

# VERMONT EARLY CHILDHOOD ACTION PLAN

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## CONSOLIDATED COMMENTS RECEIVED ON ACTION PLAN DRAFT 3-3-14 (ORGANIZED BY RESULT)

### Overview of General Comments about Plan as a Whole

1. Positive feedback
  - a. Great job! A truly "actionable" action plan.
  - b. As ambitious as it is, it also conveys as being within the realm of achievable. Thank you!
  - c. I appreciate the multiple opportunities that have been provided for stakeholder input.
  - d. I am very impressed! Excellent work.
  
2. Funding/financing
  - a. We need to look at more low-cost /no-cost strategies and actions for this plan; that is a hallmark of RBA and seems to be limited /missing here. Likewise, do we want to indicate what has funding and what would need funding to be implemented?
  - b. It would be helpful to make a notation (either using a key or adding a column) to indicate which actions have funding and which need funding.
  
3. Language, specificity and prioritization
  - a. There are widely varying levels of specificity across the document. To shorten the document and make it more accessible to a wide audience, we may want to provide a supplemental with additional details or suggested detailed actions.
  - b. There is vast inconsistency of language and specificity. This inconsistency has broad implications. If we are very specific about certain strategies but not others, it could imply one is more important than the other.
  - c. Prioritizing action steps would also be helpful. Some action steps are much more defined and specific than others. It will be easier to focus on what we already have a vision for doing but I am not sure this means that those are the priority action steps to take.
  
4. Leads
  - a. Because the leads are state agencies (with possibly some exceptions), the Plan feels like a state government plan, not a statewide Vermont plan.
  - b. I have concerns that the same groups and agencies that currently oversee programs are the same ones tasked to make change. If they had the ability to create change within the system, why has it not been done already?
  
5. Integration
  - a. To feel more integrated, the results should include more cross-sector strategies and/or the document needs to lay out at the beginning a broader context to help readers make the natural linkages that exist throughout the Plan.
  - b. There is inconsistent referencing of other results throughout the document, which could imply that other relationships between strategies across results doesn't exist if it isn't noted.

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- c. I really appreciate the identification of initiatives from other arenas into this plan, i.e. from RTTT. We have to model what we are identifying as strategies -- integration, efficiency, seamlessness. To that end I fully support a State Early Childhood Leadership Team to help create the integration and only hope that it includes new voices and perspectives in addition to the usual suspects.
2. Language
    - a. We said a year ago that we wanted to be bold, yet some of the language, e.g. “explore,” “inventory” and “plan” doesn’t feel bold.”
    - b. Look over the whole document for person-first language changes, please e.g. “parent of special needs child” should be “a parent of a child with special needs. “
3. Layout/format
    - a. Current layout doesn't imply that it is a working document that will change over time; reads like a firm planning document
    - b. The document needs an executive summary.
    - c. I still think the format is not user friendly and turn readers away. Perhaps the indented bullets under actions steps can be eliminated from this document and provided to the lead agencies as information?
4. Kim Friedman’s observations
    - a. Role of Parent Child Centers & BBF Regional Councils: The comments reinforced the differing opinions regarding the role that Parent Child Centers and Building Bright Futures Regional Councils should/could play as families’ best clearinghouses/single points of entry into the early childhood system
    - b. Family leadership: The comments underscored disagreement over what family leadership looks like when it comes to decision-making. Some argue that families should have a primary decision-making role in the policy arena, while others argue that isn’t realistic or even optimal. Furthermore, are we talking about families having a primary role or being equal partners in decision-making? All kinds of decision-making? Or are we talking about families have equal opportunities to provide input?

## **Definition of Key Terms**

1. Add the following definition of *family leadership*: Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community and state. This includes: setting goals; designing, implementing and evaluating programs; monitoring outcomes; and partnering in funding decisions. Families are given accurate, understandable, and complete information necessary to set goals and to make informed decisions, and are given equal opportunities to provide direction for decisions that impact funding for services, treatments, and supports.

