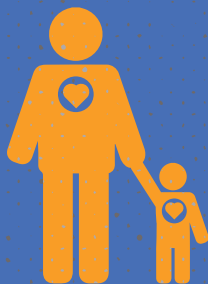
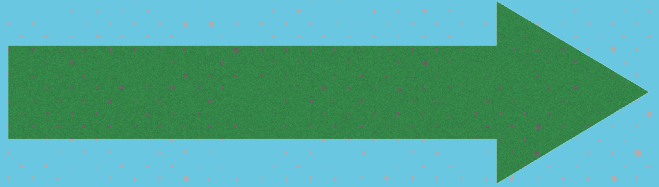


Vermont Early Childhood Action Plan 2020



Message from the Building Bright Futures State Advisory Council Executive Director & Co-Chairs

Thank you for your commitment to strengthening the early childhood (EC) system and improving the well-being of Vermont's children (prenatal through third grade) and their families. As Vermonters, we recognize the importance of strong relationships and breaking down silos to support equitable access to services, resources and supports, and to promote optimal outcomes for each and every child and their family.

We know that the first three years of life provide the most critical period of child development. It is the time where the architecture of the growing child's brain is established and patterns of behavior are created. The family, community, and the early childhood system set the stage for long-term social, emotional and cognitive development.

Recognizing the importance of the early years, in 2013 Governor Shumlin's Administration originally championed Vermont's Early Childhood Framework, to unify Vermonters in our efforts to ensure the well-being of Vermont's young children and their families. The original Early Childhood Action Plan (ECAP) was created to ensure the six goals of the Framework were realized. Both documents reflected a shared responsibility for the well-being of Vermont's children and their families.

The Framework laid the groundwork for a collaborative approach to building a comprehensive and integrated early childhood system that promotes healthy child development and family stability. It articulated common goals and began to create a common language across disciplines.

In 2020, equity and access became prominent priorities in Vermont's Early Childhood Action Plan (VECAP). The VECAP was updated through an extensive 2-year process with participation of over 300 stakeholders. This iteration was informed by Vermont's 2020 Early Childhood Needs Assessment which identified the gaps, challenges and barriers faced by Vermont's children, families and EC system. As gaps emerged, or in most cases widened, objectives, strategies and outcomes were prioritized in the strategic plan. This iteration of the strategic plan holds true to the values outlined in the original Framework and ECAP. The VECAP is designed to build collective accountability to achieve measurable 2026 goals. It is also designed to evolve based on new evidence, best practices, lessons learned and improved analytics through the identification and measurement of child, family and system indicators. Our goal is to ensure that every Vermonter is able to see themselves and their work represented within this strategic plan. The VECAP articulates a strengthened vision for Vermont's children and families:

Vermont aspires to realize the promise of each and every Vermont child by ensuring that the early childhood system is an integrated, continuous, comprehensive, high quality system of services that is equitable, accessible and will improve outcomes for children in the prenatal period to age eight and their families.

Over many decades, countless EC champions have built, invested in, and contributed to a stronger system for our children. Strong leaders in communities, public and private early

education programs, schools, businesses, non-profits, advocacy, state government, philanthropy and many others have ensured the sustainability of our system. Consequently, Vermont's current EC system is robust, including services, supports and resources in the following domains: physical health, mental health, early care, education, home visiting, nutrition, family support services, disabilities services and more. However, despite our efforts, not all children and families are able to access what they need to thrive and our system is underfunded. Our work to this point has been important... and we still have work left to do.

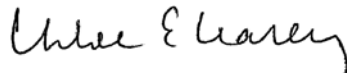
With the publishing of the 2020 VECAP, we ask all Vermonters to affirm this vision by creating positive change in the early childhood system. Together, WE will implement this strategic plan and hold each other accountable to the goals, objectives, strategies and outcomes identified because we believe in it, and commit to the vision outlined.

We look forward to working together with families, communities, partner organizations, and lawmakers to best support the children and families of our state.

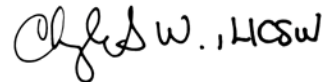
Sincerely,



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Executive Director
Building Bright Futures State
Advisory Council (SAC)



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VERMONT EARLY CHILDHOOD ACTION PLAN (VECAP) The 5 year vision & strategic plan¹

VERMONT'S VISION

Vermont aspires to realize the promise of each and every Vermont child by ensuring that the early childhood system is an integrated, continuous, comprehensive, high quality system of services that is equitable, accessible and will improve outcomes for children in the prenatal period to age eight and their families in Vermont.

Vermont's Early Childhood Action Plan (VECAP)

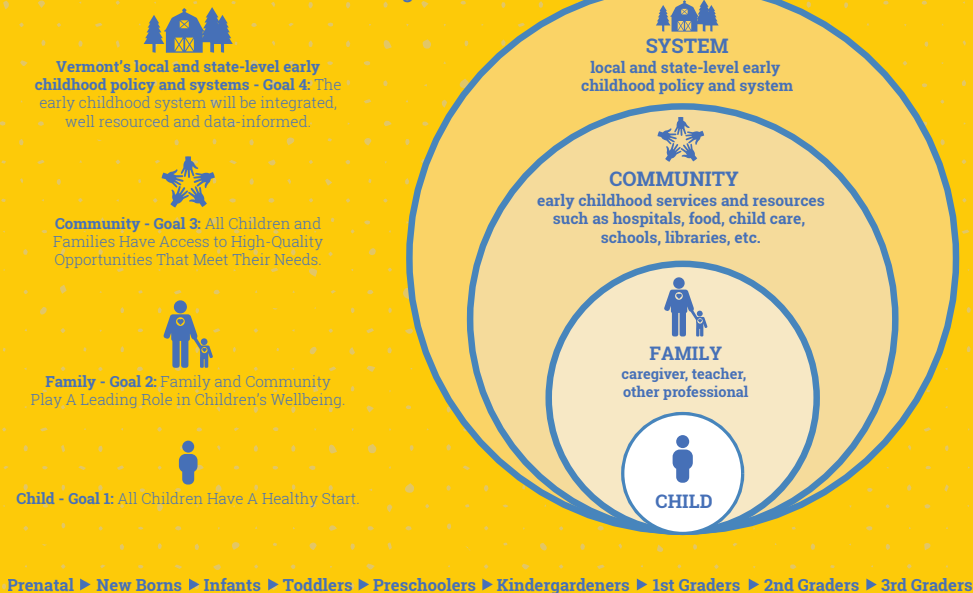
is a bold, collaborative approach to building a comprehensive and integrated early childhood system that promotes healthy child development and family stability. The VECAP outlines a cohesive vision by the year 2026, and establishes shared accountability to achieve statewide priorities for children and families from the prenatal period through age eight.

Originally established in 2013 along with the Vermont Early Childhood Framework, the updated VECAP is a structure around

which to build coordinated action across public and private stakeholders throughout Vermont. It centers around making measurable changes in early childhood outcomes through identification of common goals, strategies to reach those goals, and the use of common language to align initiatives. It is built on Vermont's Guiding Principles which articulate Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness and success now and into the future.

MAKING CHANGE FOR CHILDREN, FAMILIES, COMMUNITIES AND THE EARLY CHILDHOOD SYSTEM

Figure 1



Vermont's Early Childhood Action Plan (VECAP) has **4 goals**, each aligned with a level of change. **Figure 1** shows the **child** at the heart of the plan aligned with **Goal 1: All Children Have a Healthy Start**. The child is nested within the **family** context and is aligned with **Goal 2: Families and Communities Play a Leading Role in Children's Well-being**. The third level is the broader **community**, which has an array of services, supports and resources for children and families, and is aligned with **Goal 2 and Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs**. Finally, at the outermost level is **Vermont's local and state policy and system**, which represents the larger policies and decisions that impact all other layers aligned with **Goal 4: The Early Childhood System will be Integrated, Well Resourced and Data-Informed**.

Vermont's Early Childhood Action Plan (VECAP) has 4 goals, each aligned with a level of change. The nested nature of these layers indicates bidirectional relationships; when change happens at any level, it also has the ability to impact the layers around it. *Each goal of the VECAP ultimately seeks to improve outcomes for Vermont's children and families at the heart of Vermont's Vision.*

¹ Full VECAP at <https://bit.ly/VECAP2020>

VECAP GOALS AT A GLANCE

1. ALL CHILDREN HAVE A HEALTHY START

Children's healthy development depends on their early experiences, their environment and the health and well-being of their parents and caregivers. We know children are more likely to thrive when they live in safe and stable home environments and when families have equitable access to resources when they need them. To achieve this goal, Vermont will work to ensure all children prenatal through age eight are thriving across 4 primary domains: physical health, social and emotional wellness, developmental and educational results, and adequate basic needs for a child to thrive.

2. FAMILIES & COMMUNITIES PLAY A LEADING ROLE IN CHILDREN'S WELL-BEING

Vermont's families and communities need to be strong, resilient and have the capacity to identify and meet the needs of children. A priority within this goal is to advance policies, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences. Building a system that listens to the needs of families, and creates space at the table to make decisions together, are core to success. To achieve this goal, Vermont will work to create safe and stable home environments, economic stability, family friendly workplace policies, parent and family leadership, and communities with social and physical infrastructure to nurture resilient children and families.

3. ALL CHILDREN & FAMILIES HAVE ACCESS TO HIGH-QUALITY OPPORTUNITIES THAT MEET THEIR NEEDS

Vermont is invested in giving children the strongest start possible by creating resources and services that are accessible, equitable and high-quality in the same 4 primary domains for children to thrive: physical health, social and emotional wellness, developmental and educational results, and adequate basic needs to improve family outcomes. Delivering quality services depends on a skilled and stable early childhood workforce. Identifying inequities for vulnerable children and building strategies to counter systemic racism and discrimination to create more equitable access to healthcare, mental health services, childcare, early identification and intervention, and learning outcomes.

4. THE EARLY CHILDHOOD SYSTEM WILL BE INTEGRATED, WELL RESOURCED & DATA-INFORMED

Vermont is committed to building a seamless, equitable system of care for children and families. Goal 4 has three related parts. The first requires collaborative leadership, coordination and communication at all levels starting with aligned vision and language championed by agency and community leaders. This leadership is essential to promote efficiencies and streamline systems to create a seamless experience for families. The vision is to build greater coordination with every sector – including early care and education, health, mental health, human services, housing, and the business community. The second part of Goal 4 is to collect and report high quality data to understand how services, supports and resources are reaching the kids and families they intend to, and to measure the extent strategies and investments are making the desired impact. The third part is to leverage the integration and data to guide Vermont's early childhood expenditures, support efficient deployment of resources, and to increase public awareness about the value of investing in children and the early childhood system.

MEASURING SUCCESS

In order to know whether Vermont has been successful in improving outcomes across the early childhood system, indicators have been identified at each of the 4 layers of the system to monitor progress over time. Selected indicators by level are below. The complete list of intermediate and 5-year indicators can be found in the full VECAP document. **is equitable, accessible and will improve outcomes for all children in the prenatal period to age eight and their families in Vermont.**

Child

Indicators at the **child** level include increasing the percent of children who are flourishing (four standard characteristics); reducing the percent of low birth-weight infants; increasing the percent of children reading at grade level by third grade; and reducing the number of children experiencing homelessness.

Family

Indicators at the **family** level include increasing the number of child-serving programs that have adopted the Strengthening Families Approach, increasing the percent of children living in a home where the family demonstrates resilience, and increasing the percent of children with a trusted adult in their lives.

Community

Indicators at the **community** level include increasing the number of families receiving home visiting services, monitoring the number of children served by Designated Mental Health Agencies, decreasing the average age of identification/referral to Early Intervention, increasing the number of children enrolled in Universal Prekindergarten Education, and increasing the percent of communities reporting a strong physical infrastructure.

System

Unfortunately, no existing data currently captures integration outcomes within and across **Vermont's early childhood service system**. By 2026, Vermont will be able to measure integration within the early childhood system, to identify resource allocation and whether decision-makers at all levels are using data to inform decisions.

Accountability

The VECAP is a dynamic collective vision and plan, but accountability has been challenging to articulate. Frequently throughout the development of this action plan, members of focus groups and VECAP Committees vocalized this struggle. The question of who is responsible for what, when and how is difficult to answer in a large statewide system with a culture of ever-increasing engagement, and a structure of disparate stakeholders from both the public and private sector.

All Early Childhood partners, including state agencies, community partners, and families will be held responsible for working toward this vision by creating positive change in the early childhood system. Together, **we** will implement this plan and hold each other accountable to the goals, objectives, strategies and outcomes identified within this plan. The Building Bright Futures network infrastructure, including regional councils, VECAP committees and the State Advisory Council will provide the accountability structure, support and monitoring.

A Data Informed Plan

Vermont's Early Childhood (EC) stakeholders partnered to design the [2020 Early Childhood Systems Needs Assessment](#), to collect data, and thoughtfully analyze the ways in which Vermont's EC programs, professionals, and structures contribute to the Vermont Early Childhood Framework and vision *to realize the promise of every Vermont child, across all levels of the system*. This needs assessment met both BBF's charge to conduct a periodic needs assessment by the Vermont Legislature under Vermont's Act 104, and the requirement from the Preschool Development Grant (PDG). In particular, the needs assessment collected data to examine the strengths and opportunities for the EC system at this critical time, and to better understand important questions including:

- What do we know about the quality and availability of programs and support for Vermont's young children and families?
- To what extent are the most vulnerable young Vermonters and their families able to access the services and support that they want and need?
- How are families and communities engaged in, informing, and leading Vermont's EC systems?
- What strengths, gaps, and opportunities are there in EC systems, including the availability of data, financial and practical resources, its professional workforce, and system wide coordination and integration?



The following page contains the executive summary of the Needs Assessment. This work informed the updates to the Vermont Early Childhood Action Plan (VECAP) – Vermont's strategic plan.

The final Needs Assessment Report explores eight themes in detail and contains qualitative and quantitative data. The exploration and documentation of data gaps will be updated on a regular basis separate from the final report.

Early Childhood Systems Needs Assessment EXECUTIVE SUMMARY 2020

Vermont's PDG-5 Needs Assessment highlighted the conditions of the early care and education system for Vermont's 35,769 children 0 to 5. Overarching needs include data gaps, chronic underfunding, and limited family engagement.



36% of children under age 6 live in households with income below **200%** of the Federal Poverty Level.



1 in 5 children between the ages of **6 and 8** has a social, emotional, or behavioral health condition, while this is only true for **8% of children under 5**.



62% of infants lack access to a child care provider, up to **89%** in rural counties (pre-COVID).



Lack of funding "Chronic lack of funding undermines the quality of supports we provide."



1,004 unique cases of child abuse and neglect in **2019**.



Only 2% of EC stakeholders reported that the workforce has the resources necessary to meet the needs of children and families.

Vermont collects a tremendous amount of data, but does not readily have the data available that leaders need to make decisions about EC investments, resources, and strategies in one, easily accessible place.

Methodology: The needs assessment collected primary data through a survey and focus groups with families, early childhood providers and other community and agency leaders, and reviewed 18 documents with data and information on the status of children and families.

The Needs Assessment Found:

Equity and Vulnerable Populations: Gaps in the early childhood system more severely impact specific groups. Families living in rural communities, BIPOC, and children who experience other risk factors, such as poverty, homelessness, or immigrant/refugee status, face exacerbated access, quality and affordability gaps.

Quality and Accessibility: Access to childcare remains a significant challenge across the state, particularly for infants and toddlers. Etc.

Early Childhood and Family Mental Health:

Vermont's EC community is deeply concerned for the current mental health challenges of children and families and the potential lasting secondary effects of COVID-19.

Workforce: Developing and sustaining a pipeline of early childhood professionals is costly and remains a challenge across the state.

System Integration: Rigid policies and funding have many services still operating in silos. Alignment, collaboration and coordination efforts remain a challenge at the system level and are necessary for success at the regional level, starting with aligned messaging in the mixed-delivery system.

Family Leadership and Engagement: EC stakeholders at all levels of the system need to recognize families as partners whose voices are critical to the system's success.

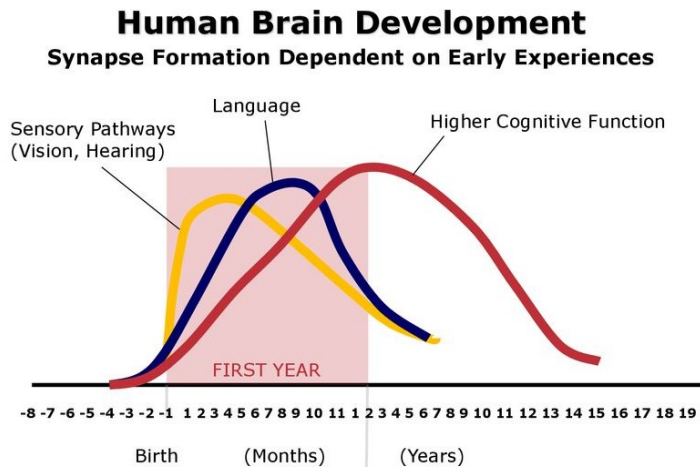
Resources and Funding: Despite the successful investments in Vermont's EC system, EC programs are not adequately funded, and securing stable funding is a significant concern for EC programs across the state.

High Quality Data: Lack of high quality data across the early childhood system limits knowledge of outcomes and services and undermines informed decision-making at the state and local levels.

Introduction

Why should we focus on early childhood? What are positive outcomes for children?

Figure 2: Human Brain Development



Brain science makes clear that the first 2,000 days of a child's life – the time between birth and kindergarten entry – represent the most critical period in human development. From birth to age three, a child's brain makes one million new neural connections every second. The rapid pace of synapse formation in the brain sets the architecture for future health and learning. During this time, children are establishing critical attachment to caregivers as well as learning to communicate with others and regulate their emotions. The quality of their relationships, experiences, and interactions matter greatly.

Key Factors Impacting the VECAP Update

COVID-19 Pandemic

The COVID-19 Pandemic has created an opportunity to examine the social safety net by exposing the stark inequities and gaps in service that emerge when employment is suspended, child care closes, and family dynamics shift. The events of these past months have been intense and tested the strength of families, communities and Vermont's EC system. Vermont's response to the COVID-19 pandemic is evolving rapidly in a climate of uncertainty, with some clear results at this stage:

- Vermont leaders recognize the importance of child care as an essential part of the state's economy. The state mobilized quickly to respond to the needs of children and families by addressing the emergency child care needs of essential workers and establishing guidance for child care programs to reopen safely as early as possible.
- Strong cross-agency, cross-sector, public-private partnerships and communication are emerging. Partnerships between the Vermont Department of Health, the Department for Children and Families Child Development Division, and the Agency of Education have been especially critical. These partnerships include strategizing response to the needs of children and families, providing access to child care, and periodic assessment of the community needs across partners to ensure the best and safest delivery of care during this crisis. The existing network of EC partners has been invaluable to rapidly developing and deploying systemic responses to meet families' most urgent needs.

Looking forward, the EC system's response to the COVID-19 pandemic will undoubtedly re-shape the sector, forcing EC partners to ask hard questions about quality and availability, and to develop responses that move closer to these important aims.

Vermont's Renewed Commitment to Equity

At the same time that family life has been upended in response to the pandemic, Vermonters have mobilized to respond to the wave of awareness and action to address systemic racism across the country. In May 2020, George Floyd was murdered in Minneapolis by a police officer who knelt on his neck for over 8 minutes. For those who live and work with the comfort of racial and systemic privilege, this death brought the experiences of BIPOC at the hands of the police into renewed focus, and pushed countless Vermonters and Vermont institutions to evaluate their role in ending racism. In visioning what an anti-racist approach to social change might look like for the EC system in Vermont, [BBF released a statement](#) committing to address these issues. In part:

"[It is] our responsibility to personally and organizationally explore implicit biases, unconscious racism and actions that contribute to racial inequities. The personal commitment our team has made will better prepare us to be effective stewards to apply a racial equity and economic justice lens to our policies and practices in order to collectively, as an early childhood system, make overdue changes for a stronger, more equitable, Vermont. The threats of racism are not new; we recognize many of our existing systems are built on a history of oppression, however we are now stepping up to answer the call to action. Our commitment to positive change will not just be in reaction to current events, but as a part of our ongoing work in the early childhood system by integrating and weaving a focus of diversity, equity, social justice and inclusion into our personal lives and all of our work."

Over the course of working on the 2020 needs assessment and VECAP Update, the narratives, priorities and realities have changed dramatically for those who wish to serve as a force for social change and to break down barriers to resources and support for all Vermont families. The VECAP update process comes at a critical moment of public responsiveness, and can serve as a stepping stone to further change efforts inside and out of Vermont's EC system.

To sustain this commitment, the VECAP integrates [Vermont's Guiding Principles](#) to shine light on a crucial aspect of Vermont's early childhood system. In order for the Guiding Principles to remain an effective compass on our collective path toward equity and inclusion, the entire EC system must be accountable to the goals, objectives and strategies in the VECAP. Each and every young child (birth through Grade 3) and family in Vermont has diverse strengths rooted in their unique culture, heritage, language, beliefs and circumstances. The Guiding Principles describe what individuals, organizations, and communities must do to create a more inclusive and equitable system. These principles articulate Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness and success now and into the future.

Figure 3: Vermont Early Childhood Action Plan Implementation Cycle

The Vermont Early Childhood Action Plan (VECAP) Committee Network

The Vermont Early Childhood Action Plan (VECAP) committee network alongside Vermont's Early Childhood State Advisory Council (SAC) and regional network, uphold the Early Childhood Framework and vision for Vermont by setting a strategic plan and priorities, engaging over 300



early childhood and cross-sector leaders on committees and executing measurable change in early childhood outcomes.

The seven VECAP committees are guided by the goals and objectives that Vermont has identified as essential in the strategic plan and follow an annual implementation cycle (see Figure 4). The cycle begins and ends with **evaluation and celebration of accomplishments**. The VECAP indicators inform priorities. Next, VECAP committees use this data to do **planning and implementation** by creating a workplan which articulates an approach to engage stakeholders and utilize resources to make progress on identified VECAP objectives and strategies. Annually VECAP committees and early childhood partners elevate gaps and barriers impacting children and families and bring them to the State Advisory Council to make **policy recommendations**.

Committees are each led by public and private volunteer co-chairs. Committees meet monthly or as needed. Membership is composed of key stakeholders in the early childhood system; most committees are open to non-members/broader EC partners. BBF is tasked with supporting the VECAP and creating a strategic approach across the VECAP committee network. Committees are listed in Table 1 and full descriptions are included in Appendix B.

Table 1: VECAP Committees

<i>VECAP Goal</i>	<i>Committee</i>
Goal 1: All children have a healthy start	Child Outcomes Accountability Team
Goal 2: Families and communities play a leading role in children’s well-being	Families and Communities Committee
Goal 3: All children and families have access to high-quality opportunities that meet their needs	Early Learning and Development Committee
	Professional Preparation and Development Committee
Goal 4: The early childhood system will be integrated, well-resourced, and data-informed	Early Childhood Interagency Coordinating Team
	Early Childhood Investment Committee
	Data and Evaluation Committee
VECAP committees are supported and informed by the State Advisory Council, BBF Regional Councils, and a host of EC committees and work groups.	

A Living Plan

VECAP is evaluated on an annual implementation cycle and is formally updated every five years. The VECAP is designed to hold fast to its commitment to achieving measurable 2026 goals, while at the same time adapting and evolving to include new evidence, best practices, lessons learned and improved analytics. In particular, the plan’s data sources will be examined regularly and monitored through Vermont’s Early Childhood Resource, Data, and Policy Center’s VECAP data dashboard.

How to Use the Plan

Table 2: How to read, understand and use this plan as a helpful tool to take action.

Vision	What Vermont wants to be true for young children and their families pre-natal to eight.
Vermont's Guiding Principles	Our fundamental beliefs to be used throughout the development and implementation of the Vermont Early Childhood Action Plan
Goals	Areas where focused measurement and effort is needed to change outcomes for children and families.
Five year Indicators	Specific and measurable child-level outcomes for young children from prenatal through age eight by 2026. An indicator may be aligned to just one aspect of the state's broader commitment toward one goal, or it may not yet be associated with a reliable data source. Many indicators currently have a reliable statewide data source or proxy measure. Some of the more complex indicators are still needed to monitor progress. Both intermediate and five-year indicators will be monitored annually using the VECAP data dashboard on Vermont's Early Childhood Resource, Data, and Policy Center.
Intermediate Indicators	Annual measures that indicate trends toward the broader commitment and indicator. Changes in intermediate indicators allow for us to course-correct our actions over time. Each intermediate indicator has a reliable statewide data source, and most are able to be disaggregated by county, race, or other demographics.
Objectives	A measurable step Vermonters will take to change outcomes for children and families.
Strategies	High level ideas to drive change across Vermont. Anyone across the state can look at the list of strategies provided as a component of the Vermont Early Childhood Action Plan and be able to apply them to their own specific context in order to take action. You'll find a recommended list of strategies in this plan. Strategies listed are targeted at 1-5 years to achieve.
Actions	Specific steps taken by individuals, agencies, groups, organizations or others, to drive change toward statewide goals for young children. Actions will turn the curve in Vermont. Activities 0-1 years are captured in committee/partner organization workplans and not listed in this VECAP.
Measuring Progress	Online data dashboard on progress toward 2026 indicators. The dashboard will be updated regularly

Goal 1: All Children Have a Healthy Start

Children are healthy, thriving and developmentally on track from the prenatal period through age eight

Vision: Our vision is to build a system where Vermont children are healthy, thriving and developmentally on track from the prenatal period to age eight.

Why this is important: Children’s healthy development depends on their early experiences and, to a large extent, on their environment and the health and well-being of their parents and caregivers. We know children are more likely to thrive when they live in safe and stable home environments and when families have equitable access to resources when they need them. To achieve this goal, Vermont will work to ensure all children benefit from community resources and nurturing experiences that help them succeed. Cross-sector early childhood partners will work to improve outcomes for children and families over the next five years in the key domains of physical health, social and emotional developmental and educational outcomes, and meeting basic needs.

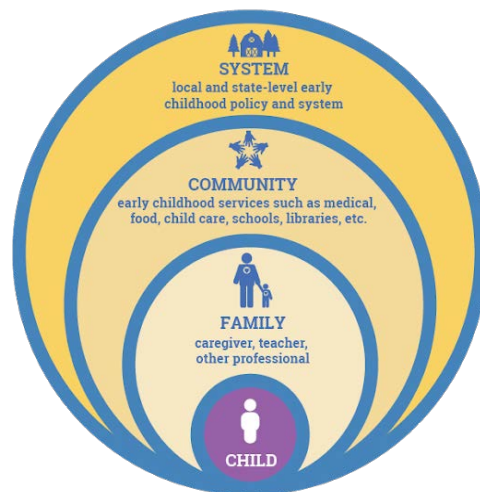





















Table 3: VECAP Indicators for Goal 1

Desired Direction of Change: ▲ = Increase ▼ = Decrease ◀ ▶ = Bidirectional relationship				
GOAL 1 - All Children Have a Healthy Start				
Outcomes	Goal	Intermediate Indicators	Goal	5-year Indicators
Physical Health Outcomes	▲	% women receiving prenatal care (VDH)	▼	% of low birth weight babies (VDH)
	▲	% children received well child visits by age (0-9 months, 1-4 years) (VDH)	▲	% children 0-5 years fully vaccinated (VDH)
	▲	% of children adequately covered by health insurance (NSCH)	▼	% of children 2-5 years overweight (85th to < 95th percentile BMI-for-Age) (VDH)
	▲	% of children, ages 1 through 5, who had a preventive dental visit in the past year (VDH)	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during

		% of infants breastfed for at least 6 months (VDH)		pregnancy (VDH)
		# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)		
Outcomes	Goal	Intermediate Indicators	Goal	5-year Indicators
Mental Health Outcomes		% of mothers with depression during the 3 months before pregnancy (VDH)		% of children with mental, emotional, or behavioral health diagnosis (NSCH)
		% of children with a trusted adult in their lives (DMH)		% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
		# of Children 0-9 in DCF custody (DCF-FSD)		% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) (NSCH)
Developmental and Educational Outcomes		% of children who have a developmental screening in the first 3 years of life (VDH)		% children ready for Kindergarten using Vermont's R4K! (AOE)
				% of children reading at grade level by 3rd Grade (AOE)
		% increase in use of Vermont's Developmental Screening Registry (VDH)		% of children meeting or exceeding expectations in literacy, math and social emotional development domains using TSGold (AOE)
				% of children receiving EI services with a reported improvement in their social and emotional skills (CDD)
				% of families receiving EI services who reported they have the skills to help their child develop and learn. (CDD)
Basic Needs Outcomes		% of infants breastfed for at least 6 months (VDH)		% of households with children under 6 Living at or Below 200% FPL (U.S. Census)
		% of eligible families enrolled in WIC (VDH)		% of food insecure households with children under 18 (Feeding America)

	▼	% of children age 1-5 who have elevated blood lead levels (5-9 µg/dL venous-confirmed) (VDH)	▼	# of children experiencing homelessness - McKinney Vento (AOE)
	▲	% of families have access to 0-5 care (Stalled at the Start)	▼	% of households that spend 30% or more of their income on housing (U.S. Census)

Objectives and Strategies

Objective 1.1: Parents, caregivers and children have equitable access to comprehensive physical and mental health supports and services.

Strategy 1: Increase equitable access to maternal, prenatal and perinatal physical and mental health services

- Strengthen and use evidence-based home visiting to ensure each and every child and family who need it have access.
- Advocate for investments to expand access to an array of home visiting services for families who have young children or are expecting a baby.

Strategy 2: Ensure prenatal to age eight healthcare services are comprehensive, accessible, high quality, and culturally and linguistically responsive.

- Expand screening for perinatal mental health, food, and housing security screening efforts in medical and early care and education settings.
- Connect families to information and community resources for pregnancy, child development, mental wellness, and parenting.
- Facilitate connections through Help Me Grow (HMG), Children’s Integrated Services, Parent Child Centers, and mental health agencies to community resources.

Strategy 3: Support and promote programs, services and families to reduce the risk of chronic disease across the lifespan.

- Increase the integration of physical, behavioral and oral health for young children through care coordination services.
- Promote Vermont’s oral health guidelines across all early childhood sectors and with families.
- Promote 60 minutes of daily physical activity across all early childhood sectors and with families.
- Promote the importance of well-child visits, developmental screening and vaccinations across all early childhood sectors and with families.

Objective 1.2: Families who are experiencing adversity have access to resources to meet their basic needs.

Strategy 1: Ensure that all children have access to adequate nutrition in their homes, in early childhood programs, in school, in after school programs, and during the summer.

- Promote breastfeeding.
- Ensure each and every child and family in need has access to programs focused on food security and child nutrition.
- Invest in food security and child nutrition programming.
- Invest in and offer food security, nutrition, and food system professional development.
- Increase community networking to support sustainable community-based farm to early childhood programs.

Strategy 2: Expand access to housing retention and assistance programs for families with young children.

- Ensure each and every child and family experiencing homelessness or housing insecurity has access to housing subsidies.
- Expand the supply of affordable housing, resources for housing retention and rental assistance for families with young children.

Objective 1.3: Each and every child and family have access to needed services and resources to support optimal developmental and educational outcomes.

Strategy 1: Improve outcomes of Vermont's vulnerable children 0-3 and their families by ensuring equitable access to developmental and behavioral screening, early identification, and early interventions.

- Align and standardize developmental and social/emotional screening across environments (the family home, medical home, child's early learning environment, and community settings) through use of Vermont's Universal Developmental Screening Registry to improve communication and coordination among providers and reduce duplication.
- Invest and expand support for Children's Integrated Services and early intervention under the Individuals with Disabilities Act (IDEA) Part C, to assure that each and every child who is eligible for early intervention and special education services is identified as early as possible.
- Align early identification, screening, and referral practices through program and cross-sector collaboration to streamline access for families and reduce duplication.
- Promote and expand the use of Help Me Grow's centralized resource hub by families and providers. Engage and empower families through information on early child development, navigation of systems of care, and follow up care coordination to ensure young children get connected to needed resources and supports at an early age when the benefit is greatest.

Strategy 2: Create equitable access to early childhood and elementary education for each and every Vermont child birth through age 8. (See Goal 3)

- Expand flexible funding and staffing models to deliver early intervention and special education services across settings (e.g. public schools, private child care, other settings).
- Ensure the early childhood workforce has the capacity to meet the needs of each and every child across settings.
- Reduce barriers to access (e.g. connectivity, transportation, cost).
- Develop standardized or universal enrollment applications across programs and sectors
- Improve transitions between programs, services and education.

Strategy 3: Strengthen and use evidence-based practices to improve developmental and educational outcomes for children 0-8. (See Goal 3)

- Standardize the use of Strengthening Families and Early Multi-tiered Systems of Support (Early MTSS) by EC programs across all Vermont regions.
- Promote and integrate the efforts of Head Start and Early Head Start with other developmental and educational programs.
- Increase access to Act 166, Universal Prekindergarten Education (UPK) by expanding the number of hours allotted and reducing barriers to access.
- Expand access to evidenced based literacy knowledge and instruction for all K-3 teachers
- Expand school based mental and physical health services and clinics.

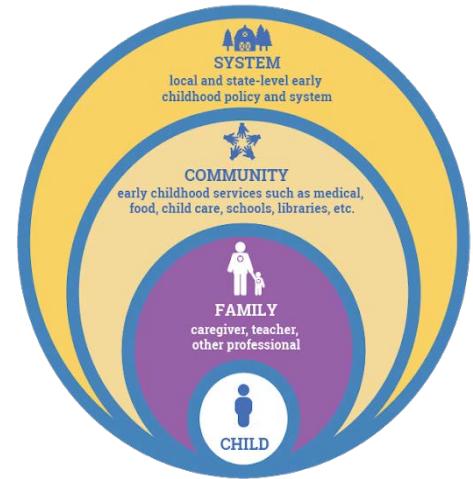
Goal 2: Families and Communities Play a Leading Role in Children's Well-Being

Children are raised in healthy families and resilient communities

Vision: Vermont's families and communities will be strong, resilient and have the capacity to identify and meet the needs of children.

Why this is important:

Strong Families: A child's sense of self and how they interact with the world depends on the quality and stability of their relationships with family and their community. Strong families make strong children. To strengthen families, Vermont must invest in building resilience, mitigating risk and promoting strong families who, in turn, support healthy child development. Vermont's families and children are strengthened by meeting them where they are, whether at home, child care, public school or in the community. Providing families with resources to support their needs and social connections, enhancing parental resilience, facilitating caregiver knowledge of parenting and child development and supporting the healthy social and emotional development in young children are critical to ensuring they are strong and able to care for the needs of their child(ren).



Strong Communities: The strength of communities reflects how well Vermont is able to support families. Living in supportive communities with strong connections provides the foundation for long-term health and well-being and the ability to overcome adversity. Strong communities include ensuring safe infrastructure (e.g. safe and clean facilities, parks and walkways), access to a range of services, resources and supports (e.g. schools, health clinics, housing, mental health, food programs, child care, libraries) and promoting community health.

Family partnership. Another way families and communities play a leading role in children's well-being is by having opportunities to elevate their needs and challenges and being involved in strategizing and decision-making. Vermont is prioritizing family leadership and input at all levels. As an EC system, Vermont commits to identifying and providing opportunities for families and parents to lead and be involved in decision-making and policy discussions. The EC system recognizes that families need to be seen as partners instead of consumers.

A priority within this goal is to advance policies, procedures, programs, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences. Vermont is re-committing to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness and success now and into the future.

Table 4: VECAP Indicators for Goal 2

Desired Direction of Change: ▲ = Increase ▼ = Decrease ■ = Bidirectional relationship				
<p><u>Note:</u> Each goal has a series of outcomes measured by intermediate and 5-year indicators. ALL indicators will be measured annually to monitor progress. The table should be read by first reviewing the intermediate indicators column and then reviewing the 5-year indicators column. Indicators are not aligned by individual row, only by outcome sections.</p>				
GOAL 2 - Families and Communities Play A Leading Role in Children’s Well-being				
Outcomes	Goal	Intermediate Indicators	Goal	5-year Indicators
Strong Families	▲	% of pregnancies that are intended (VDH)	▲	% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
	▲	% of women who take 1 month or more of paid or unpaid workplace leave (PRAMS)	▲	% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) - (NSCH)
	▲	% of children with a trusted adult in their lives (DMH)	▲	% of adults with children in the home getting social and emotional support (VDH)
	▲	# of child-serving programs adopting the Strengthening Families Approach or implementing protective factors (CDD)	▼	% of food insecure households with children under 18 (Feeding America)
	■	Rate of substantiated reports of child abuse and neglect per 1,000 children (DCF-FSD)	▼	Rate of children and youth in out-of-home care per 1,000 children and youth (DCF-FSD)
	▲	# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)	▲	% of children age 0 to 18 who live in a home where the family demonstrates all qualities of resilience (VDH)
	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy (VDH)		
	■	# of families receiving non-court involved support through DCF-Family Services (DCF-FSD)		

Strong Communities (See Goal 1 and Goal 3 Outcomes)	▲	% of communities who report access to community-based infrastructure (libraries, parks, sidewalks) (NSCH)	▼	% of households with children under 6 living at or below 200% FPL (U.S. Census)
	▲	# of children served out of school time/summer meals	▲	% population growth of children living in the state (U.S. Census)
			▲	% population increase of non-white children (U.S. Census)
			▲	% Vermont legislators that identify as women and/or BIPOC (National Conference of State Legislatures)
			▲	% of PreK-12 education teachers and administrators who identify as BIPOC (AOE)
Family Partnership, Leadership & Decision-making		TBD: At present, Vermont has not operationalized ways to measure parent/family partnership, leadership and decision-making. By 2026 Vermont will have developed those indicators and monitoring.		TBD: At present, Vermont has not operationalized ways to measure parent/family partnership, leadership and decision-making. By 2026 Vermont will have developed those indicators and monitoring.

Objectives and Strategies

Objective 2.1: Support parents and caregivers to build connection and capacity to serve as their child's first and most important teacher.

Strategy 1: Implement family-friendly policies.

- Promote family-friendly policies such as paid parental leave, infant at work policies and parental/family leave insurance programs to all families with a newborn or newly adopted child to support the development of bonding and attachment during this critical window.
- Explore new workplace standards in Vermont that support the social emotional needs of children and their families.

Strategy 2: Build the capacity of parents and caregivers to promote children's health and well-being.

- Identify opportunities to integrate two-generational strategies to ensure that each and every family thrives.
- Provide adults involved in the lives of infants, toddlers, and preschoolers with the knowledge and training to promote social and emotional development.
- Expand opportunities to foster secure attachment between children and their parents through home visiting, peer groups and training.
- Ensure families are involved in identifying the care their child needs.
- Support parent partnership in collaborations among pediatric medical homes, community agencies and organizations in order to strengthen families, improve care delivery and outcomes.

Objective 2.2: Promote child, family and community resilience, connection, and belonging.

Strategy 1: Cultivate resilience and invest in prevention.

- Provide supports and interventions for families and their child before emotional and behavioral difficulties escalate.
- Expand access to an array of home visiting services for families who have young children, or are expecting.
- Promote the Strengthening Families Approach across all sectors to strengthen families' protective factors and mitigate the impact of adverse experiences.

Strategy 2: Develop the capacity of communities to build resilience across settings.

- Ensure early educators are supported to embed trauma-informed practices in all early care and education settings.
- Implement school health and wellness plans, policies and programs to support healthy behaviors, resilient youth and healthy and positive school environments.

Objective 2.3: Create strong communities where children and families have access to meet their basic needs. (See Goal 1 Objective 1.2)

Strategy 1: Ensure equitable access to safe and vibrant community infrastructure that meets the basic needs of children and families.

- Build vibrant, safe, and family-friendly community infrastructure (e.g. cross walks, sidewalks, playgrounds, parks).
- Build accessible, reliable and responsive health and safety infrastructure (e.g. health clinics, police, fire).
- Build safe and affordable housing.

Strategy 2: Ensure equitable access to community resources that meet basic needs.

- Increase access to healthy and affordable food (e.g. food pantry, local market participation in 3SquaresVT and WIC, reduce food deserts, increase access to school and EC program meals).
- Ensure children and families have equitable access to safe community spaces and programming (e.g. Parent Child Centers, playgroups, faith groups, community centers, recreation programs, libraries).

Objective 2.4: Include families as partners in decision-making and provide leadership opportunities at all levels of the early childhood system.

Strategy 1: Recruit and train parents and caregivers to represent families with children in the prenatal period to age eight for EC systems and community level leadership opportunities.

- Partner with families to define a family engagement model that works.
- Promote family-centered strategies in early childhood service delivery.
- Expand innovative alternatives to in-person participation in family engagement activities.

Strategy 2: Create pathways and ensure open communication channels while connecting families to platforms for parent and caregiver voices in public policy and decision-making arenas.

- Develop a statewide Family Engagement Plan to inform and improve practice at program, region and state levels.
- Increase opportunities for parent and caregiver representatives to serve on committees, legislatively mandated study sections, and decision-making bodies to inform local and state policy, practice, and resource allocation.
- Strengthen community-based decision-making when determining how resources are allocated in early childhood delivery systems.

Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs

A Community Invested in Giving Children the Strongest Start Possible

Vision: The ultimate goal is that the early childhood system is accessible, equitable, high-quality, and meets the needs of each and every child and family.

Why this is important: High quality opportunities support children physically, academically, socially and emotionally. Vermont must address systemic barriers in order for each and every child to have access to the full range of high-quality and inclusive opportunities children and families need to thrive now and into the future. Through this goal, Vermont will work to improve equitable access to high-quality opportunities in the domains of health, basic needs, developmental services, education, and workforce over the next five years.

High-quality opportunities include access to all resources, services, and supports for children and families prenatal through age 8: health, mental health, special education, early care and education, Universal Prekindergarten Education, nutrition, and afterschool/out of school care to name a few. Goal 3 aligns with the third level in the ecological model: the broader *community*, which includes the families' neighborhood, schools, libraries, hospitals/doctors, and an array of services, supports and resources for children and families.

These services create a foundation for children and families to thrive. Ensuring access for each and every child requires removing a range of barriers; to physical locations, (e.g. transportation and distance to sites), limited affordability (e.g. insurance, resources, eligibility for subsidy), and lack of accessibility for children with special health care needs, children residing in families impacted by poverty, English language learners, and other circumstances.

Workforce: A critical limiting factor in Vermont's ability to successfully deliver high-quality opportunities for children and families is the limited capacity of the early childhood workforce. This includes those working in early care, afterschool, education, early childhood mental health, and pediatric medical care. Cultivating a stable workforce means creating a system that promotes their professional advancement and economic security. This workforce stability translates into sustained relationships with children, high quality services, and a more stable early childhood system of care.

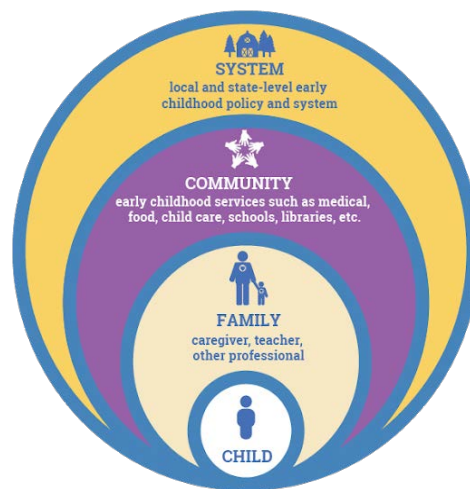


Table 5: VECAP Indicators for Goal 3

Desired Direction of Change: ▲ = Increase ▼ = Decrease ■ = Bidirectional relationship				
<p><u>Note:</u> Each goal has a series of outcomes measured by intermediate and 5-year indicators. ALL indicators will be measured annually to monitor progress. The table should be read by first reviewing the intermediate indicators column and then reviewing the 5-year indicators column. Indicators are not aligned by individual row, only by outcome sections.</p>				
Goal 3 - All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs				
Outcome Area	Goal	Intermediate Indicators	Goal	5 year Indicators
Access to services for Physical Health Outcomes	▲	% of children adequately insured (by race) (VDH)	▼	% low birth weight babies (by race) (VDH)
	▲	# of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64. (VDH)	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy (VDH)
	▲	# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)	▲	% children 0-5 years fully vaccinated (VDH)
Access to resources, services and supports for Mental Health Outcomes	▲	# of families served by Parent Child Centers (PCCN)	▼	% of children with a mental, emotional, or behavioral health diagnosis (NSCH)
	■	# of children in need of support served by Designated agencies (DMH)	▲	% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
	▼	# of children served by crisis services, waitlist/wait period for services (DMH)	▲	% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) (NSCH)
	▲	% of children and youth receiving respite services who remain in their homes (DMH)		
Access to services, resources and supports for Developmental and Educational Outcomes	▲	% of families have access to 0-5 care (Stalled at the Start)	▲	% children ready for Kindergarten using Vermont's R4K! (by race, FRL eligibility) (AOE)
	▲	% of families with access to out of school time care (Vermont Afterschool)	▲	% of children reading at grade level by 3rd Grade (by race) (AOE)
	▲	# eligible families participating in Childcare Financial	■	# of children birth to age 3 receiving early intervention

		Assistance Program (CCFAP) (children with special needs, children attending high quality programs) (CDD)		(IDEA Part C) (CDD)
	▼	Age of identification/referral to Early Intervention (VDH)	■	# of children ages 3 to 6 receiving early childhood special education services (ECSES) under IDEA Part B (AOE)
	■	% of eligible children receiving IDEA services (Part C and B) (AOE, CDD)	▲	% of children meeting and exceeding expectations in literacy, math and social emotional development domains using TSGold (AOE)
	▲	# of eligible children served (infants and toddlers, 3-4 year olds) by Vermont Head Start Programs (Head Start and Early Head Start)	▼	PreK-3 expulsions, suspension time, and out of classroom time (by race) (AOE)
	▲	% of age-eligible children participating in Universal Prekindergarten Education (AOE)		
Access to services, resources and supports to meet Basic Needs	▼	% families paying over 30% of their monthly income on housing (U.S. Census)	▼	% of households with children under 6 Living at or Below 200% FPL (by race) (U.S. Census)
	■	# of families served in Family Supportive Housing (CDD)	▼	# of children experiencing homelessness - McKinney Vento (AOE)
	▲	% of schools participating in the AOE Child Nutrition program (AOE)	▼	% of food insecure households with children under 18 (Feeding America)
Early Childhood Workforce	▲	# of early childhood workforce participating in professional advancement programs (Apprenticeship, CTE programs, ECE AA program, ECE BA programs) (CDD)	▲	# of AOE licensed educators serving as lead teachers (AOE)
	▲	% ECE workforce receiving livable wage/insurance (Head Start Wage and Fringe Study)	▲	% of ECE workforce with AA or higher (CDD)
	▲	% child care workforce that is insured (VTAEYC)	▲	Early childhood wages (DOL)

Objectives and Strategies

Objective 3.1: Expand access to high-quality physical and mental health services, supports, and programs for each and every family with young children.

Strategy 1: Improve access to health services through flexible delivery across settings. (See Goal 1.1)

Strategy 2: Improve access to mental health services through flexible delivery across settings (e.g. school, home, community, parent child center, designated agency, etc.).

- Increase the use of universal developmental screening to monitor children’s developmental progression, identify challenges, and connect children to supports as early as possible.
- Support smooth transitions for children 0-8 across settings through transition planning, care coordination and cross-sector partnerships.
- Expand the use of evidence-based strategies to support positive social and emotional skills (e.g. Early Multi-tiered System of Supports (Early MTSS,), Strong Families, MECSH home visiting, Early Childhood and Family Mental Health consultation).
- Financially invest in, and provide flexibility in funding for, models supporting mental health expertise in early care and learning programs (e.g. Children’s Integrated Services, designated agencies, Help Me Grow, Parent Child Centers, school-based services).
- Create more resilient and trauma informed communities that include community-based mental health supports such as Mobile Response and Stabilization Services to provide supports and interventions for families and their child before emotional and behavioral difficulties escalate.

Objective 3.2: Families who are experiencing adversity have access to resources, supports and services to meet their basic needs. (See Goal 1.2)

Objective 3.3: Expand access to high-quality inclusive early care, education and afterschool programs for each and every child and their family.

Strategy 1: Promote and increase equitable access to high-quality inclusive early care, education and afterschool programs.

- Increase affordability for families by expanding eligibility and increasing rates in the Child Care Financial Assistance Program.
- Prioritize establishment and sustainability of programs that serve infants and toddlers.
- Expand equitable access to out of school time opportunities (afterschool, school vacation and summer) for school-aged children to meet diverse needs of underserved populations including affordability, inclusion and geography.
- Increase capacity of childcare and afterschool programs to serve more children by identifying efficiencies and removing barriers to expansion (e.g. financing, technical assistance, shared services).

Strategy 2: Promote equitable access for each and every child to Vermont’s education system to address identified achievement gaps.

- *Ensure equitable access to high-quality inclusive Universal Prekindergarten Education (UPK) for each and every child.*
- Expand Universal Prekindergarten Education (UPK) beyond 10 hours to address affordability, access, and dosage needs.
- Promote the importance of access to Head Start and Early Head Start programs in supporting some of Vermont’s most vulnerable children and their families.

- Promote culturally responsive practices
- Invest in a diverse workforce that is reflective of the demographic diversity of Vermont's 0-8 population.
- Promote the use of evidence-based practices to support social and emotional competence and confidence by scaling up Early MTSS within early care and education settings. Invest in strategies to prevent exclusion, suspension and expulsion.
- Promote and implement *Vermont's Guiding Principles for the Full and Equitable Participation of Each and Every Young Child and their Family in policy and procedures at the state, regional and local level.*
- Increase awareness to ensure equitable access for each and every child with disabilities and/or special health care needs for full participation and inclusion.

Objective 3.4: Strengthen the quality of developmental services and education for each and every young child.

Strategy 1: Promote an integrated, continuous statewide model of child development and education from Prekindergarten education through third grade model

- Implement the *Vermont Early Learning Standards* in private and public early childhood settings.
- Identify and implement best practices for strengthening and supporting early care and education program business practices across settings.
- Promote use and sustainability of professional networks across settings.
- Monitor all early care and education and PreK programs to ensure quality, including periodically reviewing childcare licensing regulations.
- Promote and monitor early literacy for children PreK-Grade 3 to identify gaps.
- Implement a robust monitoring and evaluation system with child, family, and system level measures and outcomes to improve the efficiency and effectiveness of programs and their impact on children and families.
- Develop clear, consistent and aligned cross-agency language and communication and guidance that addresses agency roles, responsibilities, vision, and direction.
- Support families' seamless transition between and among services, resources, supports, and education by promoting a team-based approach to supporting each and every child and family
- Expand the statewide model to include prenatal to age 3 resources, services, and supports.

Strategy 2: Support, strengthen, and maintain the quality of programs through evaluation and professional development for administrators, educators and providers.

- Increase access to professional development opportunities for all educators (birth-grade 3); particularly evidenced based early language and literacy, social and emotional competence and confidence, and mathematics.
- Promote the use of, and improvements to, state-approved quality measurement tools with fidelity at the child, staff and program levels (e.g. Step Ahead Rating System (STARS), Early MTSS Teaching Pyramid Observation Tool (TPOT), Inclusive Classroom Profile (ICP), PCC peer review, VICC/CIS annual quality review, The Vermont Child Health Improvement Program (VCHIP), and Child Health Advances Measured in Practice (CHAMP).
- Oversee and evaluate the provision of high quality, research-informed professional development.
- Support effective peer professional networks (e.g. director's groups, Early Childhood Networks) to share best practices and leverage resources.

- Encourage collaboration and partnership between private Universal Prekindergarten Education (UPK) programs and partnering school districts, for shared educational resources, strategies and professional development opportunities.

Objective 3.5: Stabilize and sustain the early childhood workforce through policies and structures that promote professional advancement and economic security.

Strategy 1: Establish an infrastructure that recruits, retains and advances early childhood and afterschool professionals as an essential workforce.

- Increase opportunities to support career advancement for the early childhood workforce (e.g. scholarships and student loan repayment program)
- Advance the ability of Vermont’s secondary and technical schools to support coursework and credentials in early care and exploration of pathways toward educator licensor.
- Promote and expand the use of stackable, portable credentials and degrees obtained through training and credit-based options.
- Implement statewide recruitment and marketing campaigns for early childhood careers.

Strategy 2: Promote strategies to increase early childhood workforce compensation and benefits without shifting costs to families.

- Fund, develop and implement a workforce data collection, evaluation, and report dissemination plan bi-annually to understand workforce trends, needs, compensation and benefits.
- Expand access to healthcare.
- Explore funding mechanisms to create a statewide wage supplement program.

Goal 4: The Early Childhood System Will Be Integrated, Well Resourced and Data-Informed

Building a Seamless, Equitable System of Care for Children and Families

Vision: The vision is for Vermont's local and state policy systems to be comprehensive, integrated, equitable, well-resourced and data-informed to support optimal outcomes for children and families.

Why this is important: Goal 4 aligns with the outermost level in the ecological model: Vermont's local and state policy and system which is both impacted by, and impacts all other layers. The three key components to this layer are integration, data and resources. Each component contributes to the ultimate goal of supporting each and every child's optimal development and family well-being.

Integration: A connected and collaborative system championed by both agency and community leaders is essential to build greater coordination with every sector – early care and education, health, mental health, human services, housing, and the business community, etc. Integration requires collaborative leadership, coordination and communication at all levels starting with aligned vision and language.

Data: Collecting and reporting high quality data is the only way to understand whether services, supports and resources are reaching the kids and families they intend to and whether they are making an impact. It is important to invest in high quality data systems, ensure adequate staffing resources (at the state and local level) to support data collection, processing, and analysis, and commit to data-informed policy decisions. Strong cross-sector data linkages will allow decision-makers to understand the long-term impact and return on investment for early childhood services and programs. Vermont will use data and accountability to inform policy and to build a well-resourced system.

Resources: Financial data is an important tool used by policy-makers to inform key decisions around program and service provision. Creating an inventory of current financial investment across the early childhood system to focus on alignment, integration of resources, as well as identification of known risks, can help decision makers determine how to leverage investments.



Table 6: VECAP Indicators for Goal 4

Goal 4 - The early childhood system will be integrated, well-resourced and data-informed		
Outcome Area	Intermediate Indicators	5-year Indicators
Integrated	<p><i>No existing data currently captures integration in Vermont’s early childhood service system. By 2026, Vermont will be able to measure integration within the early childhood system, to identify resource allocation and whether decision-makers at all levels are using data to inform decisions. BBF will develop a mechanism to capture this information annually.</i></p> <p><i>Future intermediate measures:</i></p>	
Well-Resourced	<ul style="list-style-type: none"> ● <i>Producing an unduplicated count of children across programs demonstrating data integration</i> ● <i>Developing a stand-alone early childhood budget</i> ● <i>Decision-makers reporting that they have access to the data necessary to inform policy and decision-making</i> ● <i>Advancing through the collaboration spectrum</i> <ul style="list-style-type: none"> ○ <i>Compete: Competition for clients, resources, partners, public attention</i> ○ <i>Co-exist - no systematic connection between agencies</i> ○ <i>Communication - inter-agency information sharing (e.g. networking)</i> ○ <i>Cooperate - as needed, often informal, interaction on discrete activities or projects</i> ○ <i>Coordinate - organizations systematically adjust, align and work with each other for greater outcomes</i> ○ <i>Collaboration - Longer-term interaction based on shared mission, goals, shared decision-making and resources</i> ○ <i>Integrate - Fully integrated planning, programs and funding</i> 	
Data-Informed		

Objectives and Strategies

Objective 4.1: Build integration at the state and local level to foster a continuous and comprehensive early childhood system

Strategy 1: Strengthen and align leadership vision at the state level to coordinate agency programs and practices.

- Promote information sharing and coordinated vision to align efforts, reduce barriers and duplication, and build opportunities for integration.
- Establish shared priority narratives that create a common language within the early childhood system (e.g. strengthen MOUs, governance agreements, and communication to the EC field).
- Promote annual evaluation of collaboration and integration across agency partnerships (e.g. Evaluate using the Collaboration Continuum and the Building Bright Futures SAC and network infrastructure)

- Support and increase opportunities for agency leaders to liaise with state and regional groups to identify gaps and leverage assets

Strategy 2: Promote efficiencies and streamline systems to create a seamless experience for families.

- Align regional action plans with VECAP
- Develop common language, terms and definitions across sectors so the system is understandable for partners and families
- Standardize policies and practices to build a continuum of support across early childhood system sectors (e.g. universal enrollment forms, comparable standards for professionals across programs, etc.) to make the system easier to navigate so families receive high-quality and timely care
- Promote data sharing across agencies to decrease the amount work families must do to access services (Successful example: Universal Developmental Screening Registry)

Objective 4.2: Develop a strong data infrastructure to enhance service delivery, systems building and outcome reporting.

Strategy 1: Create a culture of data-driven planning and decision-making

- Promote data literacy across the early childhood sectors by educating Vermonters about the importance of high-quality data collection, reporting and integration.
- Increase access to Vermont’s early childhood state and local data, as well as national research and best practices across early childhood sectors by centralizing and utilizing information through Vermont’s Early Childhood Resource, Data and Policy Center, developed and managed by BBF.

Strategy 2: Invest in building out the existing data infrastructure to obtain high-quality, timely data that can inform service provision and decision-making

- Fully fund existing early childhood data initiatives to fidelity (e.g. Early Childhood Information Data System (ECIDS) which includes Bright Futures Information System and Children’s Integrated Services, and the State Longitudinal Data System (SLDS).
- Prioritize and fund staff time to collect, process, compile, clean, analyze and disseminate data to ensure appropriate monitoring of programs and services.
- Implement standardized, user-friendly technology to collect real-time data from the field (e.g. families, providers, educators, administrators, agency partners and other early childhood professionals) that can be seamlessly integrated into necessary state and federal systems to meet reporting requirements and provide high quality data to improve service delivery.

Strategy 3: Establish and advance a data development agenda that guides data collection, analysis and application to inform early childhood policy and practice.

- Address data sharing and data governance barriers by revitalizing the Early Childhood Data Governance Council and investing staff time and resources to support this effort.
- Prioritize identified data gaps collected and monitored through BBF’s Data and Evaluation VECAP Committee, to determine where action is needed.
- Incorporate specific data on BIPOC children and children from families in historically underserved communities.
- Integrate cross-sector data into the Statewide Longitudinal Data System (SLDS) to produce an unduplicated count of children served, measure child outcomes over time and across programs and services, and identify gaps in service delivery and for which group of children.

Strategy 4: Equip BBF VECAP committees with high-quality data to conduct their work and empower them to support the State Advisory Council as the accountability infrastructure for the early childhood system.

- Develop and implement a population survey to track the well-being of children and families and integration of the early childhood system.
- Utilize the VECAP Data & Evaluation Committee as an advisory group to the Vermont Early Childhood Data Governance Council and to Vermont's Early Childhood Resource, Data and Policy Center as indicators and data gaps are monitored.
- Commit to annual quality improvement by consistently reporting progress on indicators to VECAP Committees and the BBF Leadership Team overseeing the VECAP data dashboard within Vermont's Early Childhood Resource, Data, and Policy Center.

Objective 4.3: Invest in the future success of Vermont's children.

Strategy 1: Develop an early childhood budget to guide Vermont's current and future early childhood expenditures.

- Utilize the Early Childhood Interagency Coordinating Team (ECICT), the Early Childhood Investment Committee, and the State Advisory Council to develop and monitor an early childhood budget that identifies all financial sources dedicated to children and their families from the prenatal period to age eight to monitor, align and leverage financial resources (as mandated in Vermont's state statute under Act 104).
- Review, validate, and support proposals for public early childhood investments.
- Support the development of a coordinated funding agreement with education and human services agencies.

Strategy 2: Identify new sources of revenue for the early childhood system.

- Identify opportunities to leverage investments in early childhood from non-traditional sources such as federal agencies, housing, businesses, taxes/ public investment.
- Encourage public and private investments to promote prevention, healthy development, access to services to support children and families, and early childhood systems.

Strategy 3: Support efficient deployment of resources.

- Develop and support shared service hubs to create efficiencies for training, purchasing, consolidated program administration, and other core capacities for early childhood providers and programs.
- Conduct a baseline analysis of equity in investments, across geography, service providers, child and family populations, age, race, health needs, and other characteristics; develop a strategy to build investments when inequities are identified.

Strategy 4: Increase public awareness about the value of investing in children's early years.

- Utilize Vermont's Early Childhood Resource, Data and Policy Center and public and private expertise to consistently disseminate research and data to the legislature, decision-makers and the field (e.g. families, providers, educators, administrators, agency partners and other early childhood professionals).
- Identify additional methods to measure the return on investment resulting from early childhood services and supports.

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The Building Bright Futures VECAP committee leadership and members:

- Early Childhood Wellness Committee (now known as the Child Outcomes Accountability Team)
- Families and Communities Committee
- Early Learning and Development Committee
- Professional Preparation and Development Committee
- Early Childhood Investment Committee
- Data and Evaluation Committee
- Early Childhood Interagency Coordinating Team

Data stewards and content experts across state agencies and partners, including

- Vermont Agency of Education
- Vermont Agency of Human Services
- Vermont Department for Children and Families
- Vermont Department of Health
- Vermont Department of Mental Health
- Let's Grow Kids
- Vermont Association of the Education of Young Children
- The Parent Child Center Network

The Building Bright Futures State Advisory Council

And a special thanks to Early Childhood Partners in North Carolina and Michigan for their inspiring strategic plans.

Appendix A: Acronyms

Acronyms

AOE: Agency of Education
BBF: Building Bright Futures
BIPOC: Black, indigenous and people of color
CDD: Child Development Division (A Division of the Department for Children and Families)
CIS: Children's Integrated Services
COVID-19: Coronavirus Disease 2019
DCF: Department for Children and Families
DMH: Department of Mental Health
EC: Early Childhood
ECE: Early Childhood Educator
FPL: Federal Poverty Level
FSD: Family Services Division (A Division of the Department for Children and Families)
HMG: Help Me Grow
IDEA: Individuals with Disabilities Education Act
MTSS: Multi-Tiered Systems of Support
PCC: Parent Child Center
PDG: Preschool Development Grant
PreK: Prekindergarten Education
R4KIS: Ready for Kindergarten Survey
SAC: State Advisory Council
SLDS: State Longitudinal Data System
TSGOLD: Teaching Strategies Gold
UPK: Universal Prekindergarten Education
VDH: Vermont Department of Health
VECAP: Vermont's Early Childhood Action Plan
VTAEYC: Vermont Association for the Education of Young Children
WIC: Women Infants and Children

Appendix B: VECAP Committee Descriptions

The Early Childhood State Advisory Council (SAC)

All VECAP committees are supported by and inform the work of the Early Childhood State Advisory Council which brings together up to 23 Governor appointed and at-large public and private early childhood leaders and decision-makers from across sectors to issue recommendations and increase coordination and collaboration to advance a more connected, integrated and evolving early childhood system.

Goal 1 - All children have a healthy start

Child Outcomes Accountability Team

The BBF Child Outcomes Accountability Team works to improve integration and coordination of early childhood public and private partners committed to the health and well-being of children and their families. The group will inform strategies and monitor progress to ensure that children are healthy, thriving and developmentally on track from the prenatal period to third grade by promoting and monitoring outcomes in the following domains: physical health, development and educational outcomes, mental health outcomes, and basic needs outcomes. Goal 1 also promotes the importance of prevention and early identification across the same domains.

Goal 2 - Families and communities play a leading role in children's well-being

Families and Communities Committee

The BBF Families and Communities Committee works to develop a statewide approach that enriches and expands *family leadership* at the provider, agency, and community levels. The committee strives to have its membership composed of a majority of parents, with providers in partnership. Together they work to create an early childhood system that is a true reflection of the broad and diverse needs of Vermont families. We want families to be leaders in designing a system that works for them. The committee's charge is grounded in a value that by providing parents opportunities to bring forward their experiences and participate in systems level conversations and decision-making processes, child and family outcomes will be stronger. Collectively this process strengthens the opportunities for children and future generations to have a voice.

Goal 3 - All children and families have access to high-quality opportunities that meet their needs

Early Learning and Development Committee

The Early Learning and Development committee is devoted to increasing the number of childcare providers and the number of children and families that can be served across the state. They also work to strengthen the quality of early childhood services throughout the early childhood system through a focus on alignment and best practices. The committee is composed of early care and learning program directors and stakeholders at different levels of policy and systems integration. The committee utilizes subcommittees to execute its strategies including: Workforce Development and Recruitment, Policy-Support for ECE Workforce Education Costs, VECAP Update, Marketing for New Child Care Entrepreneurs, and Family Needs and Preferences Study ("Demand" study). The committee meets the 2nd

Thursday of the month from 10:00am-12:00pm at Building Bright Futures office in Williston with a video conference option.

Professional Preparation and Development

The PPD committee seeks to develop, coordinate, and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school professionals. The committee builds on assets and prioritizes needs for professional opportunities with a focus on educators, though are expanding to include needs of CIS professionals and others working with children and families. The PPD facilitates communication about professional development to consumers, practitioners and the general public.

Goal 4 - The early childhood system will be integrated, well-resourced, and data-informed

Early Childhood Interagency Coordination Team

The Early Childhood Interagency Coordinating Team (ECICT) seeks to identify and eliminate barriers to collaboration, address the efforts related to the Early Childhood Action Plan or any other issues that local/regional partners may bring to the Team's attention. The Team's efforts result in a more cohesive voice of state government in Vermont's early childhood system by convening representatives of the state agencies represented on the Building Bright Futures State Council (Agency of Human Services, Education, Child Development Division, Vermont Department of Health, Department of Commerce). The team will work as a lateral partner of the BBF State Council to inform the Council on state policy matters, and to receive feedback and input on state policy matters from the Council.

Early Childhood Investment Committee

The Early Childhood Investment committee seeks to increase the investment in Vermont's children and families. This is the newest VECAP committee convened in 2019 including advocacy partners, public policy leaders and early childhood systems leaders coming together to make long lasting and innovative changes to benefit Vermont's children and families. The committee incorporates the recommendations of Building VT's Future Think Tank into their strategies and engagement of new partners and diversified funding sources.

Data and Evaluation Committee

The Data and Evaluation Committee guides the collection, analysis, and application of high-quality data within the early childhood system. The group is composed of data stewards and evaluation experts working together to ensure data informs policy and practice. The group wants to help partners understand what is high-quality data, where it exists and is accessible to early childhood stakeholders.