
- Goal 7.2 All Vermont pediatric health care providers and their community-based partners implement a common and coordinated early and continuous development screening, Bright Futures Guidelines for Health Supervision of Infants, Children & Adolescents
- Goal 7.3 All Vermont early learning and development programs implement a common, comprehensive and coordinated assessment system that includes formative child assessments, Teaching Strategies GOLD
- Goal 7.4 All Vermont early learning and development programs implement a common, comprehensive and coordinated assessment system that includes assessments of adult-child interactions, CLASS

**7.1 missing**

**Goal 7.2 Rationale:** In Vermont, the implementation of the federal EPSDT mandate establishes Bright Future guidelines as its early and continuous development screening approach and the standard of care. For the past two years, the Department of Health, the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) launched a statewide quality improvement project to promote guideline-base developmental screening and surveillance in primary care practices. The key activities described in goal 7.1 will assure all aspects of Vermont's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) framework and its objectives:

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1. To assure that Medicaid eligible children are informed of Medicaid benefits, offered enrollment assistance, and have access to an appropriate range of high quality and medically necessary preventive, diagnostic and treatment services
2. To establish and monitor standard for preventive health services
3. To monitor the penetration and use of EPSDT screening services
4. To implement the federal EPSDT mandate and assure access to health services

**Goal 7.3 and 7.4 Rationale:** Throughout the years, early learning and development programs across the state have used a variety of assessment tools to assess children's progress and inform practice. Along with locally developed assessments, Work Sampling System (WSS) and Creative Curriculum Developmental Continuum (CCDC) figured most prominently, especially since these were used by Head Start programs. When Act 62 was enacted in 2007, a provision in the law stating that child progress needed to be assessed and reported on an annual basis, gave impetus to the efforts of establishing a common child assessment tool to be used statewide. An Assessment Ad Hoc group of early childhood teachers and administrators from Head Start, child care programs, school-based pre-K programs, and teacher preparation programs, reviewed various options for meeting this Act 62 requirement, and selected the online or paper versions of WSS and CCDC. Since the fall of 2009, all early learning and development programs that provided pre-K (e.g., center-based and family-based child care, Head Start, school-operated pre-K) have used either WSS or CCDC to measure and report children's progress. However, the degree to which the results of these assessments were used to inform practice varied greatly.

During the fall of 2010, the Assessment Ad Hoc group was reconvened to decide what Vermont should do since Teaching Strategies had decided to substitute CCDC with Teaching Strategies GOLD (TS GOLD). After examining the tool, the Ad Hoc group recommended adoption of TS GOLD beginning in 2011-2012, and the requirement that all Act 62 pre-K programs switch to TS GOLD by 2012-2013. Concurrently, the Head Start and Early Head Start programs in Vermont opted to use the online version of TS GOLD for their federal reporting. Hence, as a consequence of various policies and serendipity, a large portion of the progress of Vermont's three- to five year olds will be measured using a common assessment tool, TS GOLD. This assessment measure has been field tested and found to be valid.

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In preparation for switching to TS GOLD, the DOE and DCF offered two train-the-trainer sessions led by a Teaching Strategies trainer in May and July of this year. A cadre of 40 trainers from various early learning and development programs across the state was formed to do workshops on understanding and using TS GOLD to assess children's progress as well as to use the information gather to inform practice. At this point, many teachers and administrators have participated in learning about the TS GOLD system; however, more is needed in terms of additional supports to promote using data to inform practice.

The plan presented below expands the model Vermont has been using to provide training on TS GOLD beyond the pre-K and Head Start programs that are required to use an assessment tool. The plan is to encourage all early learning and development programs to use a common and accepted formative assessment such as TS GOLD to better assess children's growth, use the information gather to individualize learning opportunities and scaffold learning. The accomplishment of this goal will greatly benefit young children, and especially those who have high needs. Additionally, adoption of TS GOLD will benefit the program since use of TS GOLD is part of Vermont's TQRIS, STARS.

The plan presented below includes plans for incorporating CLASS into Vermont's Comprehensive Assessment System. At this time, assessments of adult-child relationships are only systematically done in Head Start programs which use CLASS, and in programs that are part of the Foundations for Early Learning (FEL) project. There is a wealth of research showing the positive outcomes of using CLASS to assess adult-child interactions at the preschool and K-3 levels, and then using that information to increase educators' awareness of their interactions as the first step to improving practices. Our plan includes developing a cadre of trainers in three levels of CLASS: toddler, preschool, and K-3. A train-the-trainer scale up strategy has been shown to be effective and sustainable in Vermont. Workshops focused on specific domains of CLASS are also included here. On-site coaching to support early educators to implement these new practices is described in Goal 11.2.

Goal 7.2: All Vermont pediatric health care providers and their community-based partners
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implement a common and coordinated early and continuous development screening, Bright Futures Guidelines for Health Supervision of Infants, Children & Adolescents					
<i>Description of Key Activities</i>	<i>YEAR</i>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
7.2 (a) Promote guideline-base developmental care in the medical home	X	X	X	X	X
7.2 (b) Promote routine surveillance in the medical home	X	X	X	X	X
7.2 (c) Perform recommended developmental and autism screening	X	X	X	X	X
7.2 (d) Connect children and families with a concern or with a developmental delay to evaluation and intervention services	X	X	X	X	X
Responsible Party: Vermont Department of Health Key Personnel: Vermont Department of Health, Department for Children and Families/Children’s Integrated Services, Vermont Child Health Improvement Program/University of Vermont, Building Bright Futures Critical Partners: American Academy of Pediatrics, American Academy of Family Practitioner					
Goal 7.3 All Vermont early learning and development programs implement a common, comprehensive and coordinated assessment system that includes formative child assessments, Teaching Strategies GOLD Goal 7.4 All Vermont early learning and development programs implement a common, comprehensive and coordinated assessment system that includes assessments of adult-child interactions, CLASS					
<i>Description of Key Activities</i>	<i>YEAR</i>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	
7.3 (a) Provide regional “conversations” for staff and administrators from all types of early learning and development programs to learn about the purposes of the assessments in the state’s system, and how to use the information to inform and improve practices.	Q2 Q3				
7.3 (b) Expand the cadre of practitioners, administrators and consultants who were trained in 2011 to include more individuals with expertise in infants and toddlers to become TS GOLD trainers.	Q2 Q3				



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7.3 (c) Provide short-term funding to enable/entice local early learning and development programs to use the Teaching Strategies GOLD online assessment system for documenting children’s development and informing practices, including infant and toddler programs	Q3 Q4	Q1 Q2 Q3 Q4	Ongoing	Ongoing
7.3 (d) Resource this cadre of trainers to provide basic and advanced training on TS GOLD across early learning and development programs. Institutionalize as a sustained effort to provide annual in-service training, both for new and seasoned educators.	Q2 Q3	Ongoing	Ongoing	Ongoing
7.3 (e) Build upon the expertise of the cadre TS GOLD trainers to enable them to conduct advanced workshops on using data to inform and improve practices, and to individualize instruction.	Q2 Q3 Q4			
7.3 (f) Examine the new TS GOLD for the K-3 level as a possible tool for adoption in order to create a continuum of consistent and aligned 0-8 formative assessment tools.			Q3 Q4	
7.4 (a) Provide on-site training on CLASS at the Toddler and K-3 levels to prospective Vermont CLASS trainers; certification as a CLASS evaluator is a prerequisite to becoming a trainer.	Q3			
7.4 (b) Provide two on-site Train-the-Trainer sessions to create a sustainable cadre of CLASS evaluators in the Pre-K and K-3 versions of CLASS. Provide two Train-the-trainer sessions on the CLASS Toddler level the following year when this type of training is available.		Q3	Q3	
7.4 (c) The cadre of CLASS trainers will provide workshops to administrators and practitioners from across early childhood programs on how to evaluate adult-child interactions.		Q4	Q1 Q2 Q3 Q4	Ongoing
7.4 (d) CLASS trainers will provide workshops targeting strategies for improving the areas which typically receive low scores.			Q1 Q2 Q3 Q4	Ongoing

How plan addresses needs of different types of Early Learning and Development Programs:

Goal 7.1 and 7.2: [insert here]

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Goal 7.3 and 7.4: The two assessments Vermont plans to expand to all early learning and development programs – TS GOLD and CLASS – can appropriately address the unique characteristics of most of the different types of early childhood settings. TS GOLD is a developmental assessment that spans the infant through kindergarten age span. CLASS has included a K-3 and Preschool assessment for some time; a Toddler level CLASS assessment was recently released. CLASS and TS GOLD are used in all of our Head Start programs. Teaching Strategies GOLD can be used, and is currently being used, in center-based and family-based programs in Vermont. However, CLASS is geared more to classroom type settings than family-based programs.

How plan meets the needs of Children with High Needs in general and for particular populations:

Goal 7.1 and 7.2: [insert here]

Goal 7.3 and 7.4: The child assessment Vermont has chosen, TS GOLD, is an authentic assessment measure since it uses adult’s observations of children engaging in typical play situations with familiar peers and materials. TS GOLD is a developmental assessment that looks at the continuum of development from infancy through kindergarten level; hence, there’s a “place” for children of all developmental levels to start and, with tailored and effective instruction, to show progress. TS GOLD includes measures of how children who are acquiring English progress in terms of language comprehension and production.

CLASS assesses adult-child interactions. Understanding the quality of those interactions and working to ensure that they are positive will benefit all children, but especially those who are most vulnerable.

Measures and Milestones:

Goal 7.1: [insert here]

Goal 7.2: Our performance measures, in alignment with Healthy Vermonters 2020 are described in detail in Table 3cd and in summary are:

- 95% of Vermont’s children will receive appropriate developmental screening by age two and
- 90% will have appropriate referral by age three.

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Goal 7.3 and 7.4:

- Percentages of practitioners who participate in TS GOLD and CLASS trainings
- Self-reports of satisfaction and how data gathered from TS GOLD are being used to inform practice
- Child outcomes as measure by TS GOLD and subsequent assessments will evidence if strategies were effective
- Evidence from various sources (e.g., observations from coaches) that TS GOLD and CLASS results are informing and improving practices

(C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.

The extent to which the State has a High-Quality Plan to identify and address the health, behavioral, and developmental needs of Children with High Needs by--

(a) Establishing a progression of standards for ensuring children's health and safety; ensuring that health and behavioral screening and follow-up occur; and promoting children's physical, social, and emotional development across the levels of its Program Standards;

(b) Increasing the number of Early Childhood Educators who are trained and supported on an on-going basis in meeting the health standards;

(c) Promoting healthy eating habits, improving nutrition, expanding physical activity; and

(d) Leveraging existing resources to meet ambitious yet achievable annual targets to increase the number of Children with High Needs who--

(1) Are screened using Screening Measures that align with the Medicaid Early Periodic Screening, Diagnostic and Treatment benefit (see section 1905(r)(5) of the Social Security Act) or the well-baby and well-child services available through the Children's Health Insurance Program (42 CFR 457.520), and that, as appropriate, are consistent with the Child Find provisions in IDEA (see sections 612(a)(3) and 635(a)(5) of IDEA);

(2) Are referred for services based on the results of those screenings, and where appropriate, received follow-up; and

(3) Participate in ongoing health care as part of a schedule of well-child care, including the number of children who are up to date in a schedule of well-child care.

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State*

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*may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

*Additionally, States must provide baseline data and set targets for the performance measures under (C)(3)(d).*

Evidence for (C)(3)(a):

- To the extent the State has established a progression of health standards across the levels of Program Standards that meet the elements in criterion (C)(3)(a), submit--
  - The progression of health standards used in the Program Standards and the State's plans for improvement over time, including documentation demonstrating that this progression of standards appropriately addresses health and safety standards; developmental, behavioral, and sensory screening, referral, and follow-up; health promotion including healthy eating habits, improved nutrition, and increased physical activity; oral health; and social and emotional development; and health literacy among parents and children;

Evidence for (C)(3)(b):

- To the extent the State has existing and projected numbers and percentages of Early Childhood Educators who receive training and support in meeting the health standards, the State shall submit documentation of these data. If the State does not have these data, the State shall outline its plan for deriving them.

Evidence for (C)(3)(d):

- Documentation of the State's existing and future resources that are or will be used to address the health, behavioral, and developmental needs of Children with High Needs. At a minimum, documentation must address the screening, referral, and follow-up of all Children with High Needs; how the State will promote the participation of Children with High Needs in ongoing health care as part of a schedule of well-child care; how the State will promote healthy eating habits and improved nutrition as well as increased physical activity for Children with High Needs; and how the State will promote health literacy for children and parents.

**Goal 8:** Deliver a coordinated array of appropriate, high quality, evidence-informed programs and services that identify and address health, behavioral and developmental needs of



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young children and families and improve learning outcomes in a manner that is responsive to individual needs as part of a comprehensive early learning and development system.

**Goal 8.1:** Increase and enhance CIS capacity, inclusion of high needs children in early learning and development programs and the delivery of integrated, evidence-informed home visiting services

**Goal 8.2:** Promote food security, good nutrition and physical activity through ELD programs

**Goal 8.1 Rationale:** Until the Agency of Human Services (AHS) reorganization in 2004, CIS services were housed in several different state government departments:

- **Early Intervention** is a federally mandated system of early intervention services for young children from birth to age 3 with, or at risk of, developmental delay. This program was housed at the Vermont Department of Health
- **Nursing and Family Support** provides health related prevention and family support services to Medicaid eligible pregnant women and young children. This program was housed at the Vermont Department of Health
- **Early Childhood and Family Mental Health** provides mental health services to build the capacity of each community to provide direct behavioral health treatment for families with young children aged 0 – 6, and behavioral health training and consultation for the early childhood system of care. This program was housed at the Department of Mental Health.
- **Specialized Child Care** provides funding and support for children with special health care needs, in protective services custody, and for families experiencing significant short term stress, and works to increase the availability of high quality child care for these populations. These services were housed in the Department of Social and Rehabilitation Services.

Families need services that are integrated - not delivered separately, by domain and at cross-purposes. Each program had its own set of eligibility criteria, intake and assessment tools, data requirements, and processes and procedures, making it difficult for many families to access the

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services they truly needed. This fragmentation resulted in gaps in services, ineffective services, client frustration, and increased administrative costs. To help resolve these issues, the Department for Children and Families, Child Development Division was created during the 2004 AHS reorganization. CIS is housed within the Child Development Division.

Significant system and service delivery work has occurred over the past seven years. We now have:

- Local CIS Intake and Review, Consultation, and Policy and Administration teams in place in every AHS district, staffed by a CIS Coordinator
- Common referral and intake forms in use by local CIS teams
- Confidentiality agreements that allow for different agencies to participate in a shared planning process
- The “One Plan” – an inclusive planning and case management document
- Cross-department and cross-agency commitment to CIS is being fostered through formal grant and contract language
- Enhanced integration by combining multiple grants to multiple community-based organizations into a single grant per region
- A common set of outcomes and performance measures for every grantee
- A robust data management system in development that will support service providers and state level CIS staff in documenting outcomes and making informed decisions about policy and practice
- Increasing capacity in every region to provide a full menu of integrated services to families
- Streamlined reporting requirements and consistent paperwork and processes
- A single fiscal agent financing model being tested in four regions to afford more flexibility at the local level while satisfying federal reporting requirements
- Cost savings through improved efficiencies in program and service administration
- The Primary Service Coordinator and Consultation Team Model, where one early childhood prevention and early interventionist provides support to the family, backed up by a multi-disciplinary team of other professionals with early childhood expertise who provide services to the child and family through joint home visits and other strategies coordinated through the primary service provider.

**Goal 8.2 Rationale:** Vermont has worked with the Administration for Children and Families Region I Office to add to the existing network of Head Start trained I Am Moving I Am Learning (IMIL) instructors. Instructors who will deliver this training to a broad array of early childhood providers were recruited to attend training of IMIL trainers in Sturbridge, MA in 2010 and again in Boston early in 2011. Most recently, on Sept. 23 and 24, 2011 with additional support from the Department of Defense and the regional Head Start Technical Assistance program, 35 Vermont practitioners were trained in IMIL. IMIL implementation aligns with and is integrated in the DOH The Fit and Healthy Vermonters State Plan 2011. To ensure that the benefits of incorporating an hour of moderate to vigorous physical during the course of a day in Vermont early childhood settings key activities are:

- i. Develop a formal research project to evaluate IMIL implementation practices in all types of regulated settings
- ii. Provide IMIL training throughout the state
- iii. Implement the research project
- iv. Evaluate results of research to determine how to sustain and/or improve training and/or implementation practices

IMIL and the Fit and Healthy State Plan are included in Table A1-8: Elements of high-quality health promotion practices currently required within the State as a potential requirement.

**Goal 8:** Deliver a coordinated array of appropriate, high quality, evidence-informed programs and services that identify and address health, behavioral and developmental needs of young children and families and improve learning outcomes in a manner that is responsive to individual needs as part of a comprehensive early learning and development system.

**Goal 8.1:** Increase and enhance CIS capacity, inclusion of high needs children in early learning and development programs and the delivery of integrated, evidence-informed home visiting services

**Goal 8.2:** Promote food security, good nutrition and physical activity through ELD programs

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<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
8.1 Increase and enhance CIS capacity, inclusion of high needs children in early learning and development programs and the delivery of integrated, evidence-informed home visiting services				
8.1 (a) Increase and enhance local CIS team capacity to fully and successfully implement Children’s Integrated Services (CIS): <ul style="list-style-type: none"> <li>• fund 1 FTE CIS Coordinator for each AHS region (currently fund 9 FTE – need to increase by 3 FTE)</li> <li>• enhance CIS intake functions by fully integrating and coordinating high quality assessment, intake, and case management services for high needs children</li> </ul>	X	X	X	X
8.1 (b) Increase the capacity and quality of Specialized Child Care services that support successful inclusion of high needs children in high quality regulated centers and family child care homes focused on early learning and development: <ul style="list-style-type: none"> <li>• fund 1 FTE CIS Child Care Coordinator in each AHS region (currently fund 9 FTE – need to increase by 3 FTE)</li> <li>• Increase access to quality child care for children at high risk by strengthening the Special Accommodations grant program</li> <li>• Increase and strengthen requirements for child care providers to achieve Specialized Child Care status</li> </ul>	X	X	X	
8.1 (c) Increase the capacity for expanding and integrating an array of consistently delivered, evidence-informed home visiting services that encompass nursing and family support to for young children and their families from the prenatal period through age 6 using existing delivery systems and focused particularly on high needs children not currently enrolled in regulated centers and family child care homes:				



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<ul style="list-style-type: none"> <li>• Increase capacity to provide evidence-informed CIS Family Support services to high and at-risk children and families through increased staffing at community-based early learning and development organizations</li> <li>• Implement the evidenced based curriculum of the Nurse Family Partnership (NFP) model</li> <li>• Expand capacity to deliver evidence-based CIS Nursing Support by training an 4 -6 additional MCH nurses in home health agencies in the NFP model</li> <li>• Establish community network through CIS to ensure first time Medicaid eligible pregnant moms will be enrolled in NFP</li> <li>• Collect data from all the NFP performance measures</li> </ul>	X	X	X	X
8.2 Promote food security, good nutrition and physical activity through Early Learning and Development programs				
8.2 (a) Implement goals and activities relevant to child care in the Fit and Healthy Vermonters State Plan (including <i>I Am Moving I Am Learning</i> , IMIL)	X	X	X	X
8.2 (a)(i) Develop a formal research project to evaluate IMIL implementation practices in all types of regulated settings	Q2			
8.2 (a)(ii) Provide IMIL training throughout the state	Q2 Q3 Q4	Q1		
8.2 (a)(iii) Implement the research project	Q2 Q3 Q4	Q1 Q2		
8.2 (a)(iv) Evaluate results of research to determine how to sustain and/or improve training and/or implementation practices		Q3		
8.2 (a)(v) Publish results of research and implement improvements and recommendations as deemed feasible		Q4		

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<p>8.2(b) Promote the provision of healthy meals, 3 Squares Vermont (SNAP) outreach and family nutrition information and education -- incomplete</p>	X	X	X	X
<p>Goal 8.1          Responsible Party: Department for Children and Families          Key Personnel: Child Development Division, Department of Education, Department of Health, Northern Lights Career Development Center, Head Start Collaboration Office          Critical Partners: Vermont Association of Child Care Resource and Referral Agencies, Professional Development Committee and Professional Development Think Tank VT Head Start Association, Vermont Child Care Industry and Careers Council, Vermont Child Care Providers Association</p>				
<p>Goal 8.2          Responsible Party: Department for Children and Families          Key Personnel: Child Development Division, Department of Education, Department of Health, Northern Lights Career Development Center, Head Start Collaboration Office          Critical Partners: Vermont Association of Child Care Resource and Referral Agencies, Professional Development Committee and Professional Development Think Tank VT Head Start Association, Vermont Child Care Industry and Careers Council, Vermont Child Care Providers Association</p>				

Goal 8.1: How plan addresses needs of different types of Early Learning and Development Programs and how plan meets the needs of Children with High Needs in general and for particular populations: Vermont has created a unique model for integrating early childhood health, mental health and early intervention services for pregnant women and children from birth to age six. The model is designed to improve child and family outcomes by providing client centric holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion, and accountability. The CIS service delivery system expanded in 2010 when Vermont secured federal funding for an evidence based home visiting program. The Department of Health (VDH) and the Department for Children and Families (DCF) chose the Nurse Family Partnership (NFP) model for home visiting. This model targets first time mothers from 28 weeks of pregnancy through the child's first two years of life. With additional funding, Vermont will be able to spread this evidence based program beyond the pilot communities to create a statewide system of prevention and early intervention for Medicaid eligible first time pregnant moms and their children.

Goal 8.1: Milestones and Measures: The CIS system funds multiple contractors to carry out service delivery. Each contractor must report bi-annually on a set of performance measures designed to monitor contractor performance and improve individual and population based outcomes. Performance measures are as follows:

1. Percentage of all pregnant/postpartum women, families, children, and child care providers actively served by CIS who achieve one or more plan goals by the annual review or transition (whichever is earliest);
  - Rationale – The State expects that the achievement of plan goals is a valid measure of client progress.
2. Percentage of all new referrals (received through any CIS service provider), those actively served, and/or those transitioning from CIS that meet the timelines outlined in these work specifications;
  - Rationale – Timely provision of services is the State’s expectation and linked to better outcomes for children.
3. Percentage of those served by CIS who have no further need for immediate related supports upon exiting CIS services<sup>151</sup>;

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<sup>151</sup> An immediate related support refers to continued need for supportive services which continue from goals begun in a CIS One Plan. These might be:

- a) Direct nursing supports (continued supports to ensure a child’s health needs are met such as consultation regarding Type 1 diabetes, or support in obtaining a medical or dental home);
- b) Family supportive services (such as Intensive Family Based Services or supports around parenting or family stability);
- c) Developmental supports (such as Part B services or a Coordinated Services Plan
- d) School-age or intensive (out of the bundle) mental health services; or
- e) Specialized child care supports that follow a child beyond the age of six from goals begun in a CIS One Plan.

Any new supports a child/family might be referred to upon transition/exit from CIS services such as WIC, Reach Up, play or parenting groups, substance abuse treatment, etc, which are not

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- Rationale – The State expects that investment in health promotion, prevention and early intervention is linked to better outcomes for children.
4. Percentage of those served by CIS reporting satisfaction with CIS services, based on surveys distributed locally at annual review or at exit (whichever is earliest). The data will be collected, analyzed, and disseminated by CDD.

Single Fiscal Agent Contractors

1. Number of referrals received directly by the CIS Coordinator and the total number of all CIS referrals. Data to be collected and reported by the CIS Coordinator.
  - Rationale - The CIS goal is to have all referrals come through the CIS Coordinator (except for urgent referrals) so that families have timely access to the CIS teaming process.
2. Percentage of performance measures that are met. The data will be collected, analyzed, and disseminated by CDD.
  - Rationale – The State expects improved performance (as measured by meeting performance expectations) from the fully integrated model
3. Number of service professionals interacting directly with families.
  - Rationale – The State expects the use of a consultation team will maximize multidisciplinary views and decrease the number of providers serving an individual family.

The Nurse Family Partnership has seven major areas of performance measurements which compliment the CIS measures:

1. Improved maternal and child health
2. Child injuries, child abuse, neglect or maltreatment and reduction in Emergency Department visits

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continued from goals begun in a CIS One Plan would not be considered a related support. Any of the above mentioned related services also would not be counted if a family sought them at a later date, after having fully exited CIS services, with no service needs immediately identified, recommended and provided.



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3. Improvements in school readiness and achievements
4. Domestic violence
5. Economic self-efficiency
6. Coordination and referrals for other community resources and supports

Goal 8.2: How plan addresses needs of different types of Early Learning and Development Programs: Family child care homes and all types of licensed programs will be included in the IMIL training and a cross section of the participants will be selected for follow-up research.

Goal 8.2: How plan meets the needs of Children with High Needs in general and for particular populations One of the principles in the IMIL training is to be flexible with the activity so that children with a variety of needs can be included. The nature of IMIL is supportive of the developmental need of children to move and of the research that shows the mind body connection to cognitive, physical and social/emotional development.