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2. Add a paragraph about Integrated Family Services; explain that IFS encompasses many of the actions in the Action Plan even if it's not cited specifically

## **Result #1**

### **1. Strategy #1**

- a. list this strategy as #4 rather than #1
- b. We need to evaluate these economic security actions to know if they are effective. Add something in the Plan to this effect (Result #5?).
- c. 5<sup>th</sup> bullet: How is this different from CIS consultations?

### **2. Strategy #2:**

- a. General
  - i. Add "Ensure supports and services are robust and accessible no matter where a family lives."
  - ii. I wonder if we need to build on provider mental health supports to parents and therefore need to assure we have access to resources and insurance to make sure MH and SA issues are being addressed. So maybe "inventory resources for parents for MH and SA and determine if there are gaps" and "work to assure parents have access to the resources necessary to sign up for insurance through the exchange."
  - iii. The current strategy reads to indicate preventive mental health treatment; suggest rewording if that isn't what is meant
- b. Actions #1 & #2: Medicaid/CIS? What's the thinking here?
- c. Regarding dental, there is a shortage of dentists in the state, particularly those that serve Medicaid patients without a quota. Should strategies be considered to increase qualified workforce in this area such as the legislation currently proposed to create a mid-level dental practitioner that would be able to perform preventive and restorative dental care?
- d. Somehow parental involvement needs to be required.

### **3. Strategy #3**

- a. I am wondering if under Result #1 Evidence Based Home Visiting, Children's Integrated Services can be cross referenced. I noticed that Home Visiting was referenced in Early Intervention.
- b. There is no provision for transportation for families to be able to have access.

### **4. Strategy #4**

- a. Add "Ensure respite and flexible funding are available to families of children with special needs, especially at critical/crisis times."
- b. Make this strategy #1
- c. Consider stronger language than "explore"
- d. Suggested leads Vermont EC Alliance and Vermont Commission on Women
- e. In addition to making it possible for parents to care for their children at critical times, it is also important that parents and families can achieve basic economic security. If you make the heading more general in this way, it may make sense to include exploring an increase to the minimum wage. In addition, the first bullet references parental leave. Does this refer

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- only to maternity/paternity leave? Perhaps it should read long-term family and medical leave, which will allow families to access the program for extended illnesses as well. Regarding flexible working arrangements - it only references education regarding what's permissible under law. Perhaps this could be a bit stronger and actually encourage policies and standards that incentivize or promote greater flexibility in the workplace. It may also be important to emphasize the need to educate people around the links between family economic security and early childhood well-being.
- f. Some areas need "fresh eyes" for oversight.

## **Result #2**

### **1. Strategy #1**

- a. This needs some major revision:
- i. Suggest grouping these actions into "tax interventions" "housing interventions" "food security interventions," etc.
  - ii. Choose a few actions, but the laundry list takes away from the effectiveness and readability of this strategy
  - iii. Promote initiatives that lead to a livable wage for all families "including child care providers"
  - iv. Family supportive housing program is only a pilot in a few communities - it's too soon yet to even know if this will have positive results
  - v. Separate community housing grants into its own sub bullet
  - vi. Language re-phrase to talk about expanding initiatives and also improving promotion and participation in programs
  - vii. LIHEAP bullet is too specific when compared to others
  - viii. Outreach and enrollment in programs: Should it be enrollment or enrollment assistance? Could list seasonal fuel, three squares, etc .
  - ix. Double the number of available rental subsidies (rather than doubling the number of families housed which could just be a redistribution of current funds)
  - x. Emergency heating services bullet: why not make it broader to say help families address their budget to afford their utilities not just focus on crisis fuel
  - xi. Increase participation in existing food programs: delete the section after the comma (no food shelves) and make farm to school a separate bullet
  - xii. Identify "and address" administrative barriers...
  - xiii. If this strategy is going to be so incredibly broad, need more lead partners like VHCB or VSHA (housing), HFVT (nutrition), etc.
- b. Food insecurity is not addressed sufficiently here.
- c. Promoting family economic security should include more than increasing the min wage or striving for a livable wage - it should also reference paid time off policies, including both sick time and long-term family leave.

