

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Introduction

Vermont's Part C Early Intervention services are known as Children's Integrated Services-Early Intervention (CIS-EI). Vermont CIS-EI supports families with young children who have developmental delays, or who are at risk of having developmental delays due to a medical condition. CIS-EI services are provided in accordance with Part C of the Individuals with Disabilities Education Act (IDEA) in collaboration with a variety of professional partners. Knowing parents are their children's first and most important teachers, CIS-EI partners with families in their homes and community settings to provide services to support children's development.

To enhance Vermont CIS-EI's work, the federal Office of Special Education Programs (OSEP) requires every state's Early Intervention program to develop a five-year plan. Known as the State Systemic Improvement Plan (SSIP), this plan identifies a State Identified Measurable Result (SiMR) that will improve outcomes and quality of life for infants and toddlers receiving CIS-EI services. Phase I of the plan examined data, identified the outcome(s) of focus, and the coherent improvement strategies that would be pursued by the CIS-EI program. Phase II of this plan described the infrastructure improvements and supports needed for the State and regional CIS-EI programs to implement the planned strategies. Phase II of the plan also described how the State and regional CIS-EI programs will evaluate the evidence-based strategies implemented, analyze their effectiveness, and expand those that demonstrate a positive impact on achieving the State's desired result. The final Phase, known as Phase III of the plan will identify implementation and progress made because of evaluation data and describe any changes made based on those data.

The Vermont CIS-EI SiMR is: Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development. To support achieving the SiMR, Vermont has identified four interconnected strategies:

1. Development of a Comprehensive System of Personnel Development (a framework to support the training and retention of highly qualified practitioners).
2. Fostering family connections to increase opportunities for families to interact with other families, and learn advocacy and leadership skills.
3. Three regions will implement evidence-based supports targeted to significantly improve areas of the SiMR and collect data to determine if the supports had the intended results.
4. Alignment with other community and State partners on all improvement strategies to maximize resources and ensure consistent and uniform information.

In collaboration with families and other CIS and State and community partners, CIS-EI seeks to support families to help their children develop and improve their functional

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

social and emotional skills. Research¹ shows that all learning happens in the context of relationships. Therefore, supporting social and emotional development fosters positive relationships for children within their families, school, and broader community. These positive social connections and skills are a critical foundation that supports children's overall development now and in the future.

Through the SSIP, CIS-EI will implement strategies that directly and positively impact families' ability to support their children's healthy social and emotional development. CIS-EI's goal is to increase infants' and toddlers' social and/or emotional functional skills, which will be demonstrated by increases in Vermont's performance on the following Federal IDEA Part C Indicators:

Child Outcome 3A summary statement 1: Increasing the percentage of infants and toddlers who show substantial growth in positive social-emotional skills.

Family Outcome 4C: CIS-EI has helped me to help my child develop and learn.

Update on Vermont's SSIP Coherent Improvement Strategies

To support the SiMR, Vermont chose four specific strategies:

1. develop and promulgate a Comprehensive System of Personnel Development (CSPD) to improve practitioner expertise and retention;
2. foster family connections, which includes families participating in community-oriented activities and increasing opportunities for family engagement to develop advocacy and leadership skills;
3. three regional CIS-EI programs will implement and evaluate specific evidence-based strategies to improve outcomes associated with the SiMR in their region; and
4. align with other State initiatives to maximize resources and ensure consistent and uniform information is provided to families and communities.

Stakeholder Involvement

As with the previous Phases, Vermont Part C CIS-EI has relied on stakeholders to examine Vermont's strategies more deeply, identify and implement infrastructure changes and approaches to supporting implementation of evidence-based practices,

¹ Edelman, Larry (2004), *A Relationship-Based Approach to Early Intervention*, originally published in Resources and Connections, July-September, 2004, Volume 3, Number 2, also at: http://cacenter-ecmh.org/wp/wp-content/uploads/2012/03/relationship_based_approach.pdf

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

and develop evaluation criteria. Stakeholders involved in this Phase III of the SSIP included the:

- Vermont Interagency Coordinating Council (VICC)
- Child Development Division (CDD) Vermont Statewide Systems and Community Collaborations Unit
- Agency of Education Part B 619 (AOE)
- Early Learning Challenge (ELC) Grant project coordinators
- All CIS-EI Host Agencies, especially the regions implementing evidence-based Targeted Supports
- Agency of Human Services (AHS) Integrating Family Services (IFS)
- University of Vermont Early Childhood Special Education Program (UVM ECSE)

Throughout Phase III the State SSIP Team met weekly to move the work of the SSIP coherent improvement strategies forward and develop the evaluation plan. This team consists of the Part C Coordinator, CIS Evaluation and Quality Assurance Specialist, CIS Continuous Quality Improvement Coordinator, CIS Family Engagement Coordinator, CIS Personnel Development Coordinator, Part C Data Technicians, CIS Communications Technician, and often Vermont's National Center for Systemic Improvement (NCSI) technical assistance liaison.