Goal 8.2: Milestones and Measures: Performance measures will include our capacity to deliver a sufficient quantity of IMIL training to a variety of types of program. We anticipate a fairly even 50% family child care, 50% licensed. A goal is to conduct research in all parts of the state so 25% of sites that participate in follow up research will be in each of the four quadrants of the state.

- At least 60% of programs in the research project are fully implementing 1 hr of moderate to physical activity and 30% are implementing at least half hour of this type of activity.

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<b>Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.</b>					
	<i>Baseline and annual targets</i>				
	<b>Baseline<sup>152</sup> (Today, if known)</b>	<b>Target for end of calendar year 2012</b>	<b>Target for end of calendar year 2013</b>	<b>Target for end of calendar year 2014</b>	<b>Target for end of calendar year 2015</b>

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<sup>152</sup> Since VT does not currently have data available that provides the number of children screened for the total population or children with high needs populations, the child number estimates for this Table use percentage of children screened from national and state surveys. And, because the number of children with high needs in Table A1-3 has duplicated counts, the baseline numbers are determined using the screened percentage of only children with low income. (C)(2) and (E)(2) of this grant application address solutions to this measurement and monitoring issue.

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<b>Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.</b>					
	<i>Baseline and annual targets</i>				
	<b>Baseline<sup>152</sup> (Today, if known)</b>	<b>Target for end of calendar year 2012</b>	<b>Target for end of calendar year 2013</b>	<b>Target for end of calendar year 2014</b>	<b>Target for end of calendar year 2015</b>
<b>Number of Children with High Needs screened</b>	3,514-4,858 (estimated) 24.0-33.6% <sup>153</sup>	5,017-6,434 (estimated) 34-43.6%	6,493-7,909 (estimated) 44-53.6%	7,968-9,385 (estimated) 54-63.6%	9,444-10,860 (estimated) 64-73.6%
<b>Number of Children with High Needs (low income and special health needs) referred for services who received follow-up/treatment</b>	Unknown <sup>154</sup>	TBD	TBD	TBD	TBD

<sup>153</sup> The 2007 *National Survey of Children's Health* estimated that 17.9% of all Vermont children aged 10-month to 5 years were screened for developmental, behavioral and social delays during the previous 12 months as reported by parents. A 2009 *Developmental Screening in Primary Care Survey* of all pediatric practices in Vermont indicated that while 87% currently perform developmental screening, 25% of these practices utilize structured screening tools with good psychometric properties. This baseline 17.9% - 25% may actually be an under estimate as indicated in the *Developmental Screening in Primary Care Project* launched in the fall of 2009 by the University of Vermont's Child Health Improvement Program which showed major gains in screening practices among the majority of its participants. To reflect this improvement in screening practices, we increased the number of children screened by 34.5% which increases the baseline to 24.0%-33.6%. The estimated number of children screened as a baseline is determined by taking this percentage of the estimated children with high needs. Because the number of children with high needs in Table A1-3 has duplicated counts, the baseline numbers are determined using the screened percentage of only children with low income. (E)(2) of this grant application addresses solutions to this measurement and monitoring issue.

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<b>Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.</b>					
	<i>Baseline and annual targets</i>				
	<b>Baseline<sup>152</sup> (Today, if known)</b>	<b>Target for end of calendar year 2012</b>	<b>Target for end of calendar year 2013</b>	<b>Target for end of calendar year 2014</b>	<b>Target for end of calendar year 2015</b>
<b>Number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care</b>	13,206 89.5% <sup>155</sup>	13,428 91% 2% ↑	13,723 93% 2% ↑	14,018 94% 1% ↑	14,313 95% 1% ↑
<b>Of these participating children, the</b>	72.2% <sup>157</sup>	75.2%	78.2%	81.2%	84.2%

<sup>154</sup> Screening referral outcome data is currently not available. Through the expansion of the VT Child Health Program's *Developmental Screening in Pediatric Care Practices Project* (refer to (C)(2) of the grant application) a measurement and monitoring methodology will be designed as currently used by the project's participating primary care practices who complete a baseline assessment of the provision of developmental and autism screening, identification and tracking of children identified at risk for developmental delay, and referrals for appropriate evaluation, diagnosis, and follow-up. This will include linkages with follow-up services including Children's Integrated Services (CIS.) CIS's new Vermont Family and Child Tracking System, VFACTS will be very beneficial in this effort as it has created a technology solution where all child developmental referrals by referral source will be counted at the child and service level and will be able to tell us the specific services provided, how long, by whom and whether the goals set out in the child's plan are achieved.

<sup>155</sup> 89.5% of young children who are Medicaid enrollees have had at least one screen 2010 as indicated by the Medicaid Management Information System. Vermont's Medicaid program is typical in some ways and unusual in others. Due to Vermont's expanded Medicaid eligibility and Dr. Dynasaur program (which allows eligibility up to 300% of the federal poverty level), a substantial portion of the population under 18 years of age either receives Medicaid as a primary insurer, a secondary insurer, or is eligible for Medicaid benefits but not getting them at this time. Overall, slightly more than half of Vermont children are either covered by or eligible for Medicaid benefits, and in many primary care practices (especially pediatrics), Medicaid patients comprise the majority of patients in the practice.



<b>Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.</b>					
	<i>Baseline and annual targets</i>				
	<b>Baseline<sup>152</sup> (Today, if known)</b>	<b>Target for end of calendar year 2012</b>	<b>Target for end of calendar year 2013</b>	<b>Target for end of calendar year 2014</b>	<b>Target for end of calendar year 2015</b>
<b>number or percentage<sup>156</sup> of children who are up-to-date in a schedule of well child care</b>					
<i>[Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information; and please include any definitions you used that are not defined in the notice.]</i>					

(C)(4) Engaging and supporting families.

The extent to which the State has a High-Quality Plan to provide culturally and linguistically appropriate information and support to families of Children with High Needs in order to promote school readiness for their children by--

(a) Establishing a progression of culturally and linguistically appropriate standards for family engagement across the levels of its Program Standards, including activities that enhance the capacity of families to support their children’s education and development;

(b) Increasing the number and percentage of Early Childhood Educators trained and supported on an on-going basis to implement the family engagement strategies included in the Program Standards; and

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<sup>157</sup> The HEDIS measure, *Well-Child Visits in the First 15 Months of Life* from Vermont’s Medicaid insurance data indicates that of all the beneficiaries turning 15 months of age in the measurement year (2010) 72.2% had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life in 2010 (Preliminary 2010-2011 Data, Vermont Medicaid Managed Care Entity, Performance Measure Trends, Agency of Human Services, August 2011.)

<sup>156</sup> With the expected increase of pediatric practices as designated high quality practices within VT’s Blueprint for Health in 2012 and onwards a 3% increase each year in the number of children who are up to date in their well child visits. Increased participation rates will be influenced by continued funding by the VT Legislature of the Blueprint for Health.

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(c) Promoting family support and engagement statewide, including by leveraging other existing resources such as through home visiting programs, other family-serving agencies, and through outreach to family, friend, and neighbor caregivers.

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

Evidence for (C)(4)(a):

- To the extent the State has established a progression of family engagement standards across the levels of Program Standards that meet the elements in criterion (C)(4)(a), submit--
  - The progression of culturally and linguistically appropriate family engagement standards used in the Program Standards that includes strategies successfully used to engage families in supporting their children's development and learning. A State's family engagement standards must address, but need not be limited to: parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and adult and family literacy programs, parent involvement in decision making, and parent leadership development;
  - Documentation that this progression of standards includes activities that enhance the capacity of families to support their children's education and development.

Evidence for (C)(4)(b):

- To the extent the State has existing and projected numbers and percentages of Early Childhood Educators who receive training and support on the family engagement strategies included in the Program Standards, the State shall submit documentation of these data. If the State does not have these data, the State shall outline its plan for deriving them.

Evidence for (C)(4)(c):

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- Documentation of the State's existing resources that are or will be used to promote family support and engagement statewide, including through home visiting programs and other family-serving agencies and the identification of new resources that will be used to promote family support and engagement statewide.

**Goal 9: Family Engagement**

**Goal 9.1:** Eliciting and understanding families perspectives

**Goal 9.2:** Design a single set of standards and practices related to family engagement and support that will be endorsed and implemented statewide as Vermont's Family Engagement Framework (VFEF).

**Rationale:** [Insert a sentence or two tying these two goals together]

**Goal 9.1:** Due to economic realities in Vermont, many families with young children are working multiple jobs to make ends meet and many of these jobs involve shifts that are outside the traditional hours for child care. While the State knows quite a bit about families who are accessing regulated early childhood programs, there is a lot that is unknown about families with young children who use informal care givers or whose children are receiving few if any services provided through the early childhood system in the state.

Being such a rural state, the local elementary school, town hall and library are key points of contact for families. They are the organizations to partner with to intentionally and respectfully reach out to families to learn more about what they desire for their children and what services or supports are missing and needed to better support them as parents ; respecting the individual choices all families make about the care and education of their children.

By working through the BBF Regional Councils and the existing local services represented on the Councils, Vermont will begin these dialogues with families in locations families typically access. The anticipated outcomes are stronger relationships between families and providers will be developed, real time information will be available about where our youngest children are and the desires of their parents regarding child care and other services, and this information will be used to create and modify services that are designed to be most responsive to identified family and child needs.



**Rational Goal 9.2: Rationale:** While Vermont does not yet have statewide family engagement standards, its early childhood community (both participating agencies and intermediary organizations as named in this grant application) have worked diligently and collaboratively over the last two decades to incorporate parent and family engagement in supporting their children’s development and learning through practice and policy. Table A1-9 provides a brief description of the elements of high-quality family engagement strategies required in Vermont. One example is Vermont’s 5<sup>th</sup> edition, 2010 (the 1<sup>st</sup> edition was 1987) of its statewide interagency agreement, *Supporting Children With Disabilities and Their Families: An Interagency Agreement Among Early Care, Health, and Education Programs and Agencies in Vermont* (Appendix G) which provides principles and practices for the endorsing parties and is “intended to be used as a guide for state-level coordination for developing regional and local agreements, and for strengthening relationships between agencies and programs involved with young children with disabilities and their families. The developers of the agreement have strived to use language that is clear and respectful, and that reflects the leadership role of parents of children with potential or established disabilities.” Another example of Vermont’s commitment to family engagement is the well-respected and long standing University of Vermont’s *Vermont Interdisciplinary Leadership Education for Health Professionals* which provides a 9 month graduate level interdisciplinary training to health professionals focused on meaningful family involvement in services, teaching and program development and building collaborative relationships among families, professionals and community service providers. Other collaborative efforts over the last 10 years resulted in resources for parents such as, *Off to Kindergarten: A Booklet for Parents, Caregivers and Schools* (2001), *Off to Kindergarten: Toolbox for Effective Transition* (2003) and *Guiding Your Child’s Early Learning: A Parent’s Guide to Vermont Early Learning Standards* (2006.)

VT’s seven Head Start and Early Head Start (HS/EHS) programs all provide early childhood educators with training around family engagement as part of Head Start requirements such as parent education in child development, ongoing two-way communication with families, and training and support for families as children move to preschool and kindergarten. Often, this training on parent engagement expands beyond Head Start and Early Head Start staff to other include community and school-based early learning and development programs educators. One such innovative practice implemented statewide over the past 18 months is VT’s Head Start



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Tobacco Cessation Initiative and its use of Motivational Interviewing (MI) to address the issue of tobacco use. MI is a client-centered counseling style based on the belief that family members understand themselves and have the potential to make positive changes in their own lives. This resonated with all involved and supported continued growth in parent engagement practice, building upon educators skill set with a strong foundation in Vermont by training started in the 1990s using *Touchpoints (Brazelton Touchpoints Center)* and in 2000s using *Strengthening Families (Center for the Study of Social Policy)* and *Principles of Family Centered Care (Division of Services for Children with Special Health Needs, DHHS Maternal and Child Health Bureau.)* An example of how VT continues to build upon its investments in such best practices and principles is the inclusion of these in the original design of Vermont's TQRIS, STARS (see Table A1-9.) A more recent resource that Vermont will use is the newly released Parent, Family and Community Framework (Office of Head Start) that outlines an approach to change that shows how the program can work together as a whole to promote parent and family engagement outcomes.

Vermont will identify a single set of standards and practices related to family engagement and support that will be endorsed and implemented statewide as Vermont's Family Engagement Framework (VFEF). The VFEF will guide practice among Vermont's early care, health and education providers, and support the systemic integration of effective parent, family and community engagement practices within programs and services delivered to young children and their families. These efforts will support the ultimate goals of enhancing children's school readiness; sustaining gains in early childhood through later years of children's education; enhancing the overall quality of programs for children and families; and supporting communities around a shared responsibility to nurture and educate young children.

Goal 9: Family Engagement
Goal 9.1 Eliciting and understanding families perspectives
Develop and implement effective strategies to consistently and methodically elicit, compile and interpret input from families through interactions with families throughout the state to better understand their challenges and preferences for services for their children and to incorporate their views into policies, practices and investments in the early childhood system that are respectful of and responsive to family needs.

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<i>Description of Key Activities</i>	<i>YEAR</i>			
	2012	2013	2014	2015
9.1 (a) Establish an ad hoc committee within the BBF State Advisory Council, including representatives from the Regional BBF Councils, to develop a targeted plan for reaching out to families with young children, with a strong emphasis on reaching families not accessing regulated early care and education services.	Q2			
9.1 (b) Select 3 communities, prioritizing very rural areas, to begin to implement the strategies in the plan, including talking with families at local community events such as fairs, dapple days, farmers markets etc. and in community places including libraries, recreation and municipal centers. Work in close collaboration with the HS/EHS and Parent Child Centers in these communities, along with public health services and local schools to identify appropriate avenues for contacting families	Q3 Q4			
9.1 (c) Link the community outreach work with the expanded National Supply and Demand Study in which Vermont has purchased expanded markets to get a more comprehensive understanding of what options for child care exist for families and where major gaps exist.		Q2 Q3 Q4		
9.1 (d) Also link the work with the Birth to Three Project that is being supported by private foundations and has as one its goals learning more about who is caring for our youngest children when they are not with their parents and how to support those providers including Family Friend and Neighbor (FFN) caregivers.		Q3 Q4		
9.1 (e) Use this information to develop policies and services to support access to services, including services for families working non-traditional hours			Q3 Q4	Ongoing

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9.1 (f) Expand the community /family outreach work statewide and build it into the ongoing system for supporting and engaging families within the context of community events.			Q3 Q4	Ongoing
<p>Responsible Party: BBF ED and BBF Council</p> <p>Key Personnel: BBF ED, BBF Regional Coordinators, NORC at the University of Chicago, Early Head Start and Head Start, Parent Child Centers, Home Visitors/Home Health</p> <p>Critical Partners: CIS Teams, Maternal and Child Health Coalitions, public schools and Supervisory Union, CCCSAs, Birth to Three Project and funders, community health providers, the faith based community, libraries, parks and recreation programs, public safety and town managers, the business community</p>				
Goal 9.2: Design a single set of standards and practices related to family engagement and support that will be endorsed and implemented statewide as Vermont’s Family Engagement Framework (VFEF).				
<i>Description of Key Activities</i>	<b>YEAR</b>			
	2012	2013	2014	2015
9.2 (a) Establish a workgroup on family engagement common standards	Q2			
9.2 (b) Identify federal, state and local agencies with existing Family Engagement standards, frameworks, and strategies.	Q2			
9.2(c) Contract a professional facilitator to convene and facilitate state workgroup around family engagement.	Q3			
9.2 (d) Convene a professionally facilitated state workgroup around family engagement.	Q4			
9.2 (e) The workgroup will review standards, best practices and innovative research-based parent, family and community engagement strategies which currently exist within regulations and materials from leading sources		Q2 Q3		
9.2 (f) The workgroup will identify common elements which can be integrated into a single set of standards and practices as Vermont’s Family Engagement Framework (VFEF) (in		Q2 Q3		

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particular, identify culturally and linguistically appropriate standards)				
9.2 (g) Finalize integration and implement VFEF in Vermont’s early care, health and education system.		Q4	Q1	
9.2 (h) Train and support Early Childhood Educators on an on-going basis to implement the family engagement strategies included in the Program Standards			Q3	
9.2 (i) Develop family engagement survey, and evaluate effectiveness of Family Engagement standards with pre and post surveys to families. (Family engagement pre -surveys are administered in Y3Q3 and in Y4Q2 Family engagement post surveys are administered. Data is evaluated and used to inform training strategies for providers going forward.)			Q3	Q2
<p>Responsible Party: Building Bright Futures</p> <p>Key Personnel: Building Bright Futures Executive Director, VT Family Network, VT Parent Information Resource Center, Department of Education, Child Development Division and Family Services Divisions-Department for Children and Families, Maternal and Child Health-Vermont Department of Health, VT Head Start Association,</p> <p>Critical Partners: Parent Child Centers, Parent Teacher Associations, Interagency Coordinating Councils, VT STARS Oversight Committee, Parents and Families, Community Child Care Support Agencies (CCR&amp;Rs), VT Head Start T/TA Network, Office of Head Start National Center on Parent, Family and Community Engagement</p>				

How plan addresses needs of different types of Early Learning and Development Programs: The Family Engagement goal and activities will better inform the existing Early Childhood system in Vermont on where our young children are, choices families are currently making about their children’s care and support, and how to enhance or modify services to better meet the needs of families within their communities. The VT Family Engagement Framework and its standards and strategies will have broad and universal application throughout different types of Early Learning and Development Programs. As with other the development and implementation of other VT early childhood standards, the VFEF will be integrated with VT’s early learning standards (First



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Steps and VELs) and workforce knowledge and competency framework (see Appendix Q-Core Competencies for Early Childhood Professionals.) It will also inform current program and services policy and infrastructure to ensure that the entire early learning and development system (health, care, education and family support) support parents in their role as parents as their children's first teachers. Two examples of this can be realized are; through the development of the VFEF, more parents can be involved in the improvement of VT's TQRIS/STARS and effective transition from their child's early childhood environment to the new school environment. The knowledge and competency framework and early learning will need to be differentiated to apply in various program settings such as centers and home-based programs, and to account for aspects such as affording enhanced parent access to child educational and health data to better support partnerships among parents and providers.

How plan meets the needs of Children with High Needs in general and for particular populations:

By identifying where our youngest children are and the types of services their families are and are not accessing, Vermont will be positioned to more effectively interact with children and families who are outside of the established service delivery system and who may be some of our most at risk children due to various factors including social and /or cultural isolation due to extreme poverty, the incarceration of a parent, substance abuse, domestic violence, and language and cultural barriers including growing immigrant, refugee and migrant communities in Vermont.

Measures and Milestones:

- Through a process of community events and dialogues targeted at talking with and engaging all families with young children, Vermont will gather baseline data on where our young children are, what types of services their families are accessing and what families identify as the supports they most need or desire to support them in their parenting role. This information will inform program, funding and policy decisions at the state and local levels and the family engagement strategies will become embedded into the State and Regional Building Bright Futures plans as part of Vermont's early childhood system and approach for preparing all children for school readiness and success.

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- A critical performance measure is the VT Family Engagement Framework document itself, the integration of the Framework in VT's early childhood system, the delivery of VFEF training and technical assistance and the results of the pre and post family survey.

#### **D. A Great Early Childhood Education Workforce**

*Note: The total available points for (D)(1) and (D)(2) = 40. The 40 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address both selection criteria in Focused Investment Area (D), each criterion will be worth up to 20 points.*

*The applicant must address one or more selection criteria within Focused Investment Area (D).*

##### (D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.

The extent to which the State has a High-Quality Plan to--

(a) Develop a common, statewide Workforce Knowledge and Competency Framework designed to promote children's learning and development and improve child outcomes;

(b) Develop a common, statewide progression of credentials and degrees aligned with the Workforce Knowledge and Competency Framework; and

(c) Engage postsecondary institutions and other professional development providers in aligning professional development opportunities with the State's Workforce Knowledge and Competency Framework.

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

Evidence for (D)(1):

- To the extent the State has developed a common, statewide Workforce Knowledge and Competency Framework that meets the elements in criterion (D)(1), submit:
  - The Workforce Knowledge and Competencies;
  - Documentation that the State's Workforce Knowledge and Competency Framework addresses the elements outlined in the definition of Workforce Knowledge and Competency Framework in Definitions (section III) and is

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designed to promote children's learning and development and improve outcomes.

*(Enter narrative here – recommended maximum of five pages)*

(D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

The extent to which the State has a High-Quality Plan to improve the effectiveness and retention of Early Childhood Educators who work with Children with High Needs, with the goal of improving child outcomes by--

(a) Providing and expanding access to effective professional development opportunities that are aligned with the State's Workforce Knowledge and Competency Framework;

(b) Implementing policies and incentives (*e.g.*, scholarships, compensation and wage supplements, tiered reimbursement rates, other financial incentives, management opportunities) that promote professional improvement and career advancement along an articulated career pathway that is aligned with the Workforce Knowledge and Competency Framework, and that are designed to increase retention;

(c) Publicly reporting aggregated data on Early Childhood Educator development, advancement, and retention; and

(d) Setting ambitious yet achievable targets for--

(1) Increasing the number of postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework and the number of Early Childhood Educators who receive credentials from postsecondary institutions and professional development providers that are aligned to the Workforce Knowledge and Competency Framework; and

(2) Increasing the number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these*



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*should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

*Additionally, the State must provide baseline data and set targets for the performance measure under (D)(2)(c)(1) and (D)(2)(c)(2).*

Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

**Goal 10: Degrees and Credentials**

**Goal 10.1 are missing**

**Goal 10.2 are missing**

**Goals 10.3 and 10.4:** Vermont's institutions of higher education work collaboratively to develop strategies to create multiple pathways for early educators to complete coursework that increases their knowledge and skills and which leads to degrees and credentials. Jointly, they will work to eliminate barriers that often stymie early childhood educators' efforts to obtain degrees and credentials.

**Goal 10.5**

**Goal 10.6**

**Rationale.** While Vermont has a solid history of recognizing and rewarding degrees and credentials only a minority of the workforce are fully aware of and are fully participating in the many ways that the overarching system can help improve knowledge, skills and competencies. Vermont proposes a multi-faceted approach that dramatically expands proven resources and adds new and innovative opportunities aligned with the Vermont's Northern Lights Career Development Center (Vermont's Workforce, Knowledge and Competency Framework). Key activities to address degrees and credentials:

1. Career advising – Formal customized intensive resources to add to the services currently provided through CCR&R's

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2. Rewards and recognition – Enhanced promotion of existing financial rewards and new ongoing recognition linked to retaining a highly qualified workforce
3. Higher Education Consortium/Strategic plan- Continued work on increased alignment and articulations between institutions and with the NLCDC career ladder
4. Higher Education Cohort Grants – New to Vermont - a structure that encourages postsecondary institutions to engage the workforce in attaining degrees and or certification
5. Scholarships – Expansion of existing CDD grants for college coursework for early childhood practitioners leading to degrees/credentials/certification

Vermont has a long and strong history of recognition and rewards for professional achievements. From 1995 through 2009, a \$1,000 bonus was awarded to child care workers who achieved any or all of the following: CDA credential, Certificate of Completion of Registered Apprenticeship, Associate Degree, Bachelor Degree or Masters Degree. In October 2009 Vermont implemented a new structure of individual bonuses that would better reflect these credential and degree achievements in the context of Vermont's career development system and the related career ladder. This new individual bonus/recognition model was designed to not only reflect the professional development system but to encourage movement up the ladder. Vermont career ladder certificates reflect not only appropriate degrees and credentials but also require experience and an approved professional development plan.

**Rationale:** The quality of an early learning and development program primarily rests upon the quality of the early childhood educators who work interact with children and their families. A more knowledgeable and skillful early childhood workforce will positively impact children's learning and help to close the achievement gap, especially for children with high needs. Due to its rural nature, Vermont has long struggled with the problem of providing quality credit-bearing professional development experiences that will increase educators' knowledge and skills, enable them to complete degrees and credentials, and assist them to move up the career ladder. The Preparation and Professional Development (PPD) Committee of Building Bright Futures has grappled this challenge for several years.

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Two years ago, concrete progress was made in this effort. A PPD subcommittee and administrators and faculty from the state’s public higher education institutions and from one private institution came together to form the Higher Education-Early Education Task Force. The Task Force was assembled with the support of the Vermont Business Roundtable and Vermont Pre-K. The members of this Task Force included the Chancellor of Vermont state colleges, a college president, professors from early childhood teacher preparation programs, the director of the Northern Lights Career Development Center, and a Head Start director. The Task Force first examined research on teacher credentials and practices with help from Steve Barnett and Bob Pianta, and then looked at New Mexico’s statewide coordinated model of higher education institutions supporting the early childhood workforce. The Task Force then formed two subgroups: one group was charged with doing further research and recommend models for supporting educators to achieve an associates and/or a baccalaureate degree, and the other was to research funding possibilities. The Models subgroup drafted its recommendations for the Task Force; some of these recommendations included increased financial supports, articulation agreements, and establishing consistent credit equivalents for credentials such as the Program Director certificate. Other recommendations were more far reaching; some of these have been incorporated into the high quality plan p resented below.