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- d. Moving economic security to Result #2 has caused confusion. While our logic that families' economic security is an essential precursor to family leadership, this connection was lost on some reviewers.
- e. 2<sup>nd</sup> bullet: add words in CAPS: "Review and revise existing state policies and practices that create barriers to housing stability for families with children, including families with an incarcerated or recently incarcerated family member, MILITARY FAMILIES AND FAMILIES WITH A PARENT IN RECOVERY"

## 2. Strategy #2:

- a. Need a parent org as a lead (if we're talking about parents first, we can't just have AHS and AOE)
- b. Use evidence-informed rather than evidence-based
- c. Insert "revised" VELS
- d. To my knowledge, MTSS doesn't provide the evidence based PD - can you double check this one?
- e. Add a new action: Strengthen family to family support and education through family support organizations." (VFN, VFF, Head Start, PCCs, etc.)

## 3. Strategy #3

- a. What about the broader parent groups, not just groups specific to mental health (like VFN); maybe Head Start as a lead?
- b. Why is this the only place that specifically lists finding sustainable funding? Shouldn't that either be included in all strategies / actions or listed in the broader document as a part of them all?
- c. Composition of Statewide Family Leadership Team:
  - i. If the goal is truly family "leadership," then parents should comprise more than just half of the Statewide Family Leadership Team's membership; they should comprise a majority of the team (51% or more) so that they truly are in a leadership position. That might require more support initially, but may better support sustainability long-term.
  - ii. Change % of families to "at least 51% parents/family members"

## 4. Strategy #4

- a. Suggested leads VT businesses for social responsibility; Vermont business roundtable; VT Commission on Women, EC Alliance
- b. in the strategy, change "parents" to "families"
- c. What is the scope of this action? Could be a "examples of possible actions include room for breastfeeding, flex time policies, flexible schedules, etc."?
- d. To really effect comprehensive systems change, it seems that this should involve more than providing businesses with tools and recommendations. It should involve a willingness to establish new workplace standards in VT. This doesn't supplant the need for education and

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tools - information and guidance should be provided as well as considering other forms of incentives for businesses to go beyond the minimum and so that they understand what policies are likely to have the greatest impacts for families as well as for business productivity itself.

- e. Might want to make a reference back to Result #1, Action #4

## 5. Strategy #5

- a. Change wording of strategy to “community-BASED decision-making”
- b. The sub bullets under IFS seem like they should be a part of all the implementation. Why are they only listed here?
- c. “ Inventory funding in each region and determine what can be combined”: This bullet aligns fully with the best-practices approach of comprehensive interlinked data aggregation and sharing: to my mind, this should be followed in all aspects of action plan implementation
- d. Last action step bullet re: BBF Regional Councils should emphasize their essential role in local stakeholder decision-making re: early care, health, and ed

## Result #3

### 1. General

- a. Result #3 is vague in terms of high quality "opportunities" and seems somewhat focused on early care and education -- I wonder if IFS might belong here somehow
- b. Result #3 feels too big, too general, too expensive and too focused on early learning and development.
- c. In general, the wording of this strategy is vastly different from the rest of the document
- d. The consistency and viability of pre-k partnerships should be mentioned given all the regional differences that exist.
- e. This should reflect all services and support a family will need, not just childcare and education. All should be high quality. It should also speak of families feeling able to choose home or out of home care----Part of the problem here is can many families afford to stay home? Can we work to make this an option for Vermont’s children? WE NEED TO BE BOLD!

### 2. Strategy #1

- a. Pedagogy should:
  - i. be addressed as part of defining quality
  - ii. Add: social, emotional and mindfulness training for care providers and parents.
- b. 2<sup>nd</sup> action: "excess capacity" is unclear and how that relates to increase use of schools as community centers year round. Does this mean if the school has space they aren't using?
- c. Maybe list AOE and AHS as potential leads; our council didn't feel BBF was the appropriate lead for this strategy
- d. CCFAP sub bullet - what specifically? it just lists CCFAP

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- e. 3<sup>rd</sup> bullet: (prevention programs)
    - i. Vague which is perhaps fine but contrasts with action steps that are much more defined (i.e. bullet 4 with its sub-bullets).
    - ii. "Expand prevention programs" is incredibly broad and not similar to other strategies in this section in terms of specificity
    - iii. Add "children with social emotional needs/at risk of experiencing developmental delays."
    - iv. Expand prevention programs and services for children at risk of abuse and neglect and their families: This action step will definitely require some clarification on what is the baseline "measure" and what constitutes "expansion"
  - f. Last two bullets (Strengthening Families Centers Grant Program & Expand funding to support multi-generational, community-based activities and events)
    - i. Can these be used to support efforts to plan and implement youth and family learning centers in the state (e.g., the Northeast Kingdom Boys and Girls Club [NEKBAGC] in Lyndonville, or a proposed children's museum)?
    - ii. Strengthening Families: I don't think this is the correct title; I don't think "centers" belongs here; also in this bullet "high needs children" should be rewritten "children with high needs"
- 3. Strategy #2**
- a. General
    - i. I agree with both Breena [Holmes] and Steve [Contompassis] that quality standards for the training will be very important. My hope is that those quality standards will include the criteria for inter-professional collaboration. Recall that collaboration is often an unnatural act. There are many natural barriers to creating the integrated system of care envisioned by the medical home and Blueprint for Health. Certainly, one strategy and associated action steps would be to create those quality standards that will drive the definition of integrated planning and delivery of services at all levels of the system envisioned by the Forum and, I think, by the proponents of Care Coordinators.  
So, my concern is grounded in the notion of quality and is somewhat broader than a specific action: I think it would make sense to spell out the strategy and action steps regarding ways to influence (1) Policy, (2) Training and (3) Practice to achieve (1) Family Centered, (2) Community Based (3) Culturally Competent, (4) Collaboratively Developed Systems and the role of each of the participating partners, (1) Health, (2) Education and (3) Human Services. Visualize a chart with columns with the actions to be taken by partners to achieve changes in the four components in the three areas simultaneously.
    - ii. This one, in particular, needs external partners as leads.
    - iii. Why is the science and research bullet the primary bullet in this section?

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- b. 1<sup>st</sup> bullet
  - i. First sub bullet has very weird language; maybe "agree on or formalize definitions..." and take out the parentheses
  - ii. Change "parent training" in series under 1st action step bullet to "learning opportunities and skill building for parents"
  - iii. "Determine changes required at the state" what does this mean? can it be reworded?
- c. 2<sup>nd</sup> bullet
  - i. Add to action step bullet #2 "Ensure sound implementation of high-quality early childhood supports and services" ---"Equal access to supports and services (esp. for children on the autism spectrum, those with high-tech medical concerns, and other children with special needs)"
  - ii. Under "ensure sound implementation" bullet; is this a finite list that we're bound to? Otherwise, maybe word as "actions may include..."
  - iii. The providers on our council didn't know what "classroom scoring system" was - is this CLASS? Why is this included in addition to Gold, Stars, etc?
  - iv. As much as possible I hope we can stop using "child care" and use "early care and education" ("implement new child care licensing regulations" -- may not be the best example of when it is possible to use other language).
  - v. Make the close alignment between the multiple programs mentioned here (such as VELs, ERS, and STARS) both transparent and understandable to all. I'm also highlighting several more of the included sub-strategies:
    - o Expand the use of Teaching Strategies GOLD (birth-grade 3) so educators use child data to individualize and inform their practices
    - o Implement the Classroom Scoring System (birth- grade 3) to provide data on quality of adult/child and child/child interactions and use the data to improve practicesMy emphasis is--as in all my suggestions here--to ensure that the data already in place and certainly being augmented (via RTTT and TEACH requirements, for instance) is actually used: totally and optimally shared, first, and then fully mined by all individuals, agencies, and other entities charged with implementing the action plan to truly make maximum use of the information in a truly timely fashion (if it's not implemented in a rolling fashion across the four years of RTTT operation, for instance, it'll mostly be outdated by the end of that cycle).
  - vi. Add an explanation of TSG in an endnote: " Teaching Strategies GOLD is a formative as well as summative assessment; it is designed so that educators use information they collect through observations to determine each child's knowledge and skills. Early childhood educators should then use that knowledge in their planning and interactions so that children have opportunities that target when they are rendering these opportunities high quality individualized opportunities."

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## 4. Strategy #3

- a. suggested lead VAEYC
- b. 1<sup>st</sup> bullet
  - i. MTSS: too "jargony"
  - ii. I could be wrong, but I believe Vermont does NOT have an infant & toddler-specific credential, as some other states do, and I think that might fit into this Result & Strategy.
  - iii. Cult. & ling. Competency: I think this would be a great place to build in an action for cross-sector decision-making. I know among ECE workforce, there are a lot of different training models used (Bridges out of poverty, but Strengthening Families is another one. PCAN also addresses this). I imagine there are training curriculums used for PD for other sectors--mental health, social workers, etc, etc...that I am not even aware of. I would love the opportunity to have a cross-sector:
    - 1. discussion around vetting the various approaches and training curricula
    - 2. agree on shared guiding principles / approaches around build increased cultural and linguistic competency into workforce development
    - 3. identifying (1, 2, 3??) training curricula that align with those shared guiding principles/values
    - 4. Design a cross-sector approach to DELIVERING that training state-wide and to cross-sector groups.
  - iv. "Build required common knowledge" - required by whom? we seem to be over-requiring things here when compared to other industries (like LICSW)
  - v. Additional sub bullet for strengthening families –
- c. Last bullet (compensation)
  - i. Should be listed first in this section as the priority; include something about parity between school districts and private providers
  - ii. The language in the last bullet and sub bullets should be stronger than "explore"
  - iii. Make it clear that it's not just child care wages.
- d. What about ensuring that early childhood is represented on workforce development initiatives across the board, such as the Statewide Workforce Development Board. Another idea may be to explore an allocation from the Vermont Training Fund for investment in early child care workforce development.
- e. Add: Implement effective policies, practices, and protocols to enhance alignment in curriculum offerings among all higher education institutions in the state. Provide rationale and rewards for cross-sector articulation agreements. Encourage all higher ed institutions to revisit, reconsider, and if necessary recalibrate their outreach efforts to serve and support the professional development needs, especially as they align with attainment of Associate's degrees and Bachelor's degrees, of early childhood educators currently in the field. Finally, update the current Peer Review Process (alternate

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pathway to teacher licensure), and provide more financial support for individuals using that option.

## **Result #4**

### **1. General**

- a. In the strategy language, should it read "a rationale and approach"? I don't know what a rational approach means
- b. Add BBF regional councils as a lead

### **2. Strategy #1**

- a. General
  - i. Where is BBF in the first strategy?
  - ii. In the strategy language, should it read "a rationale and approach"? I don't know what a rational approach means
  - iii. Add: "Ensures compliance with entitlement programs' requirements: EPSDT, parts C and B"
  - iv. Add BBF regional councils as a lead
  - v. I wonder if there's a place in this strategy to cite the need to have good data to support financing strategies, such as (in caps): Create a DATA-DRIVEN early childhood finance and investment plan that utilizes existing resources and newly-acquired funds; emphasizes quality assurance; enables flexible use of resources; promotes sustainability; and ensures equitable distribution of resources among regions
- b. 2<sup>nd</sup> bullet (global budget): sounded "fluffy"
- c. It will be important to look for ways that increasing families' general economic security (such as through increasing the min wage etc) relieves other human services costs and commitments that could be reinvested strategically into early childhood. Clearly linking workforce standards to savings in the state's budget should be an intentional part of the decision making process around early childhood funding.
- d. I did see there was establishment of Leadership Teams, however, I would like to see that we measure the effectiveness of the current leadership in Early Education and establish Leadership Competencies as well as ongoing Monitoring of Leadership Effectiveness. See the Maternal and Child Health Care Competencies. That is one place to begin.  
[http://mchb.hrsa.gov/training/documents/pdf\\_library/mch\\_leadership\\_comp\\_3-0.pdf](http://mchb.hrsa.gov/training/documents/pdf_library/mch_leadership_comp_3-0.pdf)

### **3. Strategy #2**

- a. Suggested lead VAEYC
- b. Last bullet should read "parents or personnel / programs"

### **4. Strategy #3**

- a. Lead should be the State Leadership Team not just VDH to demonstrate the importance of this strategy.

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## 5. Strategy #4

- a. Really hope we can keep pushing resources to the prevention end of the continuum!
- b. One easily accessible form that investment in preventive health care can take is through a universal paid sick days standard, which encourages and increases access to preventive health care - is shown to impact the regularity with which children access their annual well-care visits, are immunized, etc. Since this already a strategy under discussion in the Action Plan - it may make sense to make this connection explicit here and to suggest that there may be other indirect ways to encourage better access to preventive health care that could be explored as well.

## 6. Strategy #5:

- a. As to the excellent strategic details copied here: #5: Build public will for an increased investment in early childhood • Launch a statewide a public awareness campaign • Develop new champions: I would suggest a highly intentional recruitment campaign to enlist every type of public media in the state to partner with the initiative. If every newspaper, TV or cable outlet, et al could be brought on board to support the mandate of covering all the positive efforts being put forth by the many involved early childhood advocates within their catchment area, this campaign could snowball. Why not have all sorts of daily, weekly, monthly programming dedicated to supporting children and families? Too, a targeted networking of these proposed newfound champions of children has exemplary potential for going viral. A small subset of this notion is to become much more targeted in recruiting knowledgeable individuals to be data-dissemination champions: this, too, aligns with all my primary emphasis throughout this feedback. Given that so much information has been aggregated over the years, in the public domain but without much opportunity for public access or input, it seems to me that making a concerted effort to get all this important research out there in significant, user-friendly, legible and comprehensible ways directly supports the goal of building public good will toward all these linked efforts
- b. Last bullet: add "develop new champions AND UNEXPECTED MESSENGERS"

## **Result #5**

### 1. Strategy #1

- a. The document repeatedly reads to encourage or strengthen etc and in this piece BBF is "required" to do certain tasks. Inconsistent and jarring.
- b. 1<sup>st</sup> bullet: add "and provide the funding, training, and data systems to the regions to accomplish this"
- c. If the first two bullets stay as "require" than the third bullet must also read "require."

### 2. Strategy #2

- a. Given the experiences of other states that are farther along in their early childhood data endeavors, we might want to change the following strategy as indicated in caps: Determine

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- how to use consistent identifiers AND OTHER CHILD IDENTIFYING METHODS (E.G., PROBABILISTIC MATCHING) for individual children across data collection systems
- b. 4<sup>th</sup> bullet is a repeat from the 1<sup>st</sup> strategy, though rephrased slightly
  - c. last bullet, add "while protecting privacy and confidentiality"

### 3. Strategy #3

- a. To my mind, this exemplary strategy and its logical and useful action steps could well prove to be the pivot upon which the entire Early Childhood Frameworks and even the Race to the Top efforts can turn. I have been advocating for just such effective and efficacious integration of existing and developing data sets ever since I started participating in the Preparation and Professional Development committee. Kathleen Patterson's work (and that of her colleague Dave) is advancing such cross-platform integration dramatically, and needs to be fully and powerfully supported. All these efforts should be advanced via the guidelines established by the national Early Childhood Data Collaborative (partnership details: The Early Childhood Data Collaborative (ECDC) supports state policymakers' development and use of coordinated state early care and education (ECE) data systems to improve the quality of ECE programs and the workforce, increase access to high-quality ECE programs, and ultimately improve child outcomes. The ECDC will provide tools and resources to encourage state policy change and provide a national forum to support the development and use of coordinated state ECE data systems). link:  
<http://www.ecedata.org/files/2013%20State%20of%20States%27%20Early%20Childhood%20Data%20Systems.pdf> Given that Julie Coffey and Kathleen Patterson are specifically cited in the 2013 State of States Early Childhood Data Systems, it's clear that Vermont's Action Team is fully up to speed on the overarching goals of the ECDC and will be advocating fully for the achieving of these synthesizing goals. I'm just seeking to add my voice to the call for ensuring that all this is carried out as expeditiously and efficiently as possible
- b. 1<sup>st</sup> bullet
  - i. BBF Regional Councils would be an effective way for the public to access data and information about best practice.
  - ii. the formatting in this section is odd, making things long and skinny
  - iii. sub bullet 1; oddly detailed; should state it's related to individual child outcomes
  - iv. sub bullet 2; include something about funding and training in the use of; creating one system for reporting all data
  - v. sub bullet 3; "develop, fund and train"; why is it listed as CIS here but IFS everywhere else? we need to be consistent throughout
  - vi. I think it would be great if language such as the following (in caps) could be added:  
Expand the capacity AND USE of the Early Childhood Data Reporting System (ECDRS) ACROSS THE STATE, INCLUDING IN SUPPORT OF TRACKING THE INDICATORS IDENTIFIED IN THIS ACTION PLAN AND IN ESTABLISHING AND MAINTAINING SUSTAINABLE FUNDING FOR VERMONT'S EARLY CHILDHOOD AGENDA.

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## **Result #6**

### **1. Strategy #1**

- a. General: Isn't BBF the structure already? What does this mean to develop a "clear development structure...?"
- b. 1<sup>st</sup> bullet needs to:
  - i. Specifically list "including engagement of community partners and other stakeholders"
  - ii. Make it clear that we're talking about competing for fed, state, philanthropic *grants*, not state contracts, etc.
- c. 2<sup>nd</sup> bullet felt like "fluff"

### **2. Strategy #2**

- a. This one desperately needs local partners as a lead; PCCN would be our suggestion
- b. 1<sup>st</sup> bullet: does this refer to the grants the state would apply for?
- c. 2<sup>nd</sup> bullet: we don't know what that is. is this misnamed here?
- d. This section needs to clearly state that nonprofit community agencies are accountable to their individual boards and can seek funding independently
- e. I would reframe and integrate Strategies #2 and #4.
- f. 4<sup>th</sup> bullet: add "pay for planning, meetings and evaluation time." This to also include stipends, childcare and other incentives and supports for parent partners/leaders. Suggest we make this one "CREATE A PROCESS THAT ALLOWS FOR RELATIONSHIP BUILDING AND JOINT PLANNING, WITH COMPENSATION FOR PARTICIPATION IN PLANNING, MEETING, AND EVALUATION."

### **3. Strategy #3**

- a. sub bullet 3 (common app.): potentially include "use technology to download information into the form for the newly desired services" or something similar as a common application can become too wordy and complicated
- b. 2<sup>nd</sup> bullet (build connections): add sub-bullet "fully funding PCCs as one stop service center for early childhood"

### **4. Strategy #4:**

- a. General
  - i. Add Alliance as a lead org
  - ii. This strategy seems redundant in certain places with #2 -- could maybe just reference #2 as done in other areas of the plan? As noted above, I view Strategy #2 and Strategy #4 to have so many aspects that align closely that I recommend their being merged.
- b. 2<sup>nd</sup> bullet (competitive to collaborative)
  - i. Add "including but not limited to" or something similar
  - ii. Incentivize collaboration and shared overhead.
  - iii. Is exactly the same as the 5th bullet in Strategy #2. Probably ok either place

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- c. 3<sup>rd</sup> bullet
  - i. BBF regional coordinators won't have offices under the new model so they can't be a physical clearinghouse; possibly local PCCs?
  - ii. Consider PCC's and family support organizations as possible regional clearinghouses.
  - iii. Unclear about regional clearinghouse in BBF -- again, large scope action step without a lot of specifics
- d. 4<sup>th</sup> bullet
  - i. Sub bullets are awkwardly worded & clarify that early childhood (not entire VT workforce) is the focus here.
  - ii. Move 3rd sub bullet in this section to the top
- e. 5<sup>th</sup> bullet: Again we are "requiring" BBF councils in a way that no other partners in the action plan are required? this language should be consistent
- f. Last bullet - in partnership with whom?

*Prepared 3-12-14 by Kim Friedman, Action Plan Developer*