In addition, the Part C Coordinator met semi-monthly with the Part B 619 Coordinators. The Education Assistance Division Director has also joined the meeting with the Part B 619 Coordinator quarterly to determine intersections with the Part B SSIP. These meetings provided an opportunity to obtain the Part B coordinator's perspectives on the work of the Part C SSIP and to collaborate on areas of intersection between both SSIPs. These areas included data sharing challenges and the interest on the part of both Part B and Part C to find ways of generating longitudinal data, VICC orientation, and personnel development, standards, and certification.

The CIS Personnel Development Coordinator, met multiple times with the University of Vermont (UVM) Early Childhood Special Education Degree Program Coordinator. Discussions included the personnel development standards and certification, UVM Special Education Program enrollment, data related to Part C staff retention challenges, and ways to increase and support Part C field placements for UVM students.

The development of the CSPD has involved diverse stakeholder involvement from across the Early Childhood workforce since the beginning of our process. For the purposes of CSPD work, the definition of the Early Childhood workforce is any practitioner who works with children and families, prenatal to age 8, across all settings, environments, and disciplines. Starting in June 2016 at the first Strategic Planning Team (SPT) meeting, people in the following roles have been involved over the past year:

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- Children’s Integrated Services (CIS) Early Intervention (EI) Part C Coordinator,
- CIS – Specialized Child Care Program Manager,
- CIS Home Visiting Nursing and Family Support Program Manager,
- Parent involvement from Vermont’s Interagency Coordinating Council (VICC),
- Early Head Start,
- Faculty from UVM Department of Early Childhood Special Education,
- multiple team members from Vermont’s State Child Development Division’s Quality and Workforce Development team,
- AOE Part B Early Learning Team members,
- CIS CSPD Personnel Development Coordinator,
- CIS Continuous Quality Improvement Coordinator,
- CIS Family Engagement Coordinator,
- Vermont’s Department of Health,
- Building Bright Future’s regional representative, Higher Ed Collaborative),
- Program Manager of Vermont’s Race to the Top Early Learning Challenge Grant,
- The University of Vermont Integrated Team Early Intervention Project,
- Regional CIS-EI Administrators, Supervisors, and practitioners; and
- Lund Family Support.

Additional stakeholders were also involved in workgroup work, as will be described in the [CSPD Workgroup](#) section later in this document.

Technical Assistance on aspects of the CSPD was received (in person and virtually) from the:

- Early Childhood Personnel Center (ECPC),
- National Center for Systemic Improvement (NCSI), and
- Early Childhood Technical Assistance Center (ECTA).

The State is seeking more involvement from the following participants who have been briefly involved: Regional Nursing Supervisors, Lyndon State College, CIS Coordinators, Early Childhood Higher Education Committee, family support practitioners, specialized child care practitioners, and early childhood and family mental health (ECFMH) practitioners.

Since there has been such diverse participation from across Vermont’s Early Childhood Workforce, the products developed in the SPT meetings have been applicable and useful across disciplines. SPT meetings are every 2-3 months and a Survey Monkey evaluation is sent to all participants to ensure the effectiveness of these meetings and gather honest feedback that informs future meetings. This evaluation data is then forwarded to ECPC for their documentation and further TA.

CIS-EI has been and will continue to actively collaborate and partner with various projects funded by Vermont’s Race-to-the-Top Early Learning Challenge Grant (ELC)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

and the Agency of Human Services Integrating Family Services (IFS). These shared activities include personnel development standards and framework, data, evaluation, developing an effective statewide approach to serving children with Autism, and family engagement activities. Representatives from the ELC and IFS projects are included in SSIP workgroup activities. Likewise, CIS-EI representatives actively participate in workgroup activities originating from the ELC and IFS projects.

CIS-EI shares data with and seeks input from the Vermont Interagency Coordinating Council (VICC) on all aspects of the SSIP. During Phase III the VICC has begun a re-visioning, developing their core statement: *We believe in all children reaching their developmental potential. We advise and assist Children's Integrated Services. When children and families thrive, Vermont thrives.*

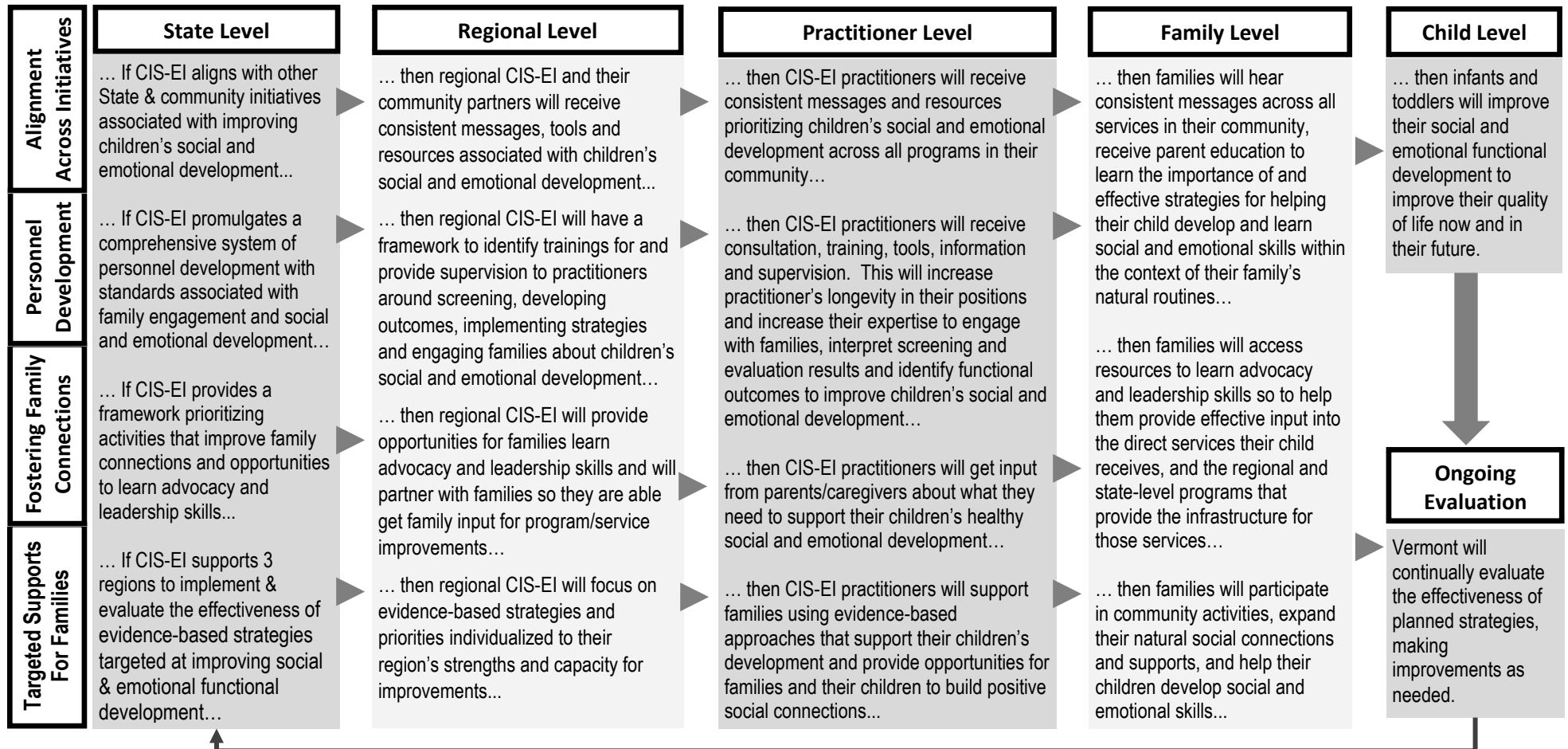
Further, the VICC was instrumental in providing input into the annual statewide data-sharing and determinations meeting with regional CIS-EI staffs on March 17, 2017. The theme the VICC promoted for the meeting was: *"Data informs practice improvements that support all children to reach their developmental potential."* There were three goals for this meeting: 1) Sharing out of the State Annual Performance Report Data; 2) Development of Regional Quality Improvement Plans; 3) Building relationships between VICC and CIS regional staff. Following the meeting, the State SSIP Team engaged in a Plus/Delta exercise to analyze the effectiveness of the meeting approach and outcomes. Data from this exercise will inform next year's meeting. CIS-EI will meet with the VICC at least quarterly through Phase III, share SSIP data, discuss areas of the SSIP the data indicate are effective or that need to be amended, and receive VICC's input into next steps.

The CIS-EI SSIP State Team also meets monthly by phone with the twelve regional CIS-EI host agencies. These meetings are used to gather input into SSIP strategies, share progress, including data, and provide guidance. These meetings will continue through Phase III of the SSIP. The State CIS-EI program will continue to support the regions as they develop and implement improvement strategies to address indicators identified in their determinations as requiring improvement. To that end, the State modified an existing position to focus specifically on supporting the regional CIS-EI programs to implement continuous quality improvement. This position was filled in September, 2016, and has focused on meeting with each region and targeting support to regions determined as "Needs Intervention" through the State's determination process.

Vermont's strategies at the State, community and family level will improve the social and emotional functional development of infants and toddlers by: aligning with other State and community initiatives to maximize resources and unify messages; fostering family connections to increase social interactions and promote family advocacy and leadership skills; and increasing early intervention practitioners' expertise to support families to help their infants and toddlers develop and improve functional social and emotional skills.

SiMR: Families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Rationale: Supporting social and emotional development fosters positive relationships for children within their families, school and other community settings. Parents are their children's first and most important teachers. CIS-EI strategies will directly and positively impact families' ability to support their children's healthy social and emotional development. CIS-EI data show that 76% of families feel they have the skills to help their children develop and learn. CIS-EI data indicates only 67% of enrolled children are substantially improving their social and emotional skills. All learning happens in the context of relationships. Therefore, CIS-EI believes that, with direct help from their parents/caregivers, children's social and emotional development will improve which will enable them to form positive relationships with other adults and with their peers so they are able to maximize learning across all developmental domains.



Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Phase III SSIP Supports for CIS-EI Programs

Infrastructure

Vermont CIS-EI has made several infrastructure improvements through this Phase of the SSIP. These improvements are directly linked to the identified coherent improvement strategies and will be discussed within those strategies below. Additionally, as explained in the State Performance Plan, Vermont's CIS-EI program was part of a significant organizational change in 2006. During that time, Part C services, along with early childhood nursing (well-child home visits), family support social work (to address family risks and parent educational needs, and mental health services (for young children and their parents/caregivers) were integrated into the Children's Integrated Services unit. This re-organization led to significant infrastructure changes to support seamless, integrated service delivery to Vermont infants, toddlers, and preschool children and their families. Having CIS-EI a part of the CIS unit ensures the SSIP work benefits from the input and expertise of these early childhood services.

In addition to this organizational positioning, CIS is a key participant within the Agency of Human Services (AHS) Integrating Family Services (IFS) (<http://humanservices.vermont.gov/Integrating-Family-Services>). This initiative seeks to build coordination and collaboration between the six AHS departments and the many community-based contracted service organizations. These community partners carry out the direct service work with families, shifting strategic planning, practice, language, service delivery and other key aspects of Vermont's human services system so the resources available to children, youth and families better match their needs.

IFS Autism Workgroup

One key area where CIS and IFS collaboration supports the SiMR is through the IFS Autism Workgroup. The regions developing evidence-based targeted supports all noted that children diagnosed with Autism (ASD) or highly suspected of having Autism often end up in their identified cohorts of children with functional social and or emotional developmental challenges. The IFS Autism workgroup is seeking to develop a comprehensive, statewide approach to addressing the needs of children with Autism across the age spectrum (infant/toddler through age 22). CIS's participation in this work will ensure that the system supports Part C children as effectively as school-aged children, and prioritizes their healthy social and emotional development along with other developmental domains.

Integrating Family Services Youth and Family Engagement Workgroup

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

In July, 2016, the Family Engagement Coordinator was invited with other stakeholders to participate in a short-term workgroup with Integrating Family Services (IFS) to inform how Vermont thinks about and puts into practice Youth and Family Partnership. The effort of this workgroup was a carry over to the final workings of the Leadership and Governance workgroup that the Family Engagement Coordinator was also a participant of. The result of the six meetings (monthly from October 2016 to February 2017), was a framework for involvement at all levels of population health related to communication and funding of family voice that strikes the right balance between promoting evidence-based practice and supporting innovation. The collaboration between IFS and Children's Integrated Services (CIS) around youth and family engagement has informed the family and community engagement efforts of the Interagency Coordinating Council's development of a [core statement](#) of Family and Community Engagement in Vermont, as well as further increased knowledge of family engagement strategies within Vermont's systems of care.

The four areas of focus for the IFS Autism Workgroup's work are (see <http://humanservices.vermont.gov/Integrating-Family-Services/autism-plan-matrix-updated-august-2015-2.pdf> for more information):

1. All children in Vermont receive effective, individualized, intervention services consistent with the National Research Council (NRC) recommendations from 2001 as soon as the diagnosis of ASD is seriously suspected.
2. Professionals who provide services to individuals with ASD will demonstrate competencies that reflect the experience needed when working with individuals on the spectrum. Training will be available to all professionals for building capacity to meet the needs of individuals with ASD and their families.
3. Educational services that provide the full range of continuum of supports and services will be available to students with ASD throughout Vermont.

Guiding Principles on Inclusion Workgroup

The Part C Coordinator participated in the Guiding Principles on Inclusion Workgroup, part of the Agency of Education's Early Learning Challenge work. The goal of this workgroup was to develop guiding principles for Vermont's early childhood services that support the inclusion of each and every child. This work builds off the Division of Early Childhood (DEC) and National Association for the Education of Young Children (NAEYC) Joint Position Statement of 2009 (https://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf), which directly supports Vermont's SiMR by indicating:

The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Vermont's draft guiding principles on inclusion are currently posted and actively seeking public input via a web-based survey:

https://unc.az1.qualtrics.com/SE/?SID=SV_0jr3ZzfXlnawtaB. Once finalized, CIS, along with the array of stakeholders involved in this workgroup (including AOE, Head Start, and Vermont Birth to Five), will develop a plan for implementation and utilization of these principles to ensure the inclusion of each and every child in early childhood settings.

It is important to note that, beyond those described above, the SSIP strategy of "Infrastructure Alignment" will not be discussed as an individual item. Vermont CIS-EI at the State and community level considers this strategy integral to all the other strategies. Collaborating with other State and community agencies and/or programs that seek to impact children's social and/or emotional development will help Vermont children and families by ensuring they receive consistent messages and maximizing resources from all programs they access. Therefore, infrastructure alignment is not discussed in this document as a discreet strategy with its own activities and evaluation measures. Alignment of the infrastructure, including collaborative planning, and developing shared understanding, language, tools, and resources, is critical in achieving the SiMR.

Communication

All SSIP activities are communicated broadly to CIS-EI practitioners and key stakeholders. The State's CIS blog provides a mechanism for transmitting information and will be a place for engaging staff in dialogue about posted items to deepen their understanding and practice knowledge. The blog currently has over 300 subscribers. The blog contains professional development posts, and articles about current research and evidence-based practice.

The State issues SSIP Newsletters approximately every six weeks. These newsletters contain a high-level overview of the SSIP, SiMR, and the four key strategies. The newsletter is posted on the blog, and is emailed to all CIS-EI providers, key partners, stakeholders, State leadership, national technical assistance liaisons, and our Office of Special Education Program (OSEP) lead. The State contracted with a CIS Communications Technician whose primary role is to develop the newsletter and other CIS publications.

The State hosts a state-wide call each month with all CIS-EI directors and supervisors. This call provides an opportunity to communicate program information, process changes, data, and data improvement protocols. Throughout Phase I and Phase II the State has used this statewide call to communicate about the SSIP, SiMR and the four key strategies. This monthly call will continue to be used as a key communication tool.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

The Family Engagement Coordinator initiated contact with the Vermont Family Network Director on June 22, 2016, regarding guidelines for relevant article contributions. On July 19, 2016, it was proposed that the Family Engagement Coordinator would perform the following activities as part of the collaboration with Vermont's Parent Training and Information Center: submit guest "blog posts" for posts on Vermont Family Network's website; submit guest e-Newsletter articles; post on Vermont Family Network's listserv; forward Vermont Family Network's e-Newsletter to Children's Integrated Services' contacts/lists. The Family Engagement Coordinator submitted articles for the [September 2016](#), December 2016, and April 2017 e-Newsletters. The submission for the December 2016 e-Newsletter was converted to a listserv posting as it was the Community Café training invitation. A submission on the VFN listserv occurred March 9, 2017, as well, regarding the upcoming Family and Community Engagement workgroup invitation.

Comprehensive System of Personnel Development (CSPD)

Infrastructure Development

Vermont CIS-EI contracted with a Personnel Development Coordinator to fulfill the CSPD SSIP strategy. The Personnel Development Coordinator's responsibilities include leading the development of the CSPD. Having a staff person dedicated to lead this activity has enabled Vermont to take full advantage of the intensive technical assistance grant applied for and received from the Early Childhood Personnel Center (ECPC). The Personnel Development Coordinator has identified key stakeholders and partners who will assist the State in the development of the CSPD. These individuals include the Vermont Part B 619 Coordinator, representatives from the University of Vermont Early Childhood Special Education program, staff from the Statewide Systems and Community Collaboration Unit of the Child Development Division who are responsible for Vermont's highly effective professional development system for licensed early childhood programs, CIS-EI practitioners, representatives from the Vermont Interagency Coordinating Council, those involved with the Vermont Building Bright Futures state council, and, most importantly, parents who have or formerly had a child enrolled in the