**Goals 10.3 and 10.4:** Vermont’s institutions of higher education work collaboratively to develop strategies to create multiple pathways for early educators to complete coursework that increases their knowledge and skills and which leads to degrees and credentials. Jointly, they will work to eliminate barriers that often stymie early childhood educators’ efforts to obtain degrees and credentials.

<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Expand the current Higher Education-Early Education Task Force to include all public and private colleges that provide early childhood education programs and that commit to work to achieve this goal. Establish this group as a Consortium.	Q2 Q3			

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The Higher Education Consortium will develop an aggressive but achievable strategic plan for resolving issues such as articulation agreements, consistent determinations and uses of credits through assessment of prior learning, aligning course objectives, and creating access to coursework in rural areas through nontraditional delivery models.	Q4	Q1 Q2		
The Higher Education Consortium will implement its strategic plan, making adjustments as needed to achieve its goals.		Q3 Q4	Ongoing	Ongoing
Fund institutions in the Higher Education Consortium to offer tuition-free courses to cohorts of early childhood educators; the coursework will enabling them to attain an AA or BA degree. The resources the institutions receive must also be used to provide academic and career advising and support to cohort members.	Q2 Q3 Q4	Q1 Q2 Q3 Q4	Q1 Q2 Q3 Q4	Q1 Q2 Q3 Q4
The Higher Education Consortium will tackle the problem of how to recruit the best and the brightest from our high schools to seek a career as an early childhood or early childhood special educator.				Q2 Q3 Q4

How plan addresses needs of different types of Early Learning and Development Programs:

Personnel in all types of early learning and development programs are challenged when looking for appropriate coursework they need to increase their knowledge and skills and to earn degrees and credentials. A portion of the workforce in most early childhood programs has some college coursework, but what “counts” towards a degree or credential is either unclear or not accepted. Educators’ ability to access coursework while working full-time is also problematic since undergraduate courses are often designed with traditional undergraduates in mind. There are large swaths of the state where there isn’t a higher education institution that offers early childhood and coursework above an associate’s degree within 100 miles. Limits to accessibility go beyond geography to cost and the lack of offerings across the state. All members of the early



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childhood workforce, regardless of type of program, face these barriers. (Refer to Goal 10.5 for Vermont's plan to increase financial supports.)

How plan meets the needs of Children with High Needs in general and for particular populations:

The most vulnerable children need the most knowledgeable and skillful teachers available. While a "great workforce" is desired for supporting all young children and their families, children with high needs are especially susceptible to the adverse effects of poor or weak teaching, and staff turnover.

Milestones and Measures:

- Membership and engagement of the members in the work of the Higher Education Consortium
- Articulation agreements signed, agreements on credit equivalencies for prior learning and credentials (e.g., CDA), common course objectives members agree upon
- Number of early childhood educators who participate and successfully complete coursework leading to a degree and/or credential
- Self-reports of satisfaction with offerings and their quality
- Number of higher education institutions that develop innovative approaches to support a cohort of educators to complete coursework towards a degree and/or credential
- Increase in the number of early childhood educators who move up the Career Ladder

**Goal 11: Knowledge into Practice**

Goal 11.1 The Vermont Child Care Apprenticeship Program (VCCAP) is consistently and continuously available to practitioners in regulated centers and family child care homes throughout the state.

Goal 11.2 Design and implement a multi-tier system of support (MTSS) early childhood training and technical assistance regional network.

**Goal 11.1 Rationale:** The VT Child Care Apprenticeship Program currently is available to staff of licensed programs, and the college course work is available to participants from all settings. The program gives participants the training and support to complete the CDA credential within the first year. Participants completing the program are qualified as level IIIA on the Vermont Early Childhood Career Ladder; as a teaching associate and or director in the Vermont child care

licensing regulations; and Step One of the Vermont Director's Credential. The goal is to increase the apprenticeship program opportunities to all types of programs across the state. This will be completed through outreach to businesses, child care programs and the public about the benefits and opportunities of the program. A mentoring program for family child care homes will be developed to help them achieve the same level on the career ladder as completed apprentices, program director credential and STARS as completed apprentices. College classes will be offered in partnership with the state community college in additional areas to provide easier access across the state. Data indicates that ECEs who earn the Apprenticeship Credential are likely to remain in their positions over time and that they remain in the profession in Vermont, continuing to move along the Career Ladder increasing in knowledge, skills and qualifications.

**Goal 11.2 Rationale:** Research shows that on-site support for implementation of knowledge and skills is the most effective way to change and improve practice. The National Research Council (NRC; Donovan, Bransford, and Pellegrino, 1999) published a research synthesis on human learning and its implications for teaching. The report indicated that in order for a learner to gain a deep knowledge of specific content he/she must develop an understanding of how the knowledge may be used in a specific context and how it may be generalized other situations (Bransford, Brown and Cocking, 2000. *How people learn: Brain, mind, experience, and school*. Washington, DC: National Academies Press). In February of 2010, an adhoc committee of early childhood practitioners, leaders, coaches and mentors from a variety of public and private early childhood settings, lead by the staff at the Northern Lights Career Development Center (NLCDC), met to determine the needs interests and current status of people who provide 1:1 types of services for early childhood practitioners. They developed a survey to help with these questions and disseminated it through early childhood list serves, at trainings and through CCR&R's and various other formal and informal venues. The results were compiled in May 2010 by the NLCDC indicated that there were a wide array of activities and practices in place and that there could be value in creating a more coordinated and clear system to support both people providing 1:1 services and for those receiving these services. The committee determined over the course of considerable work and discussion that it was more important to create a clear structure for this kind of work than it was to create one definition for specific titles such as "mentor" or "advisor". They determined that the overarching structure would be called MATCH.

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Key MATCH activities are:

- Complete the structural vision of the MATCH system
- Define the competencies and qualifications to provide specific services
- Develop a searchable data base with approved MATCH service providers
- Implement the system adding participants as is deemed appropriate.
- Evaluate MATCH for efficacy and participant satisfaction and personal and programmatic quality improvement as a result of MATCH

Examples of MATCH professionals include:

- CDA advisors
- Environmental Rating Scale assessors or consultants
- Health Consultants - Healthy Child Care Vermont
- Accreditation consultants/mentors
- CCR&R trainers/program consultants
- Curriculum and child assessment consultants to assist with implementation of GOLD assessment(for example)
- Foundations for Early Learning Trainers/Consultants/Coaches based on Center for Social Emotional Foundations for Early Learning and Center for Early Literacy Learning materials

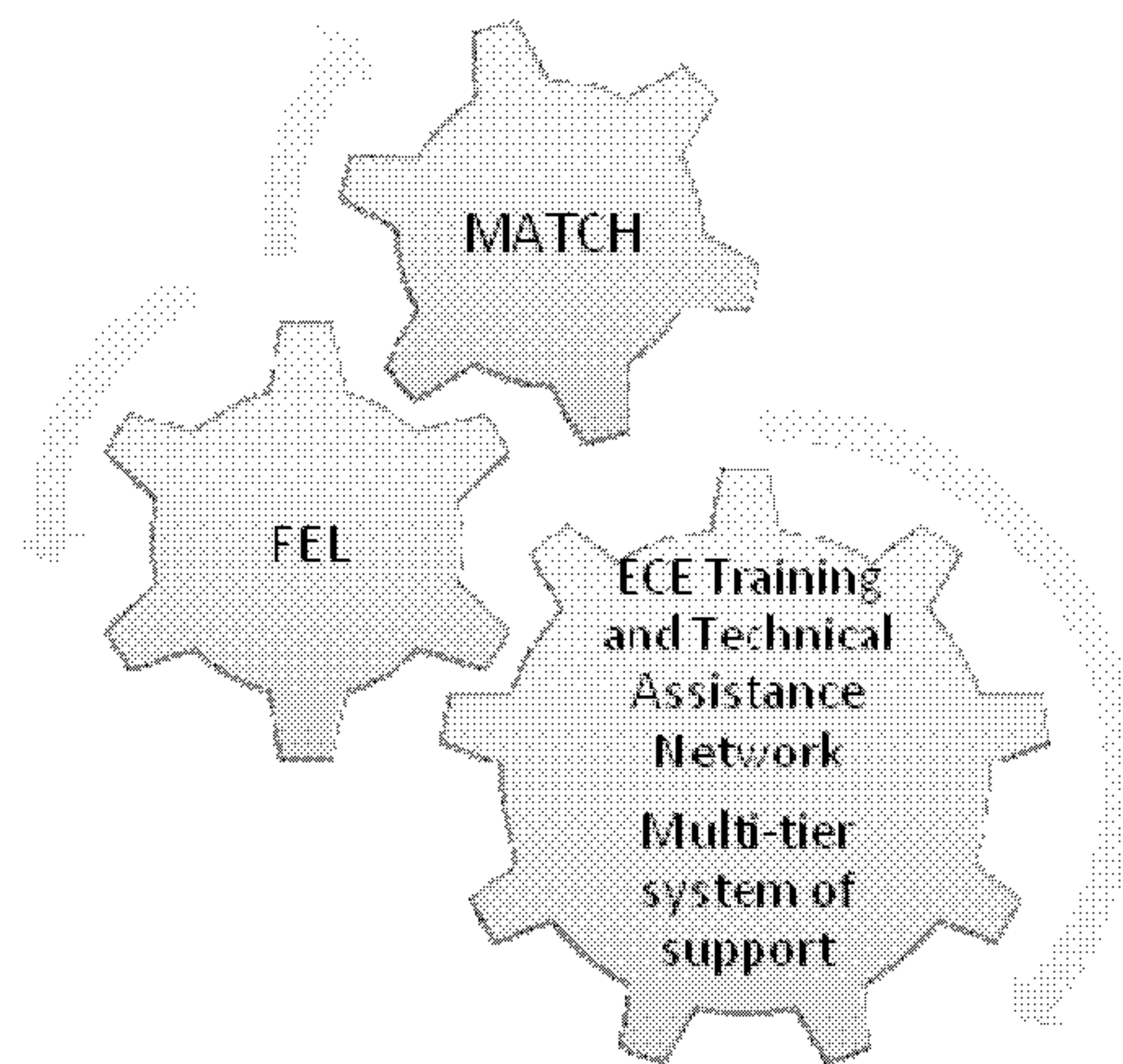
Concurrently with MATCH, Vermont's Foundations for Early Learning (FEL) trainer-coach-consultant model has evolved over the past three years as an established partner state with two national technical assistance centers: Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and CELL (Center for Early Literacy Learning.) The coaching-consultation-trainer model implemented by FEL is the key driver which assists early childhood practitioners and programs to implement the pyramid model evidence-based practices to fidelity. 160 FEL coaches-consultants-trainers are registered in the Northern Lights Instructor Registry and are part of MATCH.

Vermont is at a critical juncture in terms of expansion to its professional development systems of support. Given the past three years of positive outcomes for children, families and practitioners involved in FEL and the critical work of MATCH, Vermont stands ready and eager and to move

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forward in creating and implementing a comprehensive statewide network of expert regional trainers, consultants, mentors and coaches to support early childhood practitioners through a complementary and cohesive approach.

Vermont proposes to design and implement a multi-tier system of support (MTSS) early childhood training and technical assistance regional network. MTSS is based on the work of Blasé, VanDyke, Fixsen, Duda, Horner and Sugar (2009) and supported by the The National Implementation Research Network NRIN, National Center for Social Emotional Foundations for Early Learning (CSEFEL), Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI), Zero to Three, Division for Early Childhood (DEC), and National Association for the Education of Young Children (NAEYC).



Critical Components of a multi-tier system of supports (MTSS) that Vermont will adopt and implement are:

- Leadership, climate and culture
- Fidelity of implementation
- Universal screening and progress monitoring (aligned with VT's Early Learning Standards and Comprehensive Assessment System described in more detail in Key Reform area C of this grant.
- Data-based decision making and problem solving
- Evidence-based practices

MTSS regional technical assistance networks would be established and support practitioners in VT's comprehensive early childhood system initiatives such as Children's Integrated Services,



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Early Head Start and Head Start, school districts, early childhood mental health, Foundations for Early Learning, pre-K assessment and Part B/Part C early childhood outcomes and transition, inclusion efforts., People who provide services under both MTSS/MATCH will have achieved core knowledge, skills and competencies related to their specific area of expertise and service provided.

<b>Goal 11: Knowledge into Practice</b>				
<b>Goal 11.1:</b> The Vermont Child Care Apprenticeship Program (VCCAP) is consistently and continuously available to practitioners in regulated centers and family child care homes throughout the state.				
<b>Goal 11.2:</b> Design and implement a multi-tier system of support (MTSS) early childhood training and technical assistance regional network using the Pyramid model (FEL) and Mentoring, Advising, Technical Assistance, Coaching and Helping (MATCH) as its foundation				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
11.1 (a) Develop (Y1) and implement (Y2, Y3, Y4) a statewide outreach plan that includes outreach to: <ul style="list-style-type: none"> <li>• All child care programs</li> <li>• Potential local and statewide business partners</li> <li>• General public</li> <li>• Key partners, such as licensing, STARS, Building Bright Futures and regional Workforce Investment Boards.</li> </ul>	X	X	X	X
11.1 (b) Expand college courses to at least six regions of the state so that courses are available to participants within an hour driving distance. Survey participant and potential programs for planning of expansion areas (Y1.) Expand to five areas of the state (Y2.) Expand to six areas of the state (Y3.) Maintain college coursework in at least six areas of	X	X	X	X

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the state (Y4.)				
11.1 (c) Develop and implement a mentor supported training model tailored to family child care providers, with a shared mentor. This model will be used to bring family child care providers to the same level as completed apprentices. Develop mentoring model with key stakeholders (Y1.) Hire and train mentors and initiate the implementation of the model (Y2.) Fully implement the model (Y3.) Continue to evaluate and implement mentoring model (Y4.)	X	X	X	X
11.1 (d) Expand training opportunities for mentors in the program. Survey mentors on training needs and develop training plan (Y1.) Implement training plan (Y2.) Continue to evaluate and expand training opportunities (Y3.) Continue to evaluate and expand training opportunities (Y4.)	X	X	X	X
Responsible Party: The Vermont Child Care Industry & Careers Council (VCCICC) in partnership with the Child Development Division (CDD) Key Personnel: Apprenticeship Coordinator at the VCCICC and the Director of Workforce Development and Quality Enhancement at CDD Critical Partners: Vermont Child Care Industry & Careers Council, Vermont Department of Labor, Community College of Vermont, Northern Lights Career Development Center				
Goal 11.2 Design and implement a multi-tier system of support (MTSS) early childhood training and technical assistance regional network using the Pyramid model (FEL) and Mentoring, Advising, Technical Assistance, Coaching and Helping (MATCH) as its foundation				
<i>Description of Key Activities</i>	<b>YEAR</b>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
11.2 (a) Complete the structural vision of the MATCH system. A “MATCH Summit” is planned for November 30. An expanded group of stakeholders and planners will participate in refining and moving the MATCH system	Q1			

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model and competencies. The MTSS model described below will be part of the overarching discussion and information sharing at that meeting.				
11.2 (b) Define the competencies and qualifications to provide specific services	Q2			
11.2 (c) Develop a searchable data base with approved MATCH service providers	Q3			
11.2 (d) Pilot MATCH system model and competencies with selected participants with stipends as needed for qualified participants	Q3			
11.2 (e) Contract two full time MATCH consultants. The consultants will only provide on-site MATCH services. (The efficacy of this model vs the individual practitioner stipend will be included in the evaluation described below.)		Q1		
11.2 (f) First evaluation of MATCH is conducted and modifications made as needed		Q2		
11.2 (g) Implement the system adding participants as is deemed appropriate.		Q3		
11.2 (h) Full implementation continued.			X	X
11.2 (i) Evaluate MATCH for efficacy and participant satisfaction and personal and programmatic quality improvement as a result of MATCH			X	X
11.2 (j) Design and implement a multi-tier system of support (MTSS) early childhood training and technical assistance regional network using the Pyramid model and MATCH as its foundation. <ul style="list-style-type: none"> <li>Build 5 regional networks of 6-8 coaches per region with 1 MTSS manager per region. These individuals will support home, community-based programs, school districts and practitioners to</li> </ul>	X	X	X	X

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<p>establish and maintain successful implementation of evidence-based practices for improving early childhood outcomes. Operating MTSS regional coaching networks would include: Regions will participate in MTSS Institute Training of Trainers/Coaches/Consultants to increase practitioner’s competence and confidence building local capacity to implement regional MTSS TA systems.</p>				
<p>11.2 (k) Review Head Start TTA system so as to link or fold in MTSS and HS TTA systems.</p>	<p>X</p>	<p>X</p>		
<p>Responsible Party: Department of Education – Department for Children and Families          Key Personnel: Child Development Division, Department of Education, Northern Lights Career Development Center, Agency of Human Services, and Head Start Collaboration Office          Critical Partners: MATCH Stakeholders, (current and potential participants in the MATCH/MTSS framework), Northern Lights Career Development Center, Children’s Integrated Services service providers, Professional Development Committee and Professional Development Think Tank, VT Association for Child Care Resource and Referral Agencies, VT Head Start Association, Vermont Child Care Industry and Careers Council, Vermont Child Care Providers Association</p>				

How plan addresses needs of different types of Early Learning and Development Programs:

Licensed program staff can participate in the Apprenticeship Program. A family child care mentoring model will be developed and implemented that will use a mentor support training model tailored to family child care providers, with a shared mentor. The providers will attend the Apprenticeship Program college coursework and work with their mentor to integrate the skills into their work with children and families. This will be used to bring family child care providers to Level IIIA in the Vermont Early Childhood Career Ladder.

In order to build an effective comprehensive early childhood workforce to promote and sustain the use of evidence base practices regional MTSS/MATCH coaching networks will address local



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early childhood education program and service technical assistance needs through a multi-tier model driven by the needs of the programs and practitioners MTSS/MATCH regional coaches, trainers, consultants will work directly with programs and service providers at various tier levels supporting approved best practices to fidelity. MTSS/MATCH regional coaching networks will assist early childhood education programs in EBP to support full inclusion of children with high needs and with disabilities to access and participate with their typically developing peers in settings such as home-based, community-based, preK, Early Head Start and Head Start, and early childhood settings.

How plan meets the needs of Children with High Needs in general and for particular populations:

The Vermont Child Care Apprenticeship program integrates college courses and community based training that increase understanding of child development and the children with high needs. The program requires a college course on communicating with children and families, two courses in child development, and the community based training includes training on how to teach children ways of staying safe and healthy; how physical, cultural and other differences may impact on all of the above points of learning; and program and state policies and practices relating to prevention, response to injury and documentation.

The use of existing research based standards (such as the new guide for Infant Toddler Program Consultants), core MATCH competencies and some financial support to assist in research and facilitated meetings to determine specific knowledge and competencies for each specialty MATCH component service will support the unique needs of children with high needs and specific populations such as infants and toddlers.

Goal 11.1 Measures and Milestones:

- Increase the number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competence Framework
- The Vermont Child Care Apprenticeship program will increase the number of completing apprentices and family child care homes each year. The program will report to the Child Development Division (CDD) on the number of participating apprentices and family

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homes, and completed. When these programs complete they will be at the level IIIB career ladder. The CDD will track the number of participants that have obtained level IIIB, and Step One of the Program Director Credential in the Bright Futures Information System.

Goal 11.2 Milestones and Measures:

- The number and percentage of FEL and MATCH practitioners implementing to fidelity
- The number and percentage of children gaining progress (when relevant to the service)
- The number and percentage of practitioners utilizing MTSS and MATCH services and documented improvement in quality of services
- The number and percentage of programs utilizing regional MTSS and MATCH resources and documented improvement in quality of program.

<b>Performance Measures for (D)(2)(d)(1): Increasing the number of Early Childhood Educators receiving credentials from postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework</b>					
	<b>Baseline (Today)</b>	<b>Target - end of calendar year 2012</b>	<b>Target - end of calendar year 2013</b>	<b>Target - end of calendar year 2014</b>	<b>Target – end of calendar year 2015</b>
Total number of “aligned” institutions and providers	12 <sup>158</sup>	12	12	12	12
Total number of Early Childhood Educators credentialed by an “aligned” institution or provider	744 <sup>159</sup>	768	806	840	882
By the end of 2012 we estimate a 2% increase and each of the following years will have a 5% increase. This is a conservative estimate and allows educators the time, based on VT’s previous experience on length of time educators need to complete credentials and degrees.					
<i>[Please indicate whether baseline data are actual or estimated and describe the methodology used to collect the data, including any error or data quality information; and please include any definitions you used that are not defined in the notice. If baseline data are not currently available please describe in your High-Quality Plan in your narrative how and when you will have baseline data available.]</i>					

<sup>158</sup> These are named in Table A1-11.

<sup>159</sup> This is the total of early childhood educators that have received a VT Career Ladder Level, refer to Table A1-10.

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<b>Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.</b>										
<b>Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)<sup>160</sup></b>	<i>Baseline and Annual Targets<sup>161</sup> -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	<b>Baseline<sup>162</sup> (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target- end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
	<b>#</b>	<b>%<sup>163</sup></b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Level I	144		189		234		279		324	
Level II	109		159		209		259		309	

<sup>160</sup> See Table A1-10 for VT Career Ladder Level Definitions

<sup>161</sup> Targets were established in consultation with the Northern Lights Career Development Center Director using trends of progression observed over the last 4 years and the Great Early Childhood Education Workforce (D) goals and activities of this grant application.

<sup>162</sup> This is the total # awarded for the period 2007-June 15, 2011. Source: Northern Lights Career Development Center, Certificate Statistics by Region and State Report, June 2011 to the Child Development Division (CDD.) This is a proxy for the number of early childhood educators currently in the workforce. It doesn't account for educators that move in and out of the workforce and movement across multiple levels within a given time frame. While VT's workforce registry assigns unique educator identification that is linked to their program's or programs' unique identification(s), the registry is not completely populated and requires some modifications to align with VT's current career ladder in order to give an actual percentage.

<sup>163</sup> At this point in time Vermont does not have a fully populated workforce registry (BFIS) and therefore cannot provide the %. In both (D)(2) and (E)(2) sections of this grant application, solutions to address this issue will be described.

Vermont does collect data on the early childhood educator workforce in VT's regulated early care and education programs in its Bright Futures Information System (BFIS) which includes school employees. The Department of Education also captures workforce data on its early childhood teachers which is not linked to BFIS. Vermont will soon collect workforce data in its new VT Family and Child Tracking System which includes early interventionists, family service staff, health coordinators, early childhood and family mental health specialists and other child development and family support workforce.

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<b>Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.</b>										
<b>Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)<sup>160</sup></b>	<i>Baseline and Annual Targets<sup>161</sup> -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	<b>Baseline<sup>162</sup> (Today)</b>		<b>Target- end of calendar year 2012</b>		<b>Target- end of calendar year 2013</b>		<b>Target- end of calendar year 2014</b>		<b>Target- end of calendar year 2015</b>	
	<b>#</b>	<b>%<sup>163</sup></b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Level III A	57		82		107		132		157	
Level III B	35		45		55		65		75	
Level IV A	35		55		75		95		115	
Level IV B	32		42		52		62		72	
Level V A	8		12		16		20		24	
Level V B	4		6		8		10		12	
Level VI	0		0		0		0		0	
Program Director Credential	8		18		28		38		48	
Early Childhood and Family Mental Health Credential	0		10		20		30		40	
Infant and Toddler Credential	0		0		25		50		75	
<i>Include a row for each credential in the State's proposed progression of credentials, customize the labeling of the credentials, and indicate the highest and lowest credential.</i>										
<i>[Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information.]</i>										



## **E. Measuring Outcomes and Progress**

*Note: The total available points for (E)(1) and (E)(2) = 40. The 40 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address both selection criteria in Focused Investment Area (E), each criterion will be worth up to 20 points.*

*The applicant must address one or more selection criteria within Focused Investment Area (E).*

### **(E)(1) Understanding the status of children's learning and development at kindergarten entry.**

The extent to which the State has a High-Quality Plan to implement, independently or as part of a cross-State consortium, a common, statewide Kindergarten Entry Assessment that informs instruction and services in the early elementary grades and that--

(a) Is aligned with the State's Early Learning and Development Standards and covers all Essential Domains of School Readiness;

(b) Is valid, reliable, and appropriate for the target population and for the purpose for which it will be used, including for English learners and children with disabilities;

(c) Is administered beginning no later than the start of school year 2014-2015 to children entering a public school kindergarten; States may propose a phased implementation plan that forms the basis for broader statewide implementation;

(d) Is reported to the Statewide Longitudinal Data System, and to the early learning data system, if it is separate from the Statewide Longitudinal Data System, as permitted under and consistent with the requirements of Federal, State, and local privacy laws; and

(e) Is funded, in significant part, with Federal or State resources other than those available under this grant, (e.g., with funds available under section 6111 or 6112 of the ESEA).

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

### **Measuring Outcomes and Progress (E)(1)**

**Goal 12:** Vermont's annual statewide Ready Kindergartners Survey will be appropriate for all young children, aligned with the updated Vermont Early Learning Standards, valid and reliable, and integrated into the state longitudinal data system.

**Rationale:** Since 2000, Vermont has gathered information on the readiness of children entering kindergarten by annually surveying all kindergarten teachers about the "readiness" of their students within the first six to ten weeks of school. Teachers complete a survey for each child in her or his kindergarten class. The *Ready Kindergartners Survey* is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

Vermont's concept of children's readiness is multidimensional. Consequently, the *Ready Kindergartners Survey* consists of 28 items across the domains of "social and emotional development," "approaches to learning," "communication," "cognitive development and general knowledge," and "physical health and development." (Refer to Appendix \_\_\_ to see a copy of the survey. Not in appendix KP) These items are aligned with the Vermont Early Learning Standards.

While the *Ready Kindergartners Survey* has served the state well, there is some work to be done to ensure that it reflects the latest research on predictors of school success and to verify that it is appropriate for all populations. The method used to collect the data needs to be readily accessible to teachers and more secure in order to include child identifiers. A new data collection method that provide results faster so that they can be used with the children surveyed needs to be implemented. Additionally, data from this survey typically have not been used to directly inform kindergarten teachers' practices; the results have been more useful in identifying areas of strength and areas needing improvement in the early learning and development programs the children attended prior to kindergarten. These data have also been effective in building a case for the legislature to make investments such as Act 62 prekindergarten education. A study of the survey and recommendations for enhancing it both in terms of content and form are needed. The High Quality Plan for reviewing the *Ready Kindergartners Survey*, aligning it with the updated VELs and K-3 learning standards, and doing a validation and reliability study follows.

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<b>Goal 12:</b> Vermont’s annual statewide Ready Kindergartners Survey will be appropriate for all young children, aligned with the updated Vermont Early Learning Standards, valid and reliable, and integrated into the state longitudinal data system.				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	2012	2013	2014	2015
Contract with a consultant who has expertise in school readiness assessment to work with a focus group of early educators (pre-K and K) to review the <i>Ready Kindergartners Survey</i> assessment tool, evaluate the quality and appropriateness of items included in the current <i>Survey</i> for all populations, and recommend any needed changes.	Q2 Q3			
Complete the draft of the revised <i>Ready Kindergartners Survey</i> or, if indicated, an entirely different approach to kindergarten readiness assessment.	Q4	Q1		
Re-align Vermont’s revised <i>Ready Kindergartners Survey</i> (or new approach) with the updated VT Early Learning Standards and Vermont’s K-3 learning standards.	Q4	Q2		
Develop a secure web-based application for collecting and compiling <i>Ready Kindergartners Survey</i> data, and link the data to the state longitudinal data system.		Q2	Ongoing	Ongoing
Pilot the <i>Ready Kindergartners Survey</i> (or new approach) with a sizable random sample of kindergarten teachers who have participated over the summer in professional development to understand how to implement the readiness tool. Provide incentives for their participation.		Q3 Q4		
Conduct a validation study of the results of the pilot to determine if the revised Kindergarten Readiness Survey (or new approach) is valid for all subgroups. Also study the tool’s reliability to determine if it’s sufficiently reliable to use to make decisions about individual children. Make any needed adjustments.			Q1 Q2	

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Develop and implement multiple types of professional development opportunities (e.g., workshops, webinars, online modules) for kindergarten teachers, administrators, and early childhood practitioners on what the survey is, how to reliably complete it, and how to interpret the results.			Q2 Q3 Q4	Ongoing
Full implementation of the revised <i>Ready Kindergarteners Survey</i> (or new approach)			Q3	Ongoing
Create a network of early education teacher leaders to conduct training and provide consultation to kindergarten teachers, early childhood practitioners, and communities on using kindergarten readiness data to inform instruction and identify areas for improvement in transition practices and alignment with early learning and development programs			Ongoing	Ongoing

How plan addresses needs of different types of Early Learning and Development Programs: The results of the survey will inform all types of early learning and development programs about their outcomes: what practices appear to be effective, what are the strengths and areas for improvement in terms of curriculum. The results also will highlight for schools and programs which kindergarten transition practices appear to be most effective. Additionally, a focus on kindergarten readiness will provide an opportunity for both kindergarten teachers and early learning and development teachers to share their practices and expertise, and jointly work to eliminate challenges groups and individual children may face when they enter kindergarten.

How plan meets the needs of Children with High Needs in general and for particular populations: Vermont's *Ready Kindergartners Survey* relies on a teacher's accumulated observational knowledge of children during the first few weeks of kindergarten; therefore, this assessment tool is more authentic and devoid of testing procedures that are often culturally biased and developmentally inappropriate. Assessments of young children early in kindergarten will yield information on the child's strengths and challenges which can then be used to inform teaching



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and curriculum decision-making. Vermont's plan to review its kindergarten readiness assessment and ensure it is culturally, linguistically and developmentally appropriate for children with high needs will yield more accurate information which can then be used to build on the child's strengths and appropriately support her to progress developmentally.

Milestones and Measures:

- Results of the review of the current *Ready Kindergartners Survey* translated into recommendations for a readiness assessment tool that is appropriate for all groups of children and is aligned with VELs and K-3 learning standards
- A secure online application for collecting teachers' information on children's kindergarten readiness
- Results of the Pilot showing that the revised *Ready Kindergartners Survey* (or a new approach) is a valid and reliable tool
- Percentage of surveys completed
- Percentage of kindergarten teachers who participate in professional development activities and their evaluations of those experiences
- Evidence that kindergarten and pre-K teachers are using the results of the readiness assessment to inform their practices

(E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

The extent to which the State has a High-Quality Plan to enhance the State's existing Statewide Longitudinal Data System or to build or enhance a separate, coordinated, early learning data system that aligns and is interoperable with the Statewide Longitudinal Data System, and that either data system--

- (a) Has all of the Essential Data Elements;
- (b) Enables uniform data collection and easy entry of the Essential Data Elements by Participating State Agencies and Participating Programs;
- (c) Facilitates the exchange of data among Participating State Agencies by using standard data structures, data formats, and data definitions such as Common Education Data Standards to ensure interoperability among the various levels and types of data;

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(d) Generates information that is timely, relevant, accessible, and easy for Early Learning and Development Programs and Early Childhood Educators to use for continuous improvement and decision making; and

(e) Meets the Data System Oversight Requirements and complies with the requirements of Federal, State, and local privacy laws.

*If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

### **Measuring Outcomes and Progress (E)(2)**

**Goal 13:** Enhance Vermont's early childhood data system so that it is a unified system used by all to improve practices and inform policies that support children's health, development and learning and is aligned and interoperable with Vermont's Statewide Longitudinal Data System.

**Rationale:** Vermont is committed and has invested in the development of a comprehensive early childhood data system since 2000 with the needs assessment for an integrated care and education data system later launched in 2005. It is well positioned to build upon its Building Bright Futures Information System (implemented 2005) that has unique identifiers at the child, family, workforce and program level and is a statewide, web-based system. VT is also investing in 3 key data systems in the areas of early intervention and prevention, health reform and education that will strengthen its early childhood data system to be more comprehensive and longitudinal. Table (A)(13) provides a detailed profile of Vermont's early childhood data systems by key characteristics. The Vermont National Governor's Association Data Readiness Project of 2010 provided an opportunity to closely examine and build relationships among each of the stewards

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and stakeholders of these data systems in Table (A)(13.) This led to an increased understanding by non-early childhood leaders and planners of the comprehensiveness and inter-connectedness of the early childhood system and that we all shared a common goal, that longitudinal and real-time data would be necessary to support its children’s health, development and learning in their early years, through their school years and onward. While we shared this common goal and a willingness to work together there lacked the necessary infusion of time and resources to take the unfolding concept of a unified early childhood data system to the next level. We believe that the activities described here in (E)(2), are ambitious, achievable and will bring VT ‘s early childhood data system to the next level that would be cutting edge for Vermont and at the national level.

<b>Goal 13:</b> Enhance Vermont’s early childhood data system so that it is a unified system used by all to improve practices and inform policies that support children’s health, development and learning and is aligned and interoperable with Vermont’s Statewide Longitudinal Data System.				
<i>Description of Key Activities</i>	<i>YEAR</i>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
13 (a) Support DOE application (December 2011) to create a Statewide Longitudinal Data System that includes integration of early learning and development data.	Q1			
13 (b) Sustain data and planning personnel to create and support the unified early childhood data reporting infrastructure that tracks results and provides consistent reporting of VT’s early learning and development outcomes and policy questions.	Q1			
13 (c) Establish a Data Governance Council that includes policy, data and information technology leadership from participating state agencies including the Building Bright Futures Council (state and local,) Department of Education, LEAs, the Agency of Human Services, Department of Vermont Health Access/Vermont’s Health Information Technology state agency and the VT Head Start Association. <sup>164</sup>	Q4			

<sup>164</sup> The Department of Education will be re-invigorating its Data Governance Council that was initiated with the SLDS grant application in 2010 (not selected to receive funding) and with a 2<sup>nd</sup> SLDS grant application in December 2011. This will provide an opportunity for the Early Childhood’s Data Governance Council to work closely together or perhaps work under the same governance structure once both are established and clear on purpose, role and operations. The Early Childhood Data Governance Council will be responsible for setting policies that ensure

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13 (d) Create an early childhood data reporting infrastructure in Vermont that aligns and integrates the current early childhood data systems (refer to Table (A)(13) for profile), provides information related to Vermont’s comprehensive assessment system (refer to Table (A)(1)(7)), and is framed using Vermont standards for early childhood health, development and learning.	Design Q4	Test Q3	Implement Q1	
i. Complete the unpacking of the 11 early childhood policy questions aligned with the Building Bright Futures (SAC) commitments and initiated in the 2010 VT National Governors Association Data Readiness Project	Q1			
i. Prioritize the key data elements necessary to answer each policy question.	Q2			
ii. Continue mapping the data elements in the	Q3			

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quality, privacy and integrity of the data collected. Each early childhood data system (see Table A1-13) will continue to follow its own policies and will help inform the Council’s data governance policies for the early childhood data reporting infrastructure that will bring together key data elements for reporting purposes. The Department of Education’s data warehouse and the Agency of Human Services Bright Futures Information System both have very strong internal controls that establish roles and permissions in accessing various types and levels of data. AHS has very clear guidelines on meeting HIPPA requirements and DOE has very clear guidelines on meeting FERPA requirements. With early childhood participating in the 2009 SLDS grant application, discussions at the leadership level on sharing of data through a reporting infrastructure mechanism was initiated and will be re-established as DOE will submit a 2011 SLDS grant application and want to continue the partnership with the early childhood system, birth to kindergarten entry. Vermont is unique in that its Agency of Human Services and Department of Education are long time co-partners in the implementation of Part C and Part B of 619. Over the last 5 years, within each agency and between the two agencies there is a greater capacity for sharing APR and Early Childhood and Family Outcome data publicly. VT Head Start Association as a key player in the development of VT’s early childhood data reporting system is another strength which brings a wealth of knowledge and experience in engaging families, in particular through its policy councils which will greatly inform the development of a data transparency policy.



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current early childhood data systems and Statewide Longitudinal System as outlined in VT's NGA Data Readiness Project Plan (see Appendix K.)				
iii. Confirm enhancements (see 13.5 and 13.6 or identify and create new solutions to enhance the current early childhood data systems so that the data elements are standardized, collected and linked.	Q4			
iv. Study and select a viable, accurate and proven methodology to link child- level data across early childhood data systems in order to support longitudinal (birth through high school graduation) assessment of children's progress and the impact of state investments.		Q1		
13 (e) Enhance BFIS to provide useful and timely workforce, instructor and course registry data through a Workforce Registry web-based user friendly dashboard that would provide the performance measures in Tables (D)(2)(d)(1) and (D)(2)(d)(2). The Workforce Registry would also align with The National Registry Alliance (TNRA) so as to standardize data elements, definitions and data collection procedures. VT will become a member of the TNRA. Note that BFIS currently has the data architecture and functionality for a workforce registry. (RFR-Y2Q1; Vendor selection-Y2Q2; Design-Y2Q3 and Test Y2Q4)	Q4 Business Requirements	X	Implement Q1	
13 (f) Enhance the data reporting capacity for VT's comprehensive assessment system in the following areas. All would include outreach and learning opportunities for all users and technical assistance through the BFIS help desk.				
i. Enhance BFIS to provide useful and timely QRIS data for programs through a dashboard, web-based, user friendly approach and using visual tools such as mapping with various geographic options as BFIS collects QRIS data at the lowest common denominator of zip code. This BFIS-QRIS/STARS dashboard would provide the performance measures in Tables (B)(2)(c), (B)(4)(c)(1) and (B)(4)(c)(2). Note that BFIS currently creates these reports as extracts but not in a user friendly, readily available way to multiple users.	Q4			
ii. Create a data collection and reporting capacity on-line in a readily available, user friendly and		Q1		

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secure data environment for Early learning and development programs using VT’s formative assessment tool, Teaching Strategies© GOLD				
v. Kindergarten Entry Readiness Assessment to have a secure environment that can support the collection and reporting of child-level, program-level and community-level data and protects the privacy of the data.	Q3			
vi. Developmental screening results, referrals and referral outcomes as well as scheduled well child visits can be collected, de-identified, aggregated and reported through possibly VT’s Medicaid Management Information System (MMIS) (and linked to the Immunization Registry and VT Family and Child Tracking System) web-based dashboard to monitor progress in achieving the early childhood goal that 95% of children have a documented developmental screening using a validated tool at the 9, 18, and 24 and 30 month well child visits <sup>165</sup> . This dashboard report would provide the performance measures in Table(C)(3)(d).			Q2	
vii. Enhance BFIS in the following areas so as to address data gaps: <ul style="list-style-type: none"> <li>• Collect enrollment data on all children in VT’s early learning and development data system, Building Bright Futures Information System (BFIS),</li> <li>• Add program descriptor field in BFIS that identifies a program as state funded Pre-K and/or EHS/HS program</li> <li>• Link BFIS program data with Vermont’s new Children’s Integrated Data System – VT Family and Child Tracking System</li> </ul>		Q4		
13 (g) Provide training and support the development of a learning community at the state and local levels so as to improve the capabilities of systems and professionals responsible for collecting and reporting data related to early learning and development as well as use of the data for continuous improvement and shared decision making (program and policy.)		Y2	Y3	Y4
Responsible Party: Building Bright Futures Council				

<sup>165</sup> This periodicity schedule follows VT’s EPSDT and SCHIP standards.

Key Personnel: BBF Executive Director; BBF Data and Reporting Project Team; BBF Data and Evaluation Committee; DOE, AHS, VDH and DVHA Policy, IT and Data representatives; State employee Bob Costantino (CDD), Early Childhood Comprehensive Systems Coordinator Ann Dillenbeck (CDD-CIS contract); State employee (CDD) Jan Walker, Quality Improvement and Workforce Development Director; State employee (DOE) Manuela Fonseca, Early Childhood Coordinator; State employee (VDH) Breena Holmes, MCH Director; State employee Karen Garbarino (CDD), CIS Director; State employee (CDD) and BFIS Director Carole Pomeroy;

Critical Partners: NGA Data Ready Project Core and Home Team; State employee (AHS) and CIO Angela Rouelle; State employee (DOE) and Education Warehouse Coordinator Brian Townsend; State employee Lori Collins, Deputy Commissioner-Policy, Fiscal and Support Services (DVHA); State employee Hunt Blair Deputy Commissioner, Health Care Reform (DVHA); VT Child Health Improvement Program Director; Nancy Sugarman (CDD contract), Northern Lights Career Development Center;

How plan addresses needs of different types of Early Learning and Development Programs: The plan will support stakeholders' learning in using this data for continuous quality improvement and decision making that will positively influence the lives of the children with high needs. Communities can plan strategically how to sustain and improve the quality environments, and improve access to those high quality programs for children with high needs. Knowing where children with high needs live and their participation in early learning and development programs and prevention and early intervention services will strengthen outreach and engagement, target investment of resources, mobilize communities to create locally owned solutions and address the needs of these children and families in a comprehensive and holistic approach.

How plan meets the needs of Children with High Needs in general and for particular populations:

Early Childhood Data Reporting Infrastructure: VT began this work in 2009 when it was awarded a NGA Data Readiness Project. The project used the Early Childhood Data Collaborative 10 ECE Fundamentals as its framework and expanded it to include policy questions that addressed high needs children and families through early intervention, health and family support. This resulted in 11 early childhood policy questions (see Appendix K.) The NGA project's 11 policy questions will be used as the focus of enhancement which includes:

- **Program quality:** Is the quality of early learning and development programs improving?

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- **ECE Workforce quality:** How skilled and stable is our workforce? What policies and investments support a skilled and stable workforce?
- **Access to high-quality early learning and development programs?** Do our young children with high needs have access to high quality programs which includes early, timely and highly skilled interventions?
- **Child Outcomes:** Are young children achieving optimal health, development and learning?

Resources such as the Common Education Standards, Health Data Standards, and The National Registry Alliance will be used as a reference in its ongoing effort to the standardization and structure of the early childhood system data elements. Much work was done in the development of the Bright Futures Information System, but this is an ongoing task as the early childhood systems and respective data systems become much more integrated in Vermont.

VT would build a data reporting infrastructure that is capable of uniquely identifying key data elements of early learning and development programs, practitioners and children they serve to be linked, de-identified, aggregated and readily available for use as statewide and local reports on identified outcomes and policy questions for learning and continuous quality improvement while maintaining privacy and confidentiality requirements and assuring data integrity.

This would build upon the experience of successful data sharing agreements among the participating state agencies as well as other state's experience in creating a federated warehouse type of environment with very clear use, roles and permission of the data. To date Vermont's NGA Data Readiness Project have had conversations with several states exploring their approaches including Virginia's Project Child HANDS<sup>166</sup> which has many attributes that are of interest to Vermont. These include a technology solution that can interact with multiple data sources on the back-end and present itself as a single data source on the front end as well as a

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166 Project Child HANDS is a US DHSS Child Care State Research Capacity Cooperative Agreement designed to Improving the Quality of Child Care Available and Used by Low-Income Working Parents and At-Risk Families through the Development of an Integrated Data Systems Model for Policy Research and Decision-Making



central linking apparatus such as a data manager/master index which allows the maintenance of existing privacy and protection rules and regulations.

Workforce Data Registry in BFIS: It is estimated that 25% of the BFIS workforce registry data is complete so strategies to populate all data elements in the Registry is critical and further explained in (C)(2) of this grant application. This will include possibly linking data from the Department of Education's Educator data. Note: BFIS has the capacity but is not fully used as designed as a workforce registry. Data entry, verification and quality control policies and procedures are all in place. Refer to (D)(2) for strategies that will that will increase the participation and completeness of data elements A business requirements analysis would be conducted for each enhancement and would include users (perceptions, benefits and challenges.) This would be followed by a Request for Proposal, Selection of a Developer to Design, Test and Implement the Enhancement which would include a strong technical assistance and training component. The Bright Futures Information System has a maintenance contract and has implemented upgrades over its 6 years since implementation, many of which were of the size and nature of these enhancements.

**Measures and Milestones:**

- By end of Y3 all Grant Performance Measures as defined in Tables (B)(2)(c), (B)(4)(c)(1), (B)(4)(c)(2) (D)(2)(d)(1), (D)(2)(d)(2), (C)(3)(d) will be readily available and used for continuous improvement and decision making at the state and local level by early childhood stakeholders. In addition to these performance measures, this enhancement will support answering the policy question (a)(iv) *How Skilled and Stable is our Workforce?* by providing data on the characteristics of the people caring and educating young children in Vermont in regulated settings, the variations in access to education and professional development opportunities and turnover data.
- By the end of the grant, Vermont will have a unified early childhood data system that will link children, families, workforce, programs and early intervention services data and report on key policy questions and outcomes. By having child level data that includes variables of high need (low income, participation in Part C or Part B of 619, or the other special populations Vermont identified) and key characteristics of their program(s) and

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educators/caregivers (quality, workforce credentials, turnover and location) and early intervention service participation, VT will have a much deeper understanding of the policy questions, *Are children ages birth to six spending their days in quality environments?* and *Are children, birth through age five on track to succeed when they enter school and beyond?* resulting in more effective and targeted strategies that VT can implement to improve and sustain quality environments and school readiness.

- The unified early childhood data system will support the Comprehensive Assessment System by creating an infrastructure of readily available data that individual educators, programs and communities can use to create quality environments:
  - through improved instruction based on individual and group development needs,
  - through improved relationships and environments using program assessment and teacher-child relationship data,
  - through helpful developmental progress information to share with parents and providing referrals and connections to resources as indicated.

## VII. COMPETITION PRIORITIES

*Note about the Absolute Priority: The absolute priority describes items that a State must address in its application in order to receive a grant. Applicants do not write a separate response to this priority. Rather, they address this priority throughout their responses to the selection criteria. Applications must meet the absolute priority to be considered for funding. A State meets the absolute priority if a majority of reviewers determines that the State has met the absolute priority*

### Priority 1: Absolute Priority – Promoting School Readiness for Children with High Needs.

To meet this priority, the State’s application must comprehensively and coherently address how the State will build a system that increases the quality of Early Learning and Development Programs for Children with High Needs so that they enter kindergarten ready to succeed.

The State’s application must demonstrate how it will improve the quality of Early Learning and Development Programs by integrating and aligning resources and policies across Participating State Agencies and by designing and implementing a common, statewide Tiered Quality Rating and Improvement System. In addition, to achieve the necessary reforms, the State must make strategic improvements in those specific reform areas that will most significantly improve program quality and outcomes for Children with High Needs. Therefore, the State must address those criteria from within each of the Focused Investment Areas (sections (C) Promoting Early Learning and Development Outcomes for Children, (D) A Great Early Childhood Education Workforce, and (E) Measuring Outcomes and Progress) that it believes will best prepare its Children with High Needs for kindergarten success.

*Note about Competitive Preference Priorities: Competitive preference priorities can earn the applicant extra or “competitive preference” points.*

### Priority 2: Competitive Preference Priority – Including all Early Learning and Development Programs in the Tiered Quality Rating and Improvement System. (10 points)

Competitive Preference Priority 2 is designed to increase the number of children from birth to kindergarten entry who are participating in programs that are governed by the State’s licensing system and quality standards, with the goal that all licensed or State-regulated programs will participate. The State will receive points for this priority based on the extent to which the State has in place, or has a High-Quality Plan to implement no later than June 30, 2015--

(a) A licensing and inspection system that covers all programs that are not otherwise regulated by the State and that regularly care for two or more unrelated children for a fee in a provider setting; provided that if the State exempts programs for reasons other than the number of children cared for, the State may exclude those entities and reviewers will score this priority only on the basis of non-excluded entities; and

(b) A Tiered Quality Rating and Improvement System in which all licensed or State-regulated Early Learning and Development Programs participate.

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*If the State chooses to respond to this competitive preference priority, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.*

*In scoring this priority, peer reviewers will determine, based on the evidence the State submits, whether each element of the priority is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); and the extent to which the different types of Early Learning and Development Programs in the State are included and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.*

*(Enter **narrative** here – recommended maximum of eight pages)*

Priority 3: Competitive Preference Priority – Understanding the Status of Children’s Learning and Development at Kindergarten Entry. (10 points)

To meet this priority, the State must, in its application--

(a) Demonstrate that it has already implemented a Kindergarten Entry Assessment that meets selection criterion (E)(1) by indicating that all elements in Table (A)(1)-12 are met; or

(b) Address selection criterion (E)(1) and earn a score of at least 70 percent of the maximum points available for that criterion.

*For Competitive Preference Priority 3, a State will earn all ten (10) competitive preference priority points if a majority of reviewers determines that the State has met the competitive preference priority. A State earns zero points if a majority of reviewers determines that the applicant has not met the competitive preference priority.*

*Applicants do not write a separate response to this priority. Rather, applicants address Competitive Preference Priority 3 either in Table (A)(1)-12 or by writing to selection criterion (E)(1).*

*Under option (a) below, an applicant does not earn competitive preference points if the reviewers determine that the State has not implemented a Kindergarten Entry Assessment that*



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*meets selection criterion (E)(1); under option (b) below, an applicant does not earn competitive preference points if the State earns a score of less than 70 percent of the maximum points available for selection criterion (E)(1).*

*Specify which option the State is taking:*

- (a) Applicant has indicated in Table (A)(1)-12 that all of selection criterion (E)(1) elements are met.
- (b) Applicant has written to selection criterion (E)(1).

*Note about Invitational Priorities: Invitational priorities signal areas the Departments are particularly interested in; however addressing these priorities will not earn applicants any additional points.*

Priority 4: Invitational Priority – Sustaining Program Effects in the Early Elementary Grades.

The Departments are particularly interested in applications that describe the State’s High-Quality Plan to sustain and build upon improved early learning outcomes throughout the early elementary school years, including by--

- (a) Enhancing the State’s current standards for kindergarten through grade 3 to align them with the Early Learning and Development Standards across all Essential Domains of School Readiness;
- (b) Ensuring that transition planning occurs for children moving from Early Learning and Development Programs to elementary schools;
- (c) Promoting health and family engagement, including in the early grades;
- (d) Increasing the percentage of children who are able to read and do mathematics at grade level by the end of the third grade; and
- (e) Leveraging existing Federal, State, and local resources, including but not limited to funds received under Title I and Title II of ESEA, as amended, and IDEA.

*(Enter narrative here )*

Priority 5: Invitational Priority – Encouraging Private-Sector Support

The Departments are particularly interested in applications that describe how the private sector will provide financial and other resources to support the State and its Participating State Agencies or Participating Programs in the implementation of the State Plan.

**Private Sector Involvement**

**Funders Collaborative [including Vermont Community Preschool Collaborative (VCPC) and the Birth – 3 Project]:** A consortium of private philanthropists has supported efforts to ensure universal access to high quality pre-kindergarten since 2005. Total investments in this project has been \$2 million. Sources of this support have included: O.P. and W.E. Edwards Foundation, Charles Gamper Fund, A.D. Henderson Foundation, Permanent Fund for the Well Being of Vermont Children, Reddus Foundation, Turrell Fund, Vermont Children’s Trust Fund, Vermont Community Foundation, Windham Foundation, and others. Several additional contributors prefer to remain anonymous. All of these foundations and philanthropists have supported and intend to continue to support activities in Vermont associated with children from birth to five, in addition to the universal pre-k initiative. For example, the Turrell Fund, with an annual Vermont investment of about \$2 million, which has supported programs in Vermont for over 75 years, has made a commitment in the past year to dedicate a majority of its philanthropy in Vermont to the 'youngest, neediest' children, and having that investment be complimentary to state planning. These investments include a major redirecting of support to Building Bright Futures, Vermont's early childhood governance structure, and new investments, with partner contributors, in services and programs for infants and toddlers. The Permanent Fund for the Well Being of Vermont Children was created within the past 10 years, leading the effort for a collaborative, team approach to philanthropic investments in services and programs for young children in Vermont. The consortium is excited about its success with the universal pre-k approach, and has already been used to gain commitments from funders of over \$1 million to focus on birth-to-three initiatives in the coming months. A majority of members of the consortium have not only increased their investments in early childhood in recent years, but expect to continue to be successful in attracting investments from additional investors. The combination of continued collaborative investments in universal pre-k, new investments in birth-to-three, and new funders joining the effort is significant, representing a major, sustained contribution from the private sector to state efforts.

**Vermont Business Round Table:** Created in 1987 as a nonprofit, public interest organization, the Vermont Business Roundtable membership is comprised of 120 CEOs of Vermont's most active and committed for-profit and not-for-profit employers. Our mission is to make Vermont the best place in America to do business, be educated and live life. The Vermont Business Roundtable proudly supports investments in high-quality early learning to ensure all children in Vermont arrive at school "ready to learn."

**VIII. BUDGET**  
**BUDGET INSTRUCTIONS**  
(Evidence for selection criterion (A)(4)(b))

In the following budget section, the State is responding to selection criterion (A)(4)(b). The State should use its budgets and budget narratives to provide a detailed description of how it plans to use Federal RTT-ELC grant funds and funds from other sources (Federal, State, private, and local) to support projects under the State Plan. States' budget tables and narratives, when taken together, should also address the specific elements of selection criterion (A)(4)(b), including by describing how the State will effectively and efficiently use funding from this grant to achieve the outcomes in the State Plan and do so in a manner that

- (1) Is adequate to support the activities described in the State Plan;
- (2) Includes costs that are reasonable and necessary in relation to the objectives, design, and significance of the activities described in the State Plan and the number of children to be served; and
- (3) Details the amount of funds budgeted for Participating State Agencies, localities, Early Learning Intermediary Organizations, Participating Programs, or other partners, and the specific activities to be implemented with these funds consistent with the State Plan, and demonstrates that a significant amount of funding will be devoted to the local implementation of the State Plan

The budget narratives should be of sufficient scope and detail for the Departments to determine if the costs are necessary, reasonable, and allowable. For further guidance on Federal cost principles, an applicant may wish to consult OMB Circular A-87. (See [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars)).

We expect the State to provide a detailed budget by category for each Participating State Agency that rolls up into the total statewide budget. We further expect that the budgets of each Participating State Agency reflect the work associated with fully implementing the High-Quality Plans described under the selection criteria and Competitive Preference Priority 2 and describe each Participating State Agency's budgetary role<sup>167</sup> in carrying out the State Plan.

For purposes of the budget, we expect that the State will link its proposed High-Quality Plans to "projects" that the State believes are necessary in order to implement its plans. The State might choose to design some projects that address only one criterion's High-Quality Plan, while other projects might address several similarly-focused criteria as one group. For example, the State might choose to have one "management project" focused on criterion (A)(3), organizing and aligning the early learning and development system to achieve success. It might have another "workforce project" that addresses criteria (D)(1) and (D)(2) under the Great Early Childhood Education Workforce section.

Some projects may be done entirely by one Participating State Agency, while others may be done by multiple agencies in collaboration with one another. The State, together with its

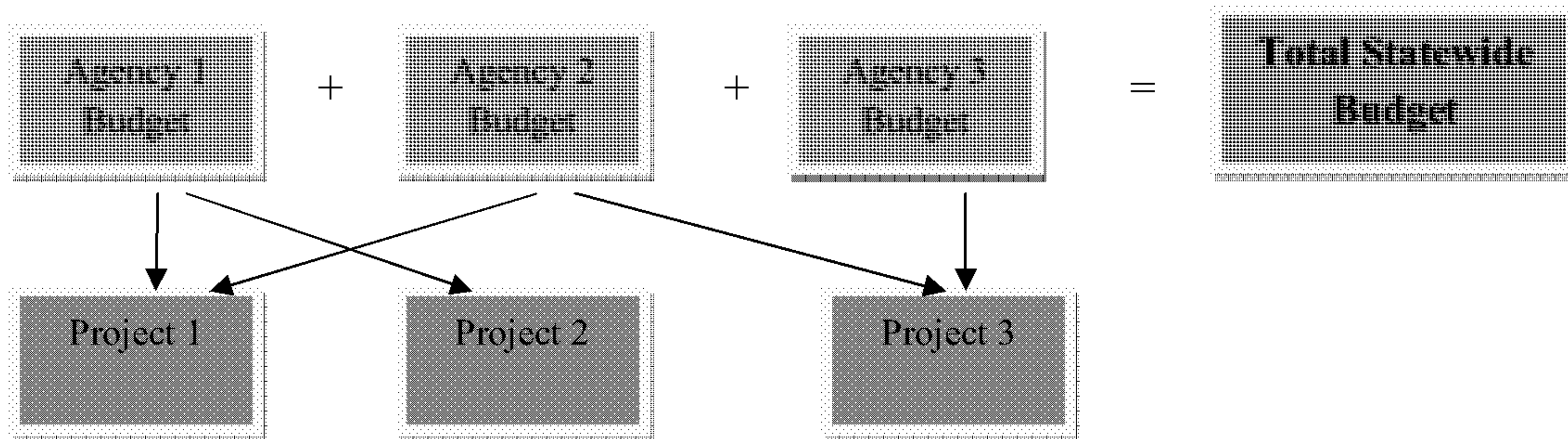
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<sup>167</sup> Participating State Agency's budgetary roles should be consistent with the scope of work outlined in the Participating State Agency's MOU or other binding agreement.



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Participating State Agencies, will define the projects required to implement the State Plan and will determine which Participating State Agencies will be involved in each project, as shown below.



To support the budgeting process, we strongly suggest that applicants use the RTT-ELC budget spreadsheets prepared by the Departments to build their budgets. These spreadsheets must be submitted together with, but in a file separate from, the application.<sup>168</sup> These spreadsheets have formulas built into them that are intended to help States produce the budget tables required within this section.

The following information must be included in the State's budget:

- I. **Budget Summaries:** In this section, the State provides overall budget summary information by budget category, Participating State Agency, and project.
  - a. **Budget Summary by Budget Category.** This is the cover sheet for the budget. (See Budget Table I-1.) States should complete this table as the final step in their budgeting process, and include this table as the first page of the State's budget. (Note: Each row in this table is calculated by adding together the corresponding rows in each of the Participating State Agency Budget by Category tables. If the State uses the budget spreadsheets provided, these "roll-up" calculations are done automatically.)
  - b. **Budget Summary by Participating State Agency.** This summary lists the total annual budget for each Participating State Agency. (See Budget Table I-2.) States should complete this table after completing Budget Table II-1 for each Participating State Agency (see Part II: Participating State Agency Budgets). If the State uses the budget spreadsheets provided, these "roll-up" calculations are done automatically for the State.
  - c. **Budget Summary by Project.** This summary lists the total annual budget for each of the projects. (See Budget Table I-3.) States should complete this table after completing Budget Table II-2 for each Participating State Agency (see Part II:

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<sup>168</sup> See Application Submission Procedures, section XV. Please note that the RTT-ELC budget spreadsheets will not be used by the reviewers to judge or score the State's application. However, these spreadsheets do produce tables that States may use in completing the budget tables that the State submits as part of its application. In addition, the budget spreadsheets will be used by the Departments for budget reviews.

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Participating State Agency Budgets). If the State uses the budget spreadsheets provided, these “roll-up” calculations are done automatically for the State.

- d. Budget Summary Narrative. This budget narrative accompanies the three Budget Summary Tables and provides the rationale for the budget. The narrative should include, for example, an overview of each Participating State Agency’s budgetary responsibilities and descriptions of each project that the State has included in its budget.

II. Budgets for Each Participating State Agency. In this section, the State describes each Participating State Agency’s budgetary responsibilities.<sup>169</sup> The State should replicate this section for each Participating State Agency and for each Participating State Agency complete the following:

- a. Participating State Agency By Budget Category. This is the budget for each Participating State Agency by budget category for each year for which funding is requested. (See Budget Table II-1.)
- b. Participating State Agency By Project. This table lists the Participating State Agency’s proposed budget for each project in which it is involved. (See Budget Table II-2.)
- c. Participating State Agency Budget Narrative. This budget narrative describes the Participating State Agency’s budget category line items and addresses how the Participating State Agency’s budget will support the implementation of each project in which it is involved.

The State should replicate Budget Part II for each Participating State Agency as follows:

- For Participating State Agency 1: Budget by Category, Budget by Project, Narrative
- For Participating State Agency 2: Budget by Category, Budget by Project, Narrative

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<sup>169</sup> Participating State Agency’s budgetary roles should be consistent with the scope of work outlined in the Participating State Agency’s MOU or other binding agreement.

**BUDGET PART I: SUMMARY**

**BUDGET PART I - TABLES**

*Budget Table I-1: Budget Summary by Budget Category--The State must include the budget totals for each budget category for each year of the grant. These line items are derived by adding together the corresponding line items from each of the Participating State Agency Budget Tables.*

<b>OVERALL STATEWIDE BUDGET</b>					
<b>Budget Table I-1: Budget Summary by Budget Category</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Budget Categories</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	743,897	785,495	755,326	725,374	<b>3,010,092</b>
2. Fringe Benefits	379,315	396,478	383,105	368,078	<b>1,526,976</b>
3. Travel	52,300	50,800	44,800	38,800	<b>186,700</b>
4. Equipment	42,500	2,100	2,100	2,100	<b>48,800</b>
5. Supplies	9,560	14,400	13,650	20,325	<b>57,935</b>
6. Contractual	1,470,245	2,002,771	1,711,911	1,370,911	<b>6,555,838</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other	54,472	78,382	51,536	115,270	<b>299,660</b>
9. Total Direct Costs (add lines 1-8)	<b>2,752,289</b>	<b>3,330,426</b>	<b>2,962,428</b>	<b>2,640,858</b>	<b>11,686,001</b>
10. Indirect Costs*	306,958	331,743	296,502	311,086	<b>1,246,289</b>
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	6,272,000	9,020,000	9,725,000	7,380,000	<b>32,397,000</b>
12. Funds set aside for participation in grantee technical assistance	100,000	#REF!	#REF!	#REF!	0
<b>13. Total Grant Funds Requested (add lines 9-12)</b>	<b>9,431,247</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>45,329,290</b>

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14. Funds from other sources used to support the State Plan	0	25,000	25,000	25,000	<b>75,000</b>
<b>15. Total Statewide Budget (add lines 13-14)</b>	<b>9,431,247</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6.

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through contracts, interagency agreements, MOUs or any other subawards allowable under State procurement law. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.



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Budget Table I-2: Budget Summary by Participating State Agency--*The State must include the budget totals for each Participating State Agency for each year of the grant. These line items should be consistent with the totals of each of the Participating State Agency Budgets provided in Budget Tables II-1.*

<b>OVERALL STATEWIDE BUDGET</b>					
<b>Budget Table I-2: Budget Summary by Participating State Agency</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Agency Name</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>DCF</b>	5,495,933	8,369,331	8,405,814	6,363,847	<b>28,634,925</b>
<b>DOE</b>	1,248,985	1,352,658	1,751,913	1,538,002	<b>5,891,558</b>
<b>VDH</b>	1,328,026	1,326,250	1,338,433	1,351,075	<b>5,343,784</b>
<b>BBFC</b>	1,358,303	1,733,930	1,587,770	1,179,020	<b>5,859,023</b>
<Agency 5>	0	0	0	0	<b>0</b>
<Agency 6>	0	0	0	0	<b>0</b>
<Agency 7>	0	0	0	0	<b>0</b>
<Agency 8>	0	0	0	0	<b>0</b>
<Agency 9>	0	0	0	0	<b>0</b>
<Agency 10>	0	0	0	0	<b>0</b>
<b>Total Statewide Budget</b>	<b>9,431,247</b>	<b>12,782,169</b>	<b>13,083,930</b>	<b>10,431,944</b>	<b>45,729,290</b>

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Budget Table I-3: Budget Summary by Project--*The State must include the proposed budget totals for each project for each year of the grant. These line items are the totals, for each project, across all of the Participating State Agencies' project budgets, as provided in Budget Tables II-2.*

<b>OVERALL STATEWIDE BUDGET</b>					
<b>Budget Table I-3: Budget Summary by Project</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>G1. Governance</b>	727,852	832,309	819,328	824,561	<b>3,204,050</b>
<b>G2. VT ELC Local Level</b>	2,099,313	3,424,313	3,341,813	1,379,311	<b>10,244,750</b>
<b>G3. Sustaining</b>	73,703	147,469	134,369	159,367	<b>514,908</b>
<b>G4. VT STARS</b>	1,205,522	1,733,850	1,810,993	1,754,513	<b>6,504,878</b>
<b>G5. Access to HQP</b>	1,294,176	1,571,310	1,869,173	1,314,453	<b>6,049,111</b>
<b>G6. ELG</b>	44,840	94,931	37,760	94,400	<b>271,931</b>
<b>G7. Comp Assessment</b>	236,794	256,901	229,049	210,652	<b>933,396</b>
<b>G8. CIS/HV/Health</b>	2,035,000	2,180,000	2,130,000	2,130,000	<b>8,475,000</b>
<b>G9. Family Engagement</b>	125,625	163,125	121,875	121,875	<b>532,500</b>
<b>G10. WF Deg &amp; Credials</b>	499,750	1,017,750	1,067,750	1,017,750	<b>3,603,000</b>
<b>G11. WF Know to Pract</b>	648,038	647,898	900,790	903,763	<b>3,100,489</b>
<b>G12. RK Survey</b>	42,480	29,500	18,880	265,500	<b>356,360</b>
<b>G13. Data Infrastructure</b>	262,065	551,165	476,915	229,415	<b>1,519,560</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Statewide Budget</b>	<b>9,295,157</b>	<b>12,650,521</b>	<b>12,958,695</b>	<b>10,405,559</b>	<b>45,309,933</b>

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**BUDGET PART I -NARRATIVE**

*Describe, in the text box below, the overall structure of the State's budget for implementing the State Plan, including*

- *A list of each Participating State Agency, together with a description of its budgetary and project responsibilities;*
- *A list of projects and a description of how these projects taken together will result in full implementation of the State Plan;*
- *For each project:*
  - *The designation of the selection criterion or competitive preference priority the project addresses;*
  - *An explanation of how the project will be organized and managed in order to ensure the implementation of the High-Quality Plans described in the selection criteria or competitive preference priorities; and*
- *Any information pertinent to understanding the proposed budget for each project.*

**BUDGET PART II: PARTICIPATING STATE AGENCY**

*The State must complete Budget Table II-1, Budget Table II-2, and a narrative for each Participating State Agency with budgetary responsibilities. Therefore, the State should replicate the Budget Part II tables and narrative for each Participating State Agency, and include them in this section as follows:*

- *Participating State Agency 1: Budget Table II-1, Budget Table II-2, narrative.*
- *Participating State Agency 2: Budget Table II-1, Budget Table II-2, narrative.*

**BUDGET PART II -TABLES**

Budget Table II-1: Participating State Agency Budget By Budget Category--The State must include the Participating State Agency's budget totals for each budget category for each year of the grant.

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<b>Participating State Agency-Level Budget Table II-1</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	215,570	179,620	140,739	101,849	<b>637,778</b>
2. Fringe Benefits	116,024	98,836	78,197	55,576	<b>348,633</b>
3. Travel	27,500	21,000	15,000	9,000	<b>72,500</b>
4. Equipment	7,500	0	0	0	<b>7,500</b>
5. Supplies	1,200	1,200	1,200	1,200	<b>4,800</b>
6. Contractual	331,160	606,160	431,160	256,160	<b>1,624,640</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other	12,000	9,000	6,000	3,000	<b>30,000</b>
9. Total Direct Costs (add lines 1-8)	<b>710,954</b>	<b>915,816</b>	<b>672,296</b>	<b>426,785</b>	<b>2,725,851</b>
10. Indirect Costs*	47,979	33,515	28,518	27,062	<b>137,074</b>



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11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	4,712,000	7,395,000	7,680,000	5,885,000	<b>25,672,000</b>
12. Funds set aside for participation in grantee technical assistance	25,000	25,000	25,000	25,000	0
<b>13. Total Grant Funds Requested</b> (add lines 9-12)	<b>5,495,933</b>	<b>8,369,331</b>	<b>8,405,814</b>	<b>6,363,847</b>	<b>28,534,925</b>
14. Funds from other sources used to support the State Plan					<b>0</b>
<b>15. Total Statewide Budget</b> (add lines 13-14)	<b>5,495,933</b>	<b>8,369,331</b>	<b>8,405,814</b>	<b>6,363,847</b>	<b>28,634,925</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through contracts, interagency agreements, MOUs or any other subawards allowable under State procurement law. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

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**DCF**

<b>Participating State Agency-Level Budget Table II-2 (Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>G1. Governance</b>	196,437	176,731	173,254	175,409	<b>721,831</b>
<b>G2. VT ELC Local Level</b>	1,700,000	3,200,000	3,075,000	1,200,000	<b>9,175,000</b>
<b>G3. Sustaining</b>	0	0	0	0	<b>0</b>
<b>G4. VT STARS</b>	802,496	1,332,600	1,397,560	1,328,438	<b>4,861,094</b>
<b>G5. Access to HQP</b>	1,000,000	1,200,000	1,100,000	1,000,000	<b>4,300,000</b>
<b>G6. ELG</b>	0	0	0	0	<b>0</b>
<b>G7. Comp Assessment</b>	0	0	0	0	<b>0</b>
<b>G8. CIS/HV/Health</b>	1,285,000	1,430,000	1,380,000	1,380,000	<b>5,475,000</b>
<b>G9. Family Engagement</b>	0	0	0	0	<b>0</b>
<b>G10. WF Deg &amp; Credials</b>	235,000	753,000	753,000	753,000	<b>2,494,000</b>
<b>G11. WF Know to Pract</b>	252,000	252,000	502,000	502,000	<b>1,508,000</b>
<b>G12. RK Survey</b>	0	0	0	0	<b>0</b>
<b>G13. Data Infrastructure</b>	0	0	0	0	<b>0</b>

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	0	0	0	0	0	0
	0	0	0	0	0	0
<b>Total Statewide Budget</b>	<b>5,470,933</b>	<b>8,344,331</b>	<b>8,380,814</b>	<b>6,338,847</b>	<b>28,534,925</b>	

Columns (a) through (d): For each grant year for which funding is requested, show the total amount this Participating State Agency plans to spend for each Project in the State Plan. If this Participating State Agency has no role in a particular Project, leave that row blank.

Column (e): Show the total expenditure, across all grant years, for the Project.

The Total Statewide Budget for this table should match Line 15 for Budget Table II-1.

	VT ELC State Plan DCF Budget Narrative including relevant Project and criteria		
1.	<b>Personnel</b>		
[P1](A3)	<p><u>VT ELC State Plan Manager:</u>                  supports VT ELC Implementation Team; oversees timely completion of scope of work; prepares and submits federal reports; manages overall flow of interconnected projects; manages stakeholder information and engagement; coordinates other VT ELC staff and contracted vendors.</p> <p>Will report directly to Deputy Commissioner</p>	<p>FTE on project</p> <p>Sal \$54,246</p> <p>Limited term state employee</p>	<p>Critical to success of the project</p> <p>Will conduct thorough search for the right candidate</p>
[P4](B3)	<p><u>Licensing Field Specialists (LFS)</u></p>	<p>Sal: \$\$40,331</p>	<p>DCF will add one of these positions into the CDD budget each year so that</p>

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	<p>Y 1:4 FTE</p> <p>Y2: 3 FTE</p> <p>Y3: 2FTE</p> <p>Y4: 1 FTE</p>	Permanent employees	<p>increase in licensing capacity is sustained beyond project</p> <p>LFS are the front line of quality assurance in early learning and development programs – capacity will allow us to completely reform ability to monitor effectively in Vermont – a long and dearly held goal</p>
2.	<p><b>Fringe Benefits:</b></p> <p>FICA, Retirement, Health, Dental, Employee Assistance Program</p>	Standard negotiated VT employee benefits and annual increase	
3.	<p><b>Travel</b></p> <p>VT Fleet car for each LFS</p> <p><u>VT- ELC Manager</u></p> <p>Instate Travel</p> <p>Out of State Travel</p>	<p>\$500 month</p> <p>Calculated as approx \$150 per day use of Fleet care x12 annual</p> <p>Estimated \$1500 in Y1 and \$1000 per year after</p>	<p>Cost for cars also assigned to state w/ employees as they move onto state payroll</p> <p>In-state travel to attend regional events and meetings</p> <p>Out of state travel to maintain professional knowledge and attend national meetings</p>
4.	<p><b>Equipment</b></p> <p>3 Workstations: phone desk, chair etc</p> <p>3 Computers</p>	<p>\$1,500 each</p> <p>\$1,000 each</p> <p>\$7500 one time expense</p>	<p>1 for VT ELC Manager</p> <p>2 workstations for temporary or contracted staff hired to complete specific plan components</p>



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5	<b>Supplies</b>  Office supplies, professional reference materials	\$100 month  \$1200 annual	
6	<b>Contractual</b>		
[P1](A3)	<u>VT ELC Project Support</u>  Temp or contracted staff  Procured in accord w/ of state negotiated agreements w/ pre-approved vendors  Hired and overseen by the VT ELC Manager	Approx \$26 hour per employee for up to total of 2160 hours annual on project as needed  Up to \$56160 annual p year  \$224,600	Part time of full time temporary or contracted employees will be engaged to help manage the fluctuating and sometimes specialized demands of the various project on the proposed plan
[P2] (A3)	<u>ELC Partnerships Management</u>  Competitive bidding process to engage intermediary organization to support success of ELC Partnerships	Estimate approximately \$200,000 per year for vendor to hire train and supervise professional staff.  1 Project Coordinator and 3 - 4 community partnership facilitators, managing a cadre of geographically proximal (3- 4) of communities in each cohort	Vendor will provide overall project management for the logistics of this ambitious project which will take on a cohort of 12 communities per year. Will also provide professional support in facilitation of group process and partnership building, asset mapping, action planning, evaluation, Fully support Regional BBF Council and Council Coordinators and partners to set and achieve goals to improve school readiness for young children in their communities and plan for sustaining achievements
[P4] (B5)	<u>VT STARS Evaluation</u>	\$300,000 one time expense over two	Opportunity to

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	Procure research institution with expertise in TQRIS research and evaluation to design and conduct thorough study	year evaluation project	professionally validate and evaluate TQRIS including measure of relationship between quality as measured in STARS and child outcomes of enrolled children
[P5] (B4)	<u>CC FAP Analysis</u> Procure research institution or individuals with expertise in CC subsidy research and benefits analysis to help design and conduct thorough study and analysis of CC subsidies in VT	\$300,000 on time expense over two year study	Opportunity to conduct thorough policy analysis including investigation of parent preferences and constraints and fiscal modeling of potential policy changes in order to make well grounded recommendations for future investments in CC subsidies
7	<b>No Training Stipends</b>		
8 [P4](B3)	<b>Other</b> <u>Home office stipend for LFS</u>	Up to \$250 month for documented expenses for each home based LFS. Include phone lines, internet, office supplies etc	Since LFS spend most of their time in the field monitoring CC programs, supporting a home office and assigning caseloads in their geographic region to limit travel time saves travel costs and increases productively
9	<b>Total Direct Costs</b>		
10	<b>Indirect costs</b> Assigned to Project 1 (Governance and Project Management)	10% on all expenditures on lines 1-4, 5 and 8 calculated annually \$2500 per year on each contract line (4) \$10,000 annual	
11	<b>Funds Distributed to localities, Early Learning Intermediary Organizations, Participating Programs and other partners</b>		
[P4](B2)	<u>VT STARS Rewards and</u>	Y1: \$400,000	Providers report that the challenges of continuous

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	<p><u>Incentives</u></p> <p>Following appropriate state procurement processes, CDD will enter into an agreement with an Early Learning Intermediary Organization with state wide reach to help develop and implement a robust tiered system of financial incentives and rewards to promote participation in VT STARS and support continuous quality improvement in early learning and development programs in schools, centers and family child care homes. The vendor will work in collaboration with the VT ELC Implementation Team and the VT STARS Oversight Committee to solicit provider input in the development of the program</p>	<p>Y2: \$600,000</p> <p>Y3: \$800,000</p> <p>Y4: \$900,000</p> <p>Development of such a program as a collaborative effort has been a topic of discussion between the CDD and private funders for over a year. RTT-ELC will allow us to develop and launch the program, track results, and develop a partnership to sustain it for the future.</p> <p>\$2,700,000 overall</p>	<p>quality improvement and maintaining high quality services in an under-resourced environment create barriers to entering and moving up in STARS system. Evidence indicates that rewards and incentives related to achieving and maintained high standards help to offset challenges and increase participation and increasing levels of quality</p>
<p>[P4](B2)</p>	<p><u>VT STARS Multi-disciplinary Program Consultation</u></p> <p>The VT ELC Implementation Team will work collectively, accessing agency and community expertise, to design the components of a high quality, effective multi-disciplinary program consultation model responsive to the unique challenges and strengths of the Vermont early learning and development provider community. Through a competitive RFP process we will select a vendor to implement a model that incorporates a continuum of program consultation services related to developmentally appropriate</p>	<p>Y1: Planning</p> <p>Y2: \$320,000</p> <p>Y3: \$330,000</p> <p>Y4: \$350,000</p> <p>\$1,000,000 overall</p> <p>The model will employ highly qualified itinerant specialists with both specialized content knowledge and program consultation skills. Pre and post assessments will be incorporated to evaluate effectiveness</p>	<p>Given that families are geographically dispersed over much of Vermont, small communities support small early learning and development programs in local centers and family child care homes.(the average size of a center based program in Vermont is 30 – 40 children. 60 is considered large) Small scale programs and isolated family child care providers lack the resources to independently access specialized expertise to help their programs meet the rigorous comprehensive program standards that evidence indicates have</p>

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	<p>early childhood curriculum and assessment, inclusion, social and emotional health and guidance strategies, family engagement and support, nutrition, and health. The health component of the model will incorporate and expand the role of public health nurses in MCH District Offices as part of a renewed Healthy Child Care Vermont professional child care health consultation model. Funds to support that aspect of the program are in the VDH budget</p>		<p>greatest positive and lasting impact on young children and families. This project is proposed to bring such resources to them to support participation in VT STARS and continuous quality improvement</p>
<p>[P4] B3</p>	<p><u>VT STARS Monitoring and Reporting</u></p> <p>Following appropriate state procurement processes, CDD will enter into an agreement with an Early Learning Intermediary Organization to arrange and host training to reliability in all Environmental Ratings Scales (ITERS, ECERS, FCCRS, SACERS)</p>	<p>\$40,000 annually for three years</p> <p>\$120,000</p>	<p>CDD has invested in annual ERS training and has developed a cadre of reliable ECERS assessors. The supply of assessors is not adequate to meet the demand of growing number so STARS providers. Also, there is a need to develop a similar cadre of reliable assessors for ERS.</p>
<p>[P5] (B4)</p>	<p><u>Early Head Start/Head Start Expansion</u></p> <p>Following appropriate state procurement processes, the HS Collaboration Office Director will establish criteria for targeted expansion of EHS/HS services</p>	<p>The current average cost per family for Head Start in Vermont is \$8,495.</p> <p>This new investment would support HS services to approximately 118 more preschool children</p> <p>Grantees would also have an option to serve more children with EHS services if a wait list exists for them</p>	<p>Investing state dollars to enroll more children in Head Start is one way to expand access to quality early care and education for the poorest three and four year old children in the state, and to increase the number of children ready to succeed in school.</p>



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		<p>\$1,000,000 per year x 4</p> <p>\$4,000,000 overall</p>	
[P8] (C3)	<p><u>Enhance Children’s Integrated Services (CIS)</u></p> <p>Following appropriate state procurement processes, the CIS Director will establish criteria for targeted expansion of regional CIS Coordination, Specialized CC Coordination, Family Support Home Visiting and Accommodation Grants to support successful inclusion in early learning and development programs for children with special needs.</p>	<p>CIS Coordinators; 3 FTE x \$60,000/year = \$180,000 x 4 years = \$720,000</p> <p>CIS CC Coordinators: 3 FTE x \$60,000/year = \$180,000 x 4 years = \$720,000</p> <p>Community-based Family Support workers: 15 FTE x \$55,000/year = \$825,000 x 4 years = \$3,300,000</p> <p>Additional funding for Special CC Accommodations Grants \$70,000/year x 4 years = \$280,000</p> <p>Grants</p> <p>Total =\$ 5,020,000</p>	<p>RTT ELC funds will be used to enhance and augment blended funds supporting high quality integrated service delivery for young children with high needs throughout Vermont.</p> <p>One aspect of CIS implementation has been to adjust regional allocations in accord with an established formula based on rates of poverty and other critical risk factors, Reallocation is always a tricky business. RTT-ELC funds will help us to shore up historically underfunded regions without cutting back funding and direct services to other as the model moves forward. with equitable resources across the state</p> <p>Funds will also be used to expand evidence based, family support focused home visiting in an attempt to reach out to families whose young children may not be participating in formal early learning and development programs</p>

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<p>[P8] (C3)</p>	<p><u>Promote food security, good nutrition and physical activity through early learning and development programs in schools, centers, and family child care homes and through home visiting services delivered in a home setting</u></p> <p>CDD staff in collaboration with VDH staff will implement activities related to the Fit and Healthy Vermonters including following appropriate state procurement processes to engage an evaluator of IMIL training.</p> <p>The VT ELC implementation team will work with the ECE Subcommittee of the BBF Council, Hunger Free Vermont and other advocates to develop a plan and implement a strategy to promote good nutrition and food security using early learning and development programs as a vehicle for reaching children and families</p>	<p>\$ 75,000 over 2 years to implement targeted I am Moving, I Am Learning (IMIL) training and evaluation</p> <p>\$ 50,000 to inform early learning and development programs about the Fit and Healthy Vermonters strategic plan and engage them in promoting healthy practices</p> <p>Y1: \$ 30,000 planning        Y2: \$100,000        Y3: \$100,000        Y4: \$100,000</p> <p>Implement a campaign &amp; strategy to provide healthy food and promote good nutrition and food security through family education and counseling and information about 3 Squares Vermont (SNAP) in every early learning and development program in Vermont.</p> <p>\$455,000 overall</p>	<p>CDD has worked closely with Head Start TA providers and the Region I office to provide training for ECEs in Vermont. These resources will provide an opportunity to take the training to the next level and evaluate its effectiveness in increasing healthy habits in early learning and development programs of all types</p> <p>Hunger and food insecurity, especially among children is a growing problem in Vermont. Early learning and development programs can be a front line defense against this problem. Hunger and malnutrition impede learning and healthy development</p>
<p>[10] (D2)</p>	<p><u>Increase Attainment of Credentials &amp; Degrees</u></p> <p>A multi-pronged effort to invest in and reward professional development that is credit bearing and degree focused</p> <p>The VT ELC implementation</p>	<p>Career Advisement:</p> <p>Y1: \$ 60,000        Y2: \$178,000        Y3: \$178,000        Y4: \$178,000</p> <p>Support 4 FT ECE Career Advisement Specialists and a</p>	<p>To increase the quality and quantity of ECE career guidance in Vermont and support ECEs in developing and implementing an intentional Individual Professional Development Plan</p> <p>Support annual local</p>

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	<p>team will work with the Professional Preparation and Development Subcommittee of the BBF Council to plan the details implementation of these inter-related strategies (incentives and support) addressing the barriers that ECEs face in pursuing higher education degrees.</p> <p>Following appropriate state procurement processes, CDD will work with appropriate Early Learning Intermediary Organizations to implement these strategies in a coordinated way.</p>	<p>targeted multimedia campaign.          \$594,000 overall</p> <p>Professional Rewards &amp; Recognition          \$125,000 annually for 4 years</p> <p>\$500,000 overall</p> <p>Scholarships          Y1: \$ 50,000          Y2 – Y4: \$250,000 annually</p> <p>\$800,000</p> <p>Compensation linked to qualifications          \$200,000 annually in Y2-Y4</p> <p>\$600,000</p>	<p>recognition events to recognize and celebrate attainment of career milestones</p> <p>Research indicates that educated ECEs have a greater positive impact on child outcomes. Financial support to bring credit bearing PD and degree attainment into reach for ECEs</p> <p>An initiative to increase staff retention and continuity of care for children by providing increased compensation to highly qualified ECES and ECEs advancing on the Career Ladder</p>
	<p><u>Expand the Vermont CC Apprenticeship Program</u></p> <p>Following appropriate state</p>	<p>\$252,000 per year x 4          \$1,008,000 overall</p> <p>Support regularly scheduled</p>	<p>Vermont has sustained a true apprenticeship model since receiving a grant from the US department of Labor over 20 years ago – one of the few such programs to</p>

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	<p>procurement processes, CDD staff will work with the Vermont Child Careers and Industry Council to expand the coursework offered through the Apprenticeship Program and the expand the program to include registered child care home providers</p>	<p>sequenced coursework in 6 regions of Vermont so that Apprentices can complete sequenced learning in a reasonable time frame</p> <p>Develop and implement a plan to expand the model to registered Family CC homes</p> <p>The Vermont Child Care Careers and Industry Council has been in discussion with private sector supporters to about this expansion. Those discussion will continue. RTT ELC funds provide an opportunity to document the impact of this support on preparing and retaining good ECEs in high quality programs. This will help make the case, over the next four years, for sustaining this expansion and future expansions with private funds.</p>	<p>survive and thrive after federal funding ceased. It's an excellent relationship based mentoring and education model for preparing entry level workers in the field to advance to classroom teaching and embark on a career. The program is hampered by insufficient funds to offer required coursework in sequence throughout the state so sometimes it takes much longer to complete the program than it would were the courses readily available statewide.</p> <p>Also, the model is currently available primarily in center based environments. The RTT ELC funds will help us to explore expansion into registered family child care homes.</p>
	<p><u>Coaching and Mentoring</u></p> <p>The VT ELC implementation team will work collaboratively y with the Northern Lights Career Development Center to complete work on developing a model for multi tiered system of support for ECEs in transforming increased knowledge into improved practice. The model will include and incorporate a myriad of mentoring, teaching and coaching activities into a more cohesive whole</p>	<p>\$250,000 per year in Y3&amp;4</p> <p>\$500,000 overall</p> <p>A collaborative project with DOR who also has \$500,000 in budget for this activity</p>	



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[P2] (A3)	<p><u>ELC Partnerships</u></p> <p>BBF Regional Councils will govern community effort in Supervisory Union (SU) to bring together all partners in early learning and development from health, education and social services to identify status of all young children in the community, map local assets and challenges, strengthen connections and engagement with statewide systems and resources, and create an action plan to use grant resources to improve systems that promote school readiness for children in their community. 1 SU in each AHS region will be invited to join annual cohort of approx 12 using criteria related to achievement gap and other indicators of concern</p>	<p>\$8,375,000</p> <p>\$200,000 - \$300,000 grants to local communities over two years</p> <p>Project will impact approx 40 of 60 SUs in VT over grant period and be sustained at slower pace by re-purposed state resources after RTT-ELC</p>	<p>BBF Regional Councils will govern community effort in Supervisory Union to bring together all partners in early learning and development from health, education and social services to identify status of all young children in the community, map local assets and challenges, strengthen connections and engagement with statewide systems and resources, and create an action plan to use grant resources to improve systems that promote school readiness for children in their community</p>
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Jul2012-Jun2013	1,500,000	12 cohorts Y1
Jul2013-Jun2014	3,000,000	12 Y1/12 Y2
Jul2014-Jun2015	2,875,000	12 done/10 Y1 /12Y2
Jul2015-Dec2015	1,000,000	24 done/ 6 Y1/10 Y2
	8,375,000	
		sustain @ 6 cohorts every two years w/ reduced contract staff support
		250,000 yer x 2 yrs per community

12. Vermont spread the \$400,000 set aside for participating in TA evenly across agencies and years: \$25,000 per agency per year. This amount shows up in totals for state agencies but not in project distributions so a discrepancy occurs in the consistency check.



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<b>Department of Education-Level Budget Table II-1</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	97,302	100,214	103,210	106,288	<b>407,014</b>
2. Fringe Benefits	64,678	66,530	68,436	70,398	<b>270,042</b>
3. Travel	4,800	4,800	4,800	4,800	<b>19,200</b>
4. Equipment	5,000	0	0	0	<b>5,000</b>
5. Supplies	1,860	6,700	5,950	12,625	<b>27,135</b>
6. Contractual	388,960	390,220	349,960	513,960	<b>1,643,100</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other	42,472	69,382	45,536	112,270	<b>269,660</b>
<b>9. Total Direct Costs (add lines 1-8)</b>	<b>605,072</b>	<b>637,846</b>	<b>577,892</b>	<b>820,341</b>	<b>2,641,151</b>
10. Indirect Costs*	108,913	114,812	104,021	147,661	<b>475,407</b>
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	510,000	575,000	1,045,000	545,000	0
12. Funds set aside for participation in grantee technical assistance	25,000	25,000	25,000	25,000	0
<b>13. Total Grant Funds Requested (add lines 9-12)</b>	<b>1,248,985</b>	<b>1,352,658</b>	<b>1,751,913</b>	<b>1,538,002</b>	<b>3,116,558</b>
14. Funds from other sources used to support the State Plan	0	0	0	0	<b>0</b>
<b>15. Total Statewide Budget (add lines 13-14)</b>	<b>1,248,985</b>	<b>1,352,658</b>	<b>1,751,913</b>	<b>1,538,002</b>	<b>5,891,558</b>

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Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through contracts, interagency agreements, MOUs or any other subawards allowable under State procurement law. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

<b>Department of Education-Level Budget Table II-2</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>G1. Governance</b>	97302	100214	103210	106288	<b>407,014</b>
<b>G2. VT ELC Local Level</b>	0	0	0	0	<b>0</b>
<b>G3. Sustaining</b>	0	0	0	0	<b>0</b>
<b>G4. VT STARS</b>	0	0	0	0	<b>0</b>
<b>G5. Access to HQP</b>	294,176	371,310	769,173	314,453	<b>1,749,111</b>
<b>G6. ELG</b>	44,840	94,931	37,760	94,400	<b>271,931</b>
<b>G7. Comp Assessment</b>	45,544	65,651	79,049	60,652	<b>250,896</b>
<b>G8. CIS/HV/Health</b>	0	0	0	0	<b>0</b>



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<b>G9. Family Engagement</b>	0	0	0	0	<b>0</b>
<b>G10. WF Deg &amp; Creds</b>	264,750	264,750	314,750	264,750	<b>1,109,000</b>
<b>G11. WF Know to Pract</b>	396,038	395,898	398,790	401,763	<b>1,592,489</b>
<b>G12. RK Survey</b>	42,480	29,500	18,880	265,500	<b>356,360</b>
<b>G13. Data Infrastructure</b>	35,400	0	0	0	<b>35,400</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Statewide Budget</b>	<b>1,220,529</b>	<b>1,322,254</b>	<b>1,721,612</b>	<b>1,507,805</b>	<b>5,772,201</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount this Participating State Agency plans to spend for each Project in the State Plan. If this Participating State Agency has no role in a particular Project, leave that row blank.

Column (e): Show the total expenditure, across all grant years, for the Project.

The Total Statewide Budget for this table should match Line 15 for Budget Table II-1.

Budget Narrative

The current early education workgroup at the Vermont Department of Education (VTDOE) consists of an Early Education Coordinator, an Essential Early Education (IDEA 619) Coordinator and an administrative assistant. This workgroup is part of the Pre-K through

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Middle School division at the Vermont Department of Education. The division director and the Early Education Coordinator have oversight of and are involved in several of the projects described below. The Essential Early Education Coordinator has oversight of and is involved in two of the grant projects. The work grant projects build on and expand the current work of these individuals. Administrative support for grant activities is the responsibility of the current administrative assistance with assistance from other assistants in the division as needed. The Information Director of the VTDOE oversees the data project. The VTDOE Finance Department is responsible for fiscal management of grant funds. In addition two full time employees will be hired for the four year grant cycle.

1) PERSONNEL

(a) Early Learning Challenge (ELC) Coordinator

Salary: \$ 48,651 (starting; an 3% cost of living and step increases are estimated for Years 2-4)

Full time, 40 hours a week

The primary responsibility of the ELC coordinator is grant management and implementation. This individual's work includes, but is not be limited to, participating in the interagency grant implementation team, collecting all information required for grant reporting, working with the administrative assistant to develop and manage contracts and other funds distributed to entities carrying out grant activities, developing an evaluation system for grant projects and conducting evaluations of these projects.

(b) Professional Development (PD) Specialist

Salary: \$ 48,651 (starting; an 3% cost of living and step increases are estimated for Years 2-4)

Full time, 40 hours a week

The PD Specialist is directly involved in grant project activities related to professional development and supporting the early childhood workforce (including K-3 teachers) to translate theory into practice. This includes arranging and convening trainings and grant related meetings, facilitating trainings and meetings, providing technical assistance and training regarding grant activities, and researching information needed to carry out grant activities.

2) Fringe Benefits:

The fringe benefits for both of these positions is consistent with the costs of the standard full state employee package of health and dental insurance, Workman's Compensation and life

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insurance. Year 1 costs are \$64,678 for both positions. An estimated 3% annual increase is included.

3) Travel:

An estimated annual amount of \$2,400 per new staff person is based on an average of 60 days of travel using the state car which costs \$40 per day. Most travel would be for in-state meetings with collaborating agencies and local partners.

4) Equipment:

Both the ELC Coordinator and PD Specialist will need a laptop. A laptop is estimated at \$2,500 for a total of \$5,000 for both staff persons across the life of the grant.

5) Supplies:

Office supplies for the ELC Coordinator and PD Specialist is estimated at an annual cost of \$125 each. The other proposed total expenditures on the supplies line item relate to specific activities that will be undertaken; these are as follows:

- UBS flash drives for VELs training documents and resources \$2,250 (150 at \$15 each)
- CLASS Manuals and scoring forms for a total of 434 Toddler, Preschool, and K-3 Observation Training participants at \$55 each is \$23,885

6) Contractual:

Several contracts are needed in order for VTDOE to complete the activities specified in the Master Agreement for which it has direct responsibility. The amounts of the grants and a brief description follow:

- Early childhood educators (infants-grade 3), consultants, and higher education faculty to collaborate on revising the Vermont Early Learning Standards (VELS). A total of 35 people at \$200/day for 6 days spread over the life of the grant
- Contract for the development of online modules, Standards in Practices videos, and other professional development materials on using VELs for children 0-5, \$42,000
- For editing and doing layout on the newly revised VELs, \$10,000
- Contracts for early childhood practitioners who complete the VELs train-the-trainer session to conduct two one-day local trainings on the new VELs across the state, \$30,000 (150 trainers for 2 half-day trainings at \$200/day)
- Contract to consultant to conduct a survey of a sample of early childhood educators on their use of the new VELs, \$5,000

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- Consultants to provide 1-day training on Teaching Strategies GOLD to early childhood educators across early learning and development programs, \$60,000 across life of the grant (300 days over 4 years at \$200/day)
- CLASS Observation and Train-of Trainer sessions through Teachstone (sole proprietor) for three levels: Toddler, Preschool, and K-3, \$54,500 across the life of the grant to pay for trainer fees and expenses
- CLASS 2-day Observation Trainings conducted by Vermont trainers: 11 regional training sessions in Years 2-4 to include all three levels of CLASS for a total of \$16,500 (\$250/day)
- Contracts to Vermont CLASS trainers to conduct 1-day CLASS follow-up workshops (i.e., strategies to strengthen practices CLASS indicates as weak) for a total of \$5,000 in Years 3 & 4 (20 regional 1-day workshops at \$250/workshop)
- Contract to web designer to design an interactive website for families to access information on transitions, \$7,260
- Contract to a graphic designer to do the layout of booklets for families on handling their child's transitions across early learning and development programs, and into kindergarten, \$5,000
- Contract for consultant to provide technical assistance to communities seeking to expand or establish public funded pre-k, a total over 4 years of \$99,840 (\$30/hr for 832 hours/year)
- Facilitator for the Higher Education Consortium, \$40,000 (\$10,000/year for 4 years)
- Researcher to conduct a validation and reliability study of the Year 1 results of the revised Kindergarten Readiness Survey, \$225,000
- Consultant to review and guide the revision of Vermont's Kindergarten Readiness Survey, \$25,000
- Developer to create interactive website for supporting early childhood and kindergarten teachers and administrators to understand the new Kindergarten Readiness Survey and how to use data to inform instruction, \$25,000
- Contracts to early childhood and kindergarten teachers and administrators to review the current Kindergarten Readiness Survey and work with a consultant to revise the survey or develop a new approach to assessing kindergarten readiness, \$10,000, (\$100/half-day for 25 teachers/administrators attending 4 half-day meetings)



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- Contracts with Network Teacher Leaders to support onsite discussions of readiness, using data, and accurately providing data on kindergartners' readiness in Year 3, \$15,000 ( 30 teacher leaders at \$200/day for 2.5 days)
- Contracts for a cadre of qualified trainers of up to 50 individuals divided among 5 regions across the state. Trainers will participate in specific train-of-trainers institutes (e.g., FEL, GOLD, CLASS, ELL, Transition, VELs, Inclusion, P-3). Trainers will conduct at least 6 trainings in Year 1 & 2 for local early childhood practitioners. In Years 3 & 4, 35 trainers will conduct at least 6 trainings at the local level, \$204,000 over the grant (a total of 1,020 full-day trainings at \$200/day)
- Consultants/mentors who have completed specific train-of-trainers institutes (e.g., FEL, GOLD, CLASS, ELL, Transition, VELs, Inclusion, P-3) will provide on-site consultation or mentoring to early childhood practitioners for up to two times per month, per program for 8 months of the year. \$80,000 per year for a total of \$320,000 over the 4 year grant cycle.
- Contract with a cadre of up to 20 expert regional coaches divided among the 5 regions across the state. Coaches will participate in specific training of trainers institutes (e.g., FEL, GOLD, CLASS, ELL, Transition, VELs, Inclusion, P-3), and be available to support teachers in early learning and development programs serving infants through grade 3. Each coach will be funded at \$200/day for up to 16 days per year. The total cost across the life of the grant is \$256,000
- Contracts will be provided to national experts in various practice areas (e.g., strategies for inclusion, transition, preK-3 implementation, supporting children who've experienced trauma) to pay their fee and expenses to participate in an annual 2-day Coaching Summit event that will take place each of the 4 years of the grant. The purpose of the summit is to advance the knowledge and skills of the coaches. \$20,000 will be use each year for a total of \$80,000.

7) Training Stipends – None

8) Other:

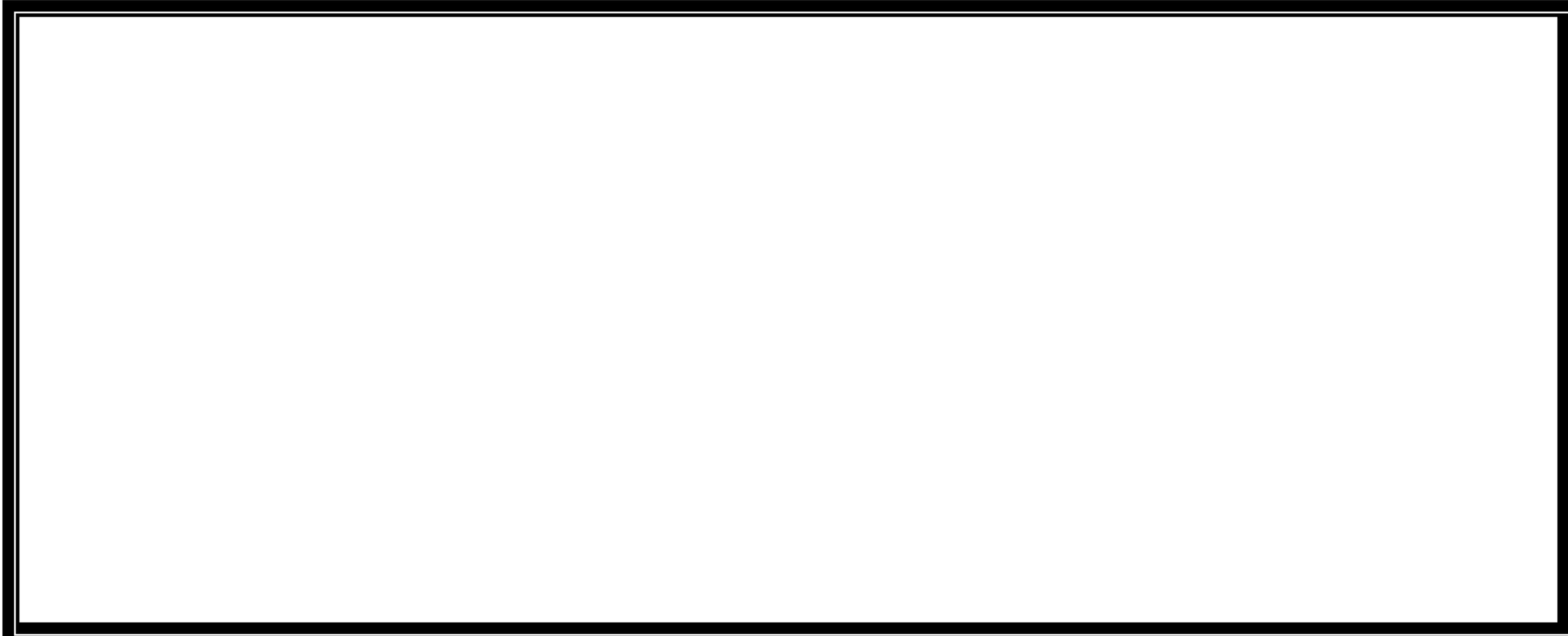
- The ELC Coordinator will require the following to complete job specifications:
  - Office space located at the DOE at 120 State Street Montpelier, VT will be provided for the ELC Coordinator position at \$2,400 per year for a total of \$9,600

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- Copier usage cost at \$860 per year for a total of \$3,440
- Telephone usage cost at \$350 per year for a total of \$1,400
- The Professional Development Coordinator will require the following to complete job specifications:
  - Office space located at the DOE at 120 State Street Montpelier, VT will be provided for the position at \$2,400 per year for a total of \$9,600
  - Copier usage cost at \$860 per year for a total of \$3,440
  - Telephone usage cost at \$350 per year for a total of \$1,400
- Several of the activities the VTDOE is responsible for include meeting costs. These are:
  - CLASS Training-of-Trainers are 3-day trainings (80 participants), CLASS Observation trainings are 2-day trainings (200 participants), and CLASS follow-up 1-day workshops (250 participants) over the life of the grant for a total of \$18,840
  - VELS Training-of-Trainers 1 day event (150 participants) facilities cost plus lunch \$3,450-- Year 2
  - Foundations for Early Learning Trainers/Consultants/Coaches Retreat/Meeting 2 day event will include up to 30 participants at a cost of \$4,000 per year for a total of \$16,000
  - Transition Project includes conducting 5 Regional Meetings (30 participants per region) \$3,240--Year 1
  - Transition Project Regional Family Forums
  - IHE Consortium & Grants meeting costs include facilities expense at \$2,500 per year for a total of \$10,000
  - Kindergarten Survey meeting costs include facilities expense at \$1,000 for Year 1 and Year 3 of the grant totaling \$2,000
- Several national conferences will be held annually over the life of the grant. The Early Education Coordinator, Essential Early Education Coordinator, ELC Coordinator, PD Coordinator, and chosen contracted individuals will have registration fees and expenses paid for in order to participant and gather new knowledge on research based practices unique to the individuals job responsibilities. These include supporting the following:
  - At least 3 individuals will attend the P-3 National Conference (Harvard) at a cost of \$8,000 per year for a total of \$32,000



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**VDH**

<b>Participating State Agency-Level Budget Table II-1</b>					
(Evidence for selection criterion (A)(4)(b))					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	223,080	228,657	234,373	240,233	<b>926,343</b>
2. Fringe Benefits	117,808	123,116	128,476	134,108	<b>503,508</b>
3. Travel	10,000	10,000	10,000	10,000	<b>40,000</b>
4. Equipment	12,500	0	0	0	<b>12,500</b>
5. Supplies	3,000	3,000	3,000	3,000	<b>12,000</b>
6. Contractual	0	0	0	0	<b>0</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other	0	0	0	0	<b>0</b>
9. Total Direct Costs (add lines 1-8)	<b>366,388</b>	<b>364,773</b>	<b>375,849</b>	<b>387,341</b>	<b>1,494,351</b>
10. Indirect Costs*	36,638	36,477	37,584	38,734	<b>149,433</b>



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11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	900,000	900,000	900,000	900,000	<b>3,600,000</b>
12. Funds set aside for participation in grantee technical assistance	25,000	25,000	25,000	25,000	0
<b>13. Total Grant Funds Requested</b> (add lines 9-12)	<b>1,328,026</b>	<b>1,326,250</b>	<b>1,338,433</b>	<b>1,351,075</b>	<b>5,243,784</b>
14. Funds from other sources used to support the State Plan	0	0	0	0	0
<b>15. Total Statewide Budget</b> (add lines 13-14)	<b>1,328,026</b>	<b>1,326,250</b>	<b>1,338,433</b>	<b>1,351,075</b>	<b>5,343,784</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through contracts, interagency agreements, MOUs or any other subawards allowable under State procurement law. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

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**VDH**

<b>Participating State Agency-Level Budget Table II-2</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>G1. Governance</b>	0	0	0	0	0
<b>G2. VT ELC Local Level</b>	0	0	0	0	0
<b>G3. Sustaining</b>	0	0	0	0	0
<b>G4. VT STARS</b>	403,026	401,250	413,433	426,075	<b>1,643,784</b>
<b>G5. Access to HQP</b>	0	0	0	0	0
<b>G6. ELG</b>	0	0	0	0	0
<b>G7. Comp Assessment</b>	150,000	150,000	150,000	150,000	<b>600,000</b>
<b>G8. CIS/HV/Health</b>	750,000	750,000	750,000	750,000	<b>3,000,000</b>
<b>G9. Family Engagement</b>	0	0	0	0	0
<b>G10. WF Deg &amp; Credials</b>	0	0	0	0	0
<b>G11. WF Know to Pract</b>	0	0	0	0	0
<b>G12. RK Survey</b>	0	0	0	0	0
<b>G13. Data Infrastructure</b>	0	0	0	0	0
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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	0	0	0	0	0	0
<b>Total Statewide Budget</b>	<b>1,303,026</b>	<b>1,301,250</b>	<b>1,313,433</b>	<b>1,326,075</b>	<b>5,243,784</b>	
<p><u>Columns (a) through (d)</u>: For each grant year for which funding is requested, show the total amount this Participating State Agency plans to spend for each Project in the State Plan. If this Participating State Agency has no role in a particular Project, leave that row blank.</p> <p><u>Column (e)</u>: Show the total expenditure, across all grant years, for the Project.</p> <p>The <u>Total Statewide Budget</u> for this table should match Line 15 for Budget Table II-1.</p>						

Budget Narrative

1. **Personnel:** 5 Public Health Nurses ( 1 FTE each) to work in local communities as Healthy Child Care Vermont liaisons from district offices to local childcare.
  - a. Salary: \$44,616 annually per FTE
  - b. Fringe: \$23,561 annually per FTE
  - c. Travel: \$2000 annually per FTE
  - d. Equipment: \$2500 on time cost per FTE
  - e. Supplies \$250 annually per FTE

TOTAL first year estimated cost: **\$366,388** , subsequent years \$353,888

2. **Contractual:**
  - a. **\$750,000** annually to expand home visiting services statewide through Children’s Integrated Services (CIS) including Nurse Family Partnership, family support home visiting through Parent Child Centers and other models of evidence-based home visiting to improve maternal and child health outcomes including school readiness and achievement.
  - b. **\$150,000** annually to continue statewide developmental screening initiatives through medical homes in Vermont to ensure that 95% of Vermont’s children are screened for developmental concerns before age24 months and that 90% are referred for appropriate evaluation and services by age 36 months





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<b>BBF COUNCIL-Level Budget Table II-1</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Budget Category</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
1. Personnel	207,945	277,004	277,004	277,004	<b>1,038,957</b>
2. Fringe Benefits	80,805	107,996	107,996	107,996	<b>404,793</b>
3. Travel	10,000	15,000	15,000	15,000	<b>55,000</b>
4. Equipment	17,500	2,100	2,100	2,100	<b>23,800</b>
5. Supplies	3,500	3,500	3,500	3,500	<b>14,000</b>
6. Contractual	750,125	1,006,391	930,791	600,791	<b>3,288,098</b>
7. Training Stipends	0	0	0	0	<b>0</b>
8. Other	0	0	0	0	<b>0</b>
<b>9. Total Direct Costs (add lines 1-8)</b>	<b>1,069,875</b>	<b>1,411,991</b>	<b>1,336,391</b>	<b>1,006,391</b>	<b>4,824,648</b>
10. Indirect Costs*	113,428	146,939	126,379	97,629	<b>484,375</b>
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	150,000	150,000	100,000	50,000	<b>450,000</b>
12. Funds set aside for participation in grantee technical assistance	25,000	25,000	25,000	25,000	<b>0</b>
<b>13. Total Grant Funds Requested (add lines 9-12)</b>	<b>1,358,303</b>	<b>1,733,930</b>	<b>1,587,770</b>	<b>1,179,020</b>	<b>5,759,023</b>

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14. Funds from other sources used to support the State Plan	0	0	0	0	0
<b>15. Total Statewide Budget</b> (add lines 13-14)	<b>1,358,303</b>	<b>1,733,930</b>	<b>1,587,770</b>	<b>1,179,020</b>	<b>5,859,023</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through contracts, interagency agreements, MOUs or any other subawards allowable under State procurement law. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

**BBFC**

<b>Participating State Agency-Level Budget Table II-2</b>					
<b>(Evidence for selection criterion (A)(4)(b))</b>					
<b>Project</b>	<b>Grant Year 1 (a)</b>	<b>Grant Year 2 (b)</b>	<b>Grant Year 3 (c)</b>	<b>Grant Year 4 (d)</b>	<b>Total (e)</b>
<b>G1. Governance</b>	434,113	555,364	542,864	542,864	<b>2,075,205</b>
<b>G2. VT ELC Local Level</b>	399,313	224,313	266,813	179,311	<b>1,069,750</b>
<b>G3. Sustaining</b>	73,703	147,469	134,369	159,367	<b>514,908</b>
<b>G4. VT STARS</b>	0	0	0	0	<b>0</b>
<b>G5. Access to HQP</b>	0	0	0	0	<b>0</b>
<b>G6. ELG</b>	0	0	0	0	<b>0</b>

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<b>G7.Comp Assessment</b>	41,250	41,250	0	0	<b>82,500</b>
<b>G8. CIS/HV/Health</b>	0	0	0	0	<b>0</b>
<b>G9. Family Engagement</b>	125,625	163,125	121,875	121,875	<b>532,500</b>
<b>G10. WF Deg &amp; Credials</b>	0	0	0	0	<b>0</b>
<b>G11. WF Know to Pract</b>	0	0	0	0	<b>0</b>
<b>G12. RK Survey</b>	0	0	0	0	<b>0</b>
<b>G13. Data Infrastructure</b>	226,665	551,165	476,915	229,415	<b>1,484,160</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Statewide Budget</b>	<b>1,300,669</b>	<b>1,682,686</b>	<b>1,542,836</b>	<b>1,232,832</b>	<b>5,759,023</b>

Columns (a) through (d): For each grant year for which funding is requested, show the total amount this Participating State Agency plans to spend for each Project in the State Plan. If this Participating State Agency has no role in a particular Project, leave that row blank.

Column (e): Show the total expenditure, across all grant years, for the Project.

The Total Statewide Budget for this table should match Line 15 for Budget Table II-1.

BUILDING BRIGHT FUTURES (BBF) COUNCIL ELC BUDGET NARRATIVE

1. PERSONNEL

Building Bright Futures Regional Councils Program Manager

Salary, \$46,000

Full time, 40 hours a week

The BBF Regional Council Program Manager will be responsible for supervising the Regional Council Coordinators who are the conveners, facilitators and daily support for the day to day work with all partner agencies in each community. The Program Manager position will be responsible for supporting the Coordinators, assuring each Region is aligning their work with the State BBF Plan that incorporates the goals and activities in the ELC application, and assuring each region is collecting and reporting required data and documentation for each of the BBF priority areas which include assuring children are ready for school.

This position will play a pivotal role in assuring the activities under Goal 1, Aligning and Coordinating Early Learning and Development systems across all sectors throughout Vermont, are carried out. The position will sit on the ELC Implementation Team and be supervised by the BBF Executive Director.

Building Bright Futures Regional Coordinators (6 FTE)

Salary, \$42,500

Full time, 40 hours a week

These positions will augment the existing Coordinator positions in order to assure each of the 12 BBF Regional Councils have the support they are mandated to carry out in Act 104,

The Regional Council Coordinators are the face and heart of BBF in their communities. They work on a daily basis with families and providers from all sectors of the early childhood system, bringing them together to holistically serve children. In their role, they will be directly responsible for and involved in all of the activities in the ELC application in some capacity within their region. The relationship based nature of this work has felt the impact of not having adequate capacity in this role up to now. Some of the lack of understanding of the roles and responsibilities of BBF and communication issues can be attributed to not having a dedicated



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Coordinator position for each region. These positions report to the BBF Regional Council Program Manager who reports to the BBF Executive Director who will also be a member of the ELC Implementation Team.

2. Fringe Benefits

The fringe benefits for all of these positions is 28%, which is consistent with State government and many private sector organizations. Building Bright Futures is now a private 501 (c) (3) organization and this fringe benefit rate is consistent with the non-profit organization who has been the BBF fiscal agent up to this point.

Total costs to grant for 7 positions including fringe benefits is \$ 1,443,750

3. Travel

Due to the very rural nature of Vermont and the lack of public transportation in most areas of the state, the staff in the Regional Coordinator and Program Manager positions are required to travel in state consistently to be in the communities within their regions to conduct meetings, support primary prevention direct services such as play groups and welcome baby visits and to build close working relationships with constituents who literally live 50 or miles apart within a single region. The majority of the budget is for in state mileage. Meals are not compensated unless there is a meeting which requires overnight accommodations, which is rare. Estimates for the travel budget were for 65 miles a week for 44 weeks in year 1, compensated at .50 per mile and applied to the 7 positions. As the positions are fully staffed and the ELC work rolls out, travel time will increase, so the estimates for years 2 through 4 are 75 miles a week for 44 weeks at .50 per mile for a cost of \$11,550. \$3,450 was included for any out of state of overnight travel that may be required and is not otherwise compensated.

4. Equipment

The equipment costs include workstations, phones, chairs and computers for 7 staff in year one at a cost of \$2,500 a person in year one (\$17,500). The following years are budgeted at \$300 a person a year, \$2100 annually, for any replacement costs, additional computer equipment needed or other related expenditures.

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5. Supplies

Office supplies budgeted at \$500 a year for each of the grant years for 7 staff. This allocation includes supplies for regional meetings and copying costs.

6. Contractual

The majority of the requested ELC funding for the responsibilities outlined in the SOW for the Building Bright Futures Council will be used to procure contracted services. The following list outlines the services to be provided, type of vendor, estimated costs and the project it aligns in the Budget Table 11-1. Costs reflected are for the 4 year span of the grant.

The BBF Council will follow and comply with all applicable State contracting procedures for procurement under 34 CFR Parts 74.40 – 74.48 and Part 80.36

- Facilitation to lead the Regional and State Councils through a process for aligning all responsibilities within the SOW and to build stronger, more representative Councils in all regions. Independent contractor with systems building and organizational leadership expertise. Costs to grant, \$350,000
- Build leadership across and throughout the early childhood system as a quality and sustainability measure. Contract with a leadership institute to design and implement a specific leadership curriculum for the early childhood workforce and enroll 60 people , 2 cohorts of participants. Costs to grant, \$972,500
- Implement a statewide public awareness and education campaign to increase understanding of the importance of early childhood services, increase participation in the QRIS and promote the Child Care Facilities Fund, all efforts to sustain access to quality services. Contract with public relations firm. Costs to grant, \$468,098
- Hire consultant to work with a committee to establish common assessment tools and to integrate and align them across disciplines to promote implementation and coordination at the local level. Costs to grant, \$75,000
- Implement strategies to outreach to families with young children, especially those who are more isolated and not using many or any early childhood services to learn more about where our youngest children are and how to support them and their families. Use community based organizations to conduct a multifaceted outreach activities and contract for research assistance, linking this work to the supply and demand study. Costs to grant, \$450,000



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Approving Federal agency: \_\_\_ ED \_\_\_ HHS \_\_\_ Other  
*(Please specify agency):* BBF Council



**BUDGET PART II - NARRATIVE**

*Describe, in the text box below, the Participating State Agency's budget, including--*

- *How the Participating State Agency plans to organize its operations in order to manage the RTT-ELC funds and accomplish the work set forth in the MOU or other binding agreement and scope of work;*
- *For each project in which the Participating State Agency is involved, and consistent with the MOU or other binding agreement and scope of work:*
  - *An explanation of the Participating State Agency's roles and responsibilities*
  - *An explanation of how the proposed project annual budget was derived*
- *A detailed explanation of each budget category line item, including the information below.*

**1) Personnel**

Provide:

- The title and role of each position to be compensated under this grant.
- The salary for each position.
- The amount of time, such as hours or percentage of time, to be expended by each position.
- Any additional basis for cost estimates or computations.

Explain:

- The importance of each position to the success of specific. If curriculum vitae, an organizational chart, or other supporting information will be helpful to reviewers, attach in the Appendix and describe its location.

**2) Fringe Benefits**

Provide:

- The fringe benefit percentages for all personnel.
- The basis for cost estimates or computations.

**3) Travel**

Provide:

- An estimate of the number of trips.
- An estimate of transportation and/or subsistence costs for each trip.
- Any additional basis for cost estimates or computations.

Explain:

- The purpose of the travel, how it relates to project goals, and how it will contribute to project success.

**4) Equipment**

Provide:

- The type of equipment to be purchased.
- The estimated unit cost for each item to be purchased.

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- The definition of equipment used by the State.
- Any additional basis for cost estimates or computations.

Explain:

- The justification of the need for the items of equipment to be purchased.

**5) Supplies**

Provide:

- An estimate of materials and supplies needed, by nature of expense or general category (*e.g.*, instructional materials, office supplies).
- The basis for cost estimates or computations.

**6) Contractual**

Provide:

- The products to be acquired and/or the professional services to be provided.
- The estimated cost per expected procurement.
- For professional services contracts, the amounts of time to be devoted to the project, including the costs to be charged to this proposed grant award.
- A brief statement that the State has followed the procedures for procurement under 34 CFR Parts 74.40 - 74.48 and Part 80.36.
- Any additional basis for cost estimates or computations.

Explain:

- The purpose and relation to the State Plan or specific project.

Note: Because grantees must use appropriate procurement procedures to select contractors, applicants should not include information in their grant applications about specific contractors that may be used to provide services or goods for the proposed project if a grant is awarded.

**7) Training Stipends**

Note:

- The training stipend line item only pertains to costs associated with long-term training programs and college or university coursework that results in a credential or degree, not workshops or short-term training supported by this program.
- Salary stipends paid to teachers and other early learning personnel for participating in short-term professional development should be reported in Personnel (line 1).

Provide:

- Descriptions of training stipends to be provided, consistent with the “note” above.
- The cost estimates and basis for these estimates.

Explain:

- The purpose of the training.

**8) Other**

Provide:

- Other items by major type or category.
- The cost per item (printing = \$500, postage = \$750).
- Any additional basis for cost estimates or computations.

Explain:

- The purpose of the expenditures.

**9) Total Direct Costs**

Provide:

- The sum of expenditures, across all budget categories in lines 1-8, for each year of the budget.

**10) Indirect Costs**

Provide:

- Identify and apply the indirect cost rate. (See the section that follows, Budget: Indirect Cost Information.)

**11) Funds distributed to localities, Early Learning Intermediary Organizations, Participating Programs, or other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws.**

Provide:

- The specific activities to be done by localities, Early Learning Intermediary Organizations, Participating Programs, or other partners.
- The estimated cost of each activity.
- The approximate number of localities, Early Learning Intermediary Organizations, Participating Programs, or other partners involved in each activity.
- The total cost of each activity (across all localities, Early Learning Intermediary Organizations, Participating Programs and other partners).
- Any additional basis for cost estimates or computations.

Explain:

- The purpose of each activity and its relation to the State Plan or specific project.

Note: States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Department expects that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

**12) Funds set aside for participation in grantee technical assistance**

Provide:

- The amount per year set aside for this Participating State Agency.

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Note: The State must set aside \$400,000 from its Total Grant Funds Requested for the purpose of participating in RTT–ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.

**13) Total Funds Requested**

Provide:

- The sum of expenditures in lines 9-12, for each year of the budget.

**13) Other Funds Allocated to the State Plan**

Provide:

- A description of the sources of other funds the State is using to support the projects in the State Plan.
- A description of how the quality set-asides in CCDF will be used for activities and services described in the State Plan, if applicable.
- Any financial contributions being made by private entities such as foundations.

Explain:

- Each funding source, the activities being funded and their relation to the State Plan or specific project, and any requirements placed on the use of funds or timing of the activity.

**14) Total Budget**

Provide:

- The sum of expenditures in lines 13 and 14, for each year of the budget



**VERMONT EARLY LEARNING CHALLENGE (VT ELC)**

**STATE PLAN  
MASTER AGREEMENT  
BETWEEN**

**VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES WITHIN THE  
AGENCY OF HUMAN SERVICES (LEAD AGENCY)  
AND VERMONT DEPARTMENT OF HEALTH WITHIN THE AGENCY OF HUMAN  
SERVICES (PARTICIPATING STATE AGENCY),  
VERMONT DEPARTMENT OF EDUCATION (PARTICIPATING STATE AGENCY),  
AND  
THE BUILDING BRIGHT FUTURES COUNCIL (PARTICIPATING AGENCY)**

This Master Agreement is entered into by and between the Vermont Department for Children and Families within the Agency of Human Services (“Lead Agency”) and the Vermont Department of Health within the Agency of Human Services (“Participating State Agency”), and the Vermont Department of Education (“Participating State Agency”), and the Building Bright Futures Council (“Participating Agency”). The purpose of this agreement is to establish a framework of collaboration, as well as articulate specific roles and responsibilities in support of the State in its implementation of an approved Race to the Top-Early Learning Challenge grant project.

**I. ASSURANCES**

The Participating Agencies/Participating Agency hereby certifies and represents that they:

1) Each agree to be a Participating State Agency/Participating Agency and will implement those portions of the VT ELC State Plan within the Scope of Work assigned to them as indicated in Exhibit I, if the State application is funded;

2) Agree to use, to the extent applicable and consistent with the VT ELC State Plan and Exhibit I:

(a) A set of statewide Early Learning and Development Standards: (Vermont First Steps, Vermont Early Learning Standards, Common Core State Standards K12);

(b) A set of statewide Program Standards for Early Learning and Development Programs (VT STARS Program Performance Standards and Qualified Prekindergarten Education Program as defined in Vermont State Board of Education, Rule 2600: Rules Governing

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Prekindergarten Education which incorporates VT STARS Program Performance Standards);

(c) A statewide Tiered Quality Rating and Improvement System (Vermont Step Ahead Recognition System (VT STARS)); and

(d) A statewide Workforce Knowledge and Competency Framework and progression of credentials (Northern Lights Career Development Center Core Competency Documents and Vermont Northern Lights Career Ladder, and Vermont Standards Board for Professional Educators: Licensing Rules and Endorsement Area: Early Childhood Education and Early Childhood Special Educator)

3) Have all requisite power and authority to execute and fulfill the terms of this Master Agreement;

4) Are familiar with the State's Race to the Top-Early Learning Challenge grant application and are supportive of and committed to working on all applicable portions of the VT ELC State Plan;

5) Will provide a Final Scope of Work only if the State's application is funded and will do so in a timely fashion but no later than 90 days after a grant is awarded; and will describe the Participating State Agency's/Participating Agency's specific goals, activities, timelines, budgets, and key personnel ("Participating State Agency/Participating Agency Plan") in a manner that is consistent with the Preliminary Scope of Work (Exhibit I), with the Budget included in section XI - XIII of the VT ELC State Plan (including existing funds, if any and as applicable, that the Participating State Agency/ Participating Agency is using for activities and services that help achieve the outcomes of the VT ELC State Plan); and

6) Will comply with all of the terms of the Race to the Top-Early Learning Challenge Grant, this agreement, and all applicable Federal and State laws and regulations, including laws and regulations applicable to the Race to the Top-Early Learning Challenge program, and the applicable provisions of EDGAR (34 CFR Parts 75, 77, 79, 80, 82, 84, 85, 86, 97, 98 and 99).

## II. PROJECT ADMINISTRATION

**A. PARTICIPATING STATE AGENCIES/PARTICIPATING AGENCY RESPONSIBILITIES**

In assisting the Lead Agency in implementing the tasks and activities described in the State's Race to the Top-Early Learning Challenge grant application, the Participating State Agencies/ Participating Agency will:

- 1) Implement the Participating State Agency/Participating Agency Scope of Work assigned to them as identified in the Exhibit I of this agreement;
- 2) Abide by the governance structure outlined in the VT ELC State Plan;
- 3) Abide by the Participating State Agency's/Participating Agency's Budget included in section XI - XIII of the State Plan (including the existing funds from Federal, State, private and local sources, if any, that the Participating State Agency is using to achieve the outcomes in the RTT-ELC State Plan);
- 4) Actively participate in all relevant meetings or other events that are organized or sponsored by the State, by the U.S. Department of Education ("ED"), or by the U.S. Department of Health and Human Services ("HHS");
- 5) Post to any Web site specified by the State, ED, or HHS, in a timely manner, all non-proprietary products and lessons learned developed using Federal funds awarded under the RTT-ELC grant;
- 6) Participate, as requested, in any evaluations of this grant conducted by the State, ED, or HHS;
- 7) Be responsive to State, ED, or HHS requests for project information including on the status of the project, project implementation, outcomes, and any problems anticipated or encountered, consistent with applicable local, State and Federal privacy laws.

**B. LEAD AGENCY RESPONSIBILITIES**

In assisting the Participating State Agencies in implementing their tasks and activities described in the VT ELC State Plan application, the Lead Agency will:

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- 1) Work collaboratively with, and support each Participating State Agencies/Participating Agency in carrying out the Scope of Work assigned to them, as identified in Exhibit I of this agreement;
- 2) Timely award the portion of Race to the Top-Early Learning Challenge grant funds designated for each Participating State Agency/Participating Agency in the State Plan during the course of the project period and in accordance with the Participating State Agency's/Participating Agency's Scope of Work, as identified in Exhibit I, and in accordance with the Participating State Agency's/Participating Agency's Budget, as identified in section XI-XIII of the State's application;
- 3) Provide feedback on the Participating State Agency's/Participating Agency's status updates, any interim reports, and project plans and products;
- 4) Keep the Participating State Agencies/Participating Agency informed of the status of the VT ELC State Plan implementation and seek input from the Participating State Agency/Participating Agency where applicable, through the governance structure outlined in the VT ELC State Plan;
- 5) Facilitate coordination across Participating State Agencies/Participating Agency necessary to implement the VT ELC State Plan; and
- 6) Identify sources of technical assistance for the project.

**C. JOINT RESPONSIBILITIES**

- 1) The Lead Agency and each Participating State Agency /Participating Agency will appoint a key contact person for the VT ELC State Plan.
- 2) These key contacts from the Lead Agency and each Participating State Agency/Participating Agency will maintain frequent communication to facilitate cooperation under this Master Agreement, consistent with the VT ELC State Plan and governance structure.
- 3) Lead Agency and Participating State Agency/Participating Agency personnel will work together to determine appropriate timelines for project updates and status reports throughout the grant period.
- 4) Lead Agency and Participating State Agency/Participating Agency personnel will negotiate in good faith toward achieving the overall goals of the State's Race to the Top-Early Learning Challenge grant, including when the VT ELC State Plan requires modifications that affect Participating Agencies/Participating Agency, or when the Participating State Agency's /Participating Agency's Scope of Work requires modifications.

**D. STATE RECOURSE IN THE EVENT OF A PARTICIPATING STATE AGENCY'S/PARTICIPATING AGENCY'S FAILURE TO PERFORM**

If the Lead Agency determines that a Participating State Agency/Participating Agency is not meeting its goals, timelines, budget, or annual targets, or is in some other way not fulfilling applicable requirements, the Lead Agency will take appropriate enforcement action, which could include initiating a collaborative process by which to attempt to resolve the disagreements between the Lead Agency and the Participating State Agency/Participating Agency, or initiating such enforcement measures as are available to the Lead Agency, under applicable State or Federal law.

**III. MODIFICATIONS**



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This Master Agreement may be amended only by written agreement signed by each of the parties involved, in consultation with ED.

**IV. DURATION**


This Master Agreement shall be effective, beginning with the date of the last signature hereon and, if a Race to the Top- Early Learning Challenge grant is received by the State, ending upon the expiration of the Race to the Top- Early Learning Challenge grant project period.

**V. SIGNATURES**

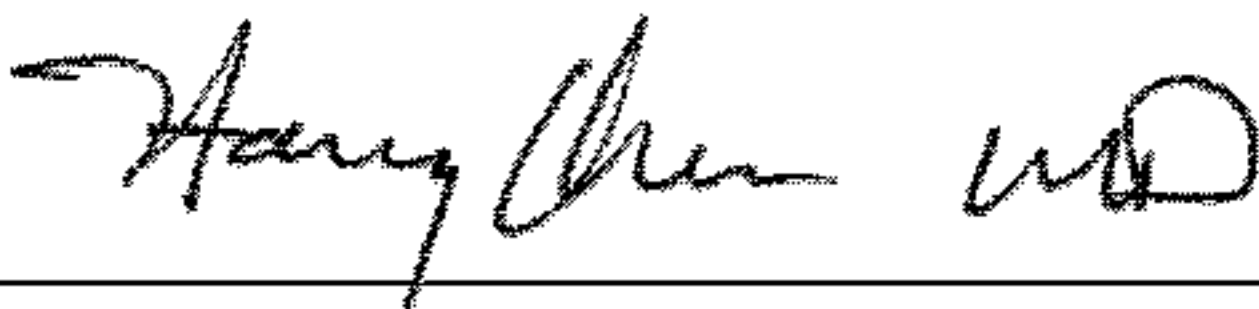
**Authorized Representative of Vermont Department for Children and Families (Lead Agency):**

  
\_\_\_\_\_  
Signature Date  
Dave Yacovone, Commissioner, Vermont Department for Children and Families  
October 17, 2011

**Authorized Representative of Vermont Department of Education (Participating State Agency):**

  
\_\_\_\_\_  
Signature Date  
Armando Vilaseca, Commissioner, Vermont Department of Education  
October 17, 2011

**Authorized Representative of Vermont Department of Health (Participating State Agency):**

  
\_\_\_\_\_  
Signature Date  
Harry Chen, M.D., Commissioner, Vermont Department of Health  
October 17, 2011

**Authorized Representative of Building Bright Futures Council (Participating Agency):**

  
\_\_\_\_\_  
Signature Date  
Kim Keiser, Acting Executive Director, Building Bright Futures Council  
October 17, 2011

**EXHIBIT I – SCOPE OF WORK FOR LEAD AGENCY AND EACH PARTICIPATING STATE AGENCY/PARTICIPATING AGENCY**

The **Vermont Department for Children and Families** hereby agrees to participate in the VT ELC State Plan, as described in the State’s application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Type of Participation</b>
(A)(3)	Commissioner or designee and Head Start Collaboration Office Director participates regularly and actively on BBF Council (statewide) and encourages District Office staff and AHS Field Directors to participate actively on Regional Councils
(A)(3)	Designated senior staff participates regularly and actively as a member of the VT ELC Implementation Team and recruits DCF content/program experts as participants in VT ELC activities as appropriate.
(A)(3)	Hires and supervises a VT ELC State Plan Manager. Manager serves as one of support staff of VT ELC Implementation Team
(A)(3)	Convenes, manages and supports the VT ELC Implementation Team
(A)(3)	Leads development and implementation of ELC Partnerships. Encourages District Office staff and AHS Field Directors to participate in ELC Partnerships in local communities.
(A)(3)	Lends expertise and participation to success of Leadership Development Institute.
(A)(4)	Engages in discussion and planning within AHS to identify re-purposing or re-investment financing strategies to sustain the achievements of the VT ELC State Plan
(A)(4)	Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan
(B)(1) & (4)	Maintains VT STARS as the state TQRIS. Maintains commitment to high standards. Leads improvement of VT STARS reporting.
B)(2)	Develops and implements a robust program of rewards and incentives to increase participation in VT STARS and support continuous program improvement and maintaining program quality through VT STARS participation
(B)(2)	Works collaboratively with the VDH and other partners to develop and implement a multi-disciplinary program consultation model and project to help early learning and development programs in schools, centers and family child care homes participate in VT STARS and continuously improve and maintain the quality of early learning and development services
(B)(3)	Supports review and revision of child care licensing regulations and processes
(B)(3)	Leads implementation of training and reliability activities to expand and strengthen valid and reliable use of Environmental Rating Scales in regulated early learning and development programs in schools, centers and family child care homes,
(B)(3)	Hires, trains, supervises and supports four additional Licensing Field Specialists to improve technical assistance capacity and strengthen monitoring of regulatory compliance in schools, centers and family child care homes.
(B)(4)	Participates as co-lead in implementation of expansion of Act 62 publicly funded preschool to all school districts in Vermont
(B)(4)	Implements expansion of Early Head Start/Head Start (EHS/HS) slots beyond

Vermont Early Learning Challenge Application for Initial Funding [CFDA 84.412]  
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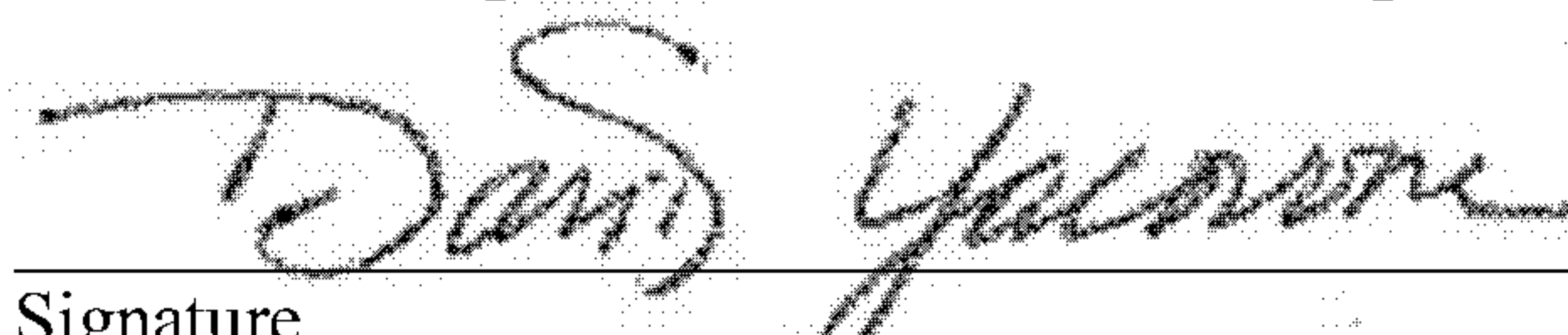
<b>Selection Criterion</b>	<b>Type of Participation</b>
	federal HS appropriation
<b>(B)(4)</b>	Implements CC FAP policy analysis – tie to context of other benefits – makes recommendations for improving economic security and stability for young children and their families and supporting continuity of enrollment in high quality early learning and development programs for high needs children.
<b>(B)(4)</b>	Works closely with DOE in implementation of improving or eliminating transitions between early learning and development programs and services across the developmental span from birth – 8 including exploration of birth – 5 option under IDEA rules.
<b>(B)(5)</b>	Leads evaluation and validation, possible streamlining (as advisable) of VT STARS, maintains commitment to high standards
<b>(C)(1)</b>	Participates in completion of infant toddler early learning guidelines (First Steps)
<b>(C)(1)</b>	Participates in alignment of early learning guidelines across developmental age span from birth – age eight
<b>(C)(1)</b>	Participates in development and implementation of professional development experiences for Early Childhood Educators (ECEs) related to understanding of early learning guidelines across all developmental ages(birth – 8) and integration of understanding into practice
<b>(C)(1)</b>	Participates in update and dissemination of materials to inform families about early learning guidelines across all developmental ages (birth – 8) to engage families in supporting early learning and development
<b>(C)(2)</b>	Designated staff actively participates in Comprehensive Assessments System group convened by BBF Council
<b>(C)(2)</b>	Assists in expansion of the use of Teaching Strategies GOLD assessment system throughout all types of early learning and development programs, including in infant and toddler settings, for documenting children’s development and informing practices
<b>(C)(2)</b>	Assists in incorporation of CLASS as a commonly used assessment tool in early learning and development programs in Vermont and as part of the VT STARS array of assessment tools
<b>(C)(3)</b>	Implements increasing and enhancing regional capacity to fully and successfully implement Children’s Integrated Services. CIS
<b>(C)(3)</b>	Assists in increasing the capacity for expanding and integrating an array of consistently delivered, evidence-informed home visiting services that encompasses nursing and family support for young children and their families from the prenatal period through age 6 using existing delivery systems and focused particularly on high needs children not currently enrolled in regulated centers and family child care homes.
<b>(C)(3)</b>	Leads activities to promote food security, good nutrition and physical activity through early learning and development programs in schools, centers and family child care homes’ s well as through home visiting and other services
<b>(C)(4)</b>	Works closely with BBF Council to develop and implement effective strategies to consistently, methodically, and regularly elicit, compile and interpret input from families, particularly those families of high needs children, in natural environments in communities in order to better understand their preferences and challenges and incorporate their views and voice in transforming policies, practices and investments in statewide and local early learning and development systems.
<b>(C)(4)</b>	Designated staff actively participates on work group to create Vermont Family



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Selection Criterion	Type of Participation
	Engagement Framework
(D)(1)	Maintains Northern Lights Career Development Center (NLCDC) Core Competency documents and Career Ladder and continues to improve coordination and integration with Vermont's Department of Education regulations governing educator preparation and licensing for teachers of young children.
(D)(2)	Implements developing and supporting a coherent, coordinated and consistent system of career advisement that is free and readily available to all ECEs throughout Vermont.
(D)(2)	Implements increasing rewards and recognition related to career advancement and the attainment of career milestones, particularly credentials and licensure.
(D)(2)	Participates in Higher Education Consortium convened by DOE
(D)(2)	Leads development and implementation of a well defined and broadly communicated scholarship program addressing professional development at all practitioner levels for ECEs in all types of programs
(D)(2)	Leads development and implementation of a compensation initiative linked to increased qualifications, that helps to retain a qualified ECE workforce
(D)(2)	Implements expansion of the Vermont Early Childhood Apprenticeship Program.
(D)(2)	Works collaboratively with the DOE to develop and implement coordinated, standards based, evidence-informed mentoring, coaching and consultation experiences that are consistently affordable and accessible to ECEs in their workplace as part of their professional growth in the field.
(E)(1)	Participates in validation and strengthening of Vermont Ready Kindergarteners Survey
(E)(2)	Designated staff actively participates on the Early Childhood Data Governance Council convened by the BBF Council.
(E)(2)	Contributes relevant data to known/shared data on early learning and development
(E)(2)	Works closely with BBF Council to improve consistency of available workforce data in Bright Futures Information System (BFIS)

**Authorized Representative of Vermont Department for Children and Families (Lead Agency):**


October 17, 2011  
 \_\_\_\_\_  
 Signature Date  
 Dave Yacovone, Commissioner, Vermont Department for Children and Families



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The **Vermont Department of Education** hereby agrees to participate in the VT ELC State Plan, as described in the State's application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Type of Participation</b>
(A)(3)	Commissioner or designee participates regularly and actively on BBF Council (statewide) and encourage leaders in Local Education Agencies (LEAs) to participate on BBF Regional Councils.
(A)(3)	Designated senior staff participates regularly and actively as a member of the VT ELC Implementation Team and recruits DOE content/program experts as participants in VT ELC activities as appropriate.
(A)(3)	Hires and supervises a VT ELC Coordinator. Coordinator serves as one of support staff of VT ELC Implementation Team
(A)(3)	Lends expertise and participation to success of local efforts in ELC Partnerships and Leadership Development Institute. Encourages leaders in LEAs to engage in ELC Partnerships in their communities.
(A)(4)	Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan
(B)(1)(2)(3) & (5)	Designated Senior staff continues active participation on the VT STARS Oversight Committee
(B)(4)	Leads implementation of expansion of Act 62 publicly funded preschool to all school districts in Vermont
(B)(4)	Leads implementation of improving or eliminating transitions between early learning and development programs and services across the developmental span from birth – 8 including exploration of birth – 5 option under IDEA rules.
(C)(1)	Leads completion of infant toddler early learning guidelines (First Steps)
(C)(1)	Leads alignment of early learning guidelines across developmental age span from birth – age eight
(C)(1)	Leads development and implementation of professional development experiences for Early Childhood Educators (ECEs) related to understanding of early learning guidelines across all developmental ages (birth – 8) and integration of understanding into practice
(C)(1)	Updates and disseminates materials to inform families about early learning guidelines across all developmental ages (birth – 8) to engage families in supporting early learning and development
(C)(2)	Designated staff actively participates in Comprehensive Assessments System group convened by BBF Council
(C)(2)	Leads expansion of the use of Teaching Strategies GOLD assessment system throughout all types of early learning and development programs, including in infant and toddler settings, for documenting children's development and informing practices
(C)(2)	Leads incorporation of CLASS as a commonly used assessment tool in early learning and development programs in Vermont and as part of the VT STARS array of assessment tools
(C)(3)	CACFP staff participates in workgroup promoting good nutrition and food security for young children including the provision of healthy meals in early learning and development programs
(C)(4)	Designated staff actively participates on work group to create Vermont Family

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Selection Criterion	Type of Participation
	Engagement Framework
(D)(1)	Maintains Vermont's Department of Education regulations governing educator preparation and licensing for teachers of young children and continues to improve coordination and integration with Northern Lights Career Development Center (NLCDC) Core Competency documents and Career Ladder.
(D)(2)	Convenes and supports Higher Education Consortium that includes all public and private higher education institutions that provide educational opportunities for ECEs committed to development and implementation of a strategic plan to align programs to Vermont's Workforce and Knowledge Competency Framework and effectively support access to higher education for ECEs in Vermont
(D)(2)	Leads the development and implementation of a grant program for institutions of higher education to develop affordable programs to move cohorts of ECEs in all fields from one educational level to another along a fluid continuum.
(D)(2)	Works collaboratively with the CDD in DCF to develop and implement coordinated, standards based, evidence-informed mentoring, coaching and consultation experiences that are consistently affordable and accessible to ECEs in their workplace as part of their professional growth in the field.
(E)(1)	Leads validation and strengthening of Vermont Ready Kindergarteners Survey
(E)(2)	Designated staff actively participates on the Early Childhood Data Governance Council convened by the BBF Council.
(E)(2)	Contributes education data to known/shared data on early learning and development
(E)(2)	Maintains State Longitudinal Data System in good standing as required by ED

**Authorized Representative of Vermont Department of Education (Participating State Agency):**


October 17, 2011  
 \_\_\_\_\_  
 Signature Date  
 Armando Vilaseca, Commissioner, Vermont Department of Education


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The **Vermont Department of Health** hereby agrees to participate in the VT ELC State Plan, as described in the State’s application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Type of Participation</b>
(A)(3)	Commissioner or designee participates regularly and actively on BBF Council (statewide) and encourages District Office staff and leadership of local community wellness initiatives to participate actively on Regional Councils
(A)(3)	Designated senior staff participates regularly and actively as a member of the VT ELC Implementation Team and recruits VDH content/program experts as participants in VT ELC activities as appropriate.
(A)(3)	Lends expertise and participation to success of local efforts in ELC Partnerships and Leadership Development Institute. Encourages District Office staff and leaders in local community wellness initiatives to engage in ELC Partnerships in their communities.
(A)(4)	Engages in discussion and planning within AHS to identify re-purposing or re-investment financing strategies to sustain the achievements of the VT ELC State Plan
(A)(4)	Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan
(B)(2)	Works collaboratively with the CDD in DCF and other partners to develop and implement a multi-disciplinary (MD) program consultation model and project to help early learning and development programs in schools, centers and family child care homes participate in VT STARS and continuously improve and maintain the quality of early learning and development services. Specifically adds 5 FTE s to MCH Public Health Nurse capacity in districts across Vermont to re-design and re-invigorate Health Child Care Vermont (HCC VT) as part of MD consultation.
(C)(2)	Designated staff actively participates in Comprehensive Assessments System group convened by BBF Council
(C)(2)	Leads expansion of Vermont’s statewide system for early and continuous developmental screening.
(C)(3)	Leads increasing the capacity for expanding and integrating an array of consistently delivered, evidence-informed home visiting services that encompasses nursing and family support for young children and their families from the prenatal period through age 6 using existing delivery systems and focused particularly on high needs children not currently enrolled in regulated centers and family child care homes.
(C)(3)	Participates actively in activities to promote food security, good nutrition and physical activity through early learning and development programs in schools, centers and family child care homes’ s well as through home visiting and other services
(C)(4)	Designated staff actively participates on work group to create Vermont Family Engagement Framework
(E)(2)	Designated staff actively participates on the Early Childhood Data Governance Council convened by the BBF Council.
(E)(2)	Contributes relevant health data to known/shared data on early learning and development

Vermont Early Learning Challenge Application for Initial Funding [CFDA 84.412]  
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**Authorized Representative of Vermont Department of Health (Participating State Agency):**

 \_\_\_\_\_  
Signature Date  
Harry Chen, M.D., Commissioner, Vermont Department of Health



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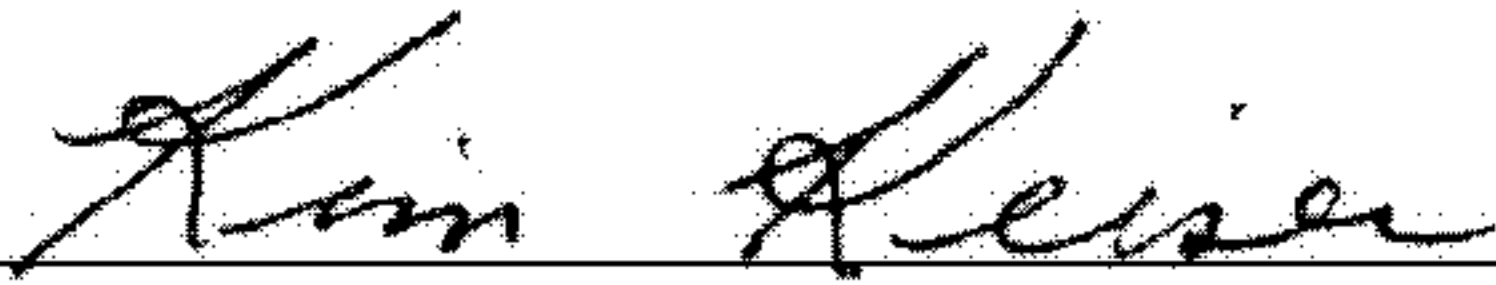
**The Building Bright Futures Council** of Vermont hereby agrees to participate in the VT ELC State Plan, as described in the State’s application, and more specifically commits to undertake the tasks and activities described in detail below.

<b>Selection Criterion</b>	<b>Type of Participation</b>
(A)(3)	Convenes, manages, and supports Building Bright Futures Council (statewide)
(A)(3)	Actively recruits and engages critical partners at state and local levels, clearly articulates relationships and responsibilities among partners and overlapping systems of care, and promotes strategic planning and action at state and local levels
(A)(3)	BBF Council Executive Director participates regularly and actively as a member of the VT ELC Implementation Team and recruits BBF Council content/program experts as participants in VT ELC activities as appropriate.
(A)(3)	Hires and supervises a BBF Regional Councils Manager. Manager serves as one of support staff of VT ELC Implementation Team
(A)(3)	Hires, trains, supervises and supports 6 FTEs as Regional Council Coordinators to enhance the capacity of BBF Regional Councils
(A)(3)	Participates in the development and implementation of ELC Partnerships. Supports Regional BBF Councils in providing inclusive, collaborative local governance structure for ELC Partnerships.
(A)(3)	Leads development and implementation of BBF Leadership Development Institute.
(A)(4)	Engages in discussion and planning by VT ELC Implementation Team and the BBF Council to identify strategies and public or private funds to sustain the achievements of the VT ELC State Plan
(A)(4)	Develops and implements a multi faceted public education and engagement campaign that targets all Vermont communities and is focused on 3 target audiences, the public, parents and families, and policy makers in order to increase public will and support for investments in early learning and development services, and increase public awareness of the VT STARS program and its relationship to higher quality services for children.
(B)(1)(2)(3) & (5)	Designated BBF Council members continue active participation on the VT STARS Oversight Committee
(C)(2)	Convenes, manages and supports ad hoc Comprehensive Assessments System Group to assess the current system, integrate and align assessment tools and practices across disciplines and promote implementation and coordination at state and local levels.
(C)(4)	Leads the development and implementation of effective strategies to consistently, methodically, and regularly elicit, compile and interpret input from families, particularly those families of high needs children, in natural environments in communities in order to better understand their preferences and challenges and incorporate their views and voice in transforming policies, practices and investments in statewide and local early learning and development systems.
(C)(4)	Convenes, manages and supports work group to create Vermont Family Engagement Framework. Ensure Vermont completion and endorsement of a single set of standards and practices related to family engagement and support and plan for dissemination and implemented statewide.
(D)(2)	BBF Council members participate in Higher Education Consortium convened by DOE.
(E)(2)	Hires, supervises and supports data and planning personnel to create and support the unified early childhood data reporting infrastructure that tracks results and provides

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Selection Criterion	Type of Participation
	consistent reporting of VT's early learning and development outcomes and policy questions.
(E)(2)	Fully implements all activities in the plan to enhance Vermont's early childhood data system so that it is a unified system used by all to improve practices and inform policies that support children's health, development and learning and is aligned and interoperable with Vermont's Statewide Longitudinal Data System.
(E)(2)	Establishes an Early Childhood Data Governance Council that includes Policy, Data and IT leadership from VT ELC participating state agencies and other relevant state agencies and partners.
(E)(2)	Produces timely and useful reports on the status of measurable outcomes related to children's early learning and development at both statewide and regional levels to inform improved practice, effective investments and sound policy decisions.

**Authorized Representative of Building Bright Futures Council (Participating Agency):**


October 17, 2011  
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 Signature Date  
 Kim Keiser, Acting Executive Director, Building Bright Futures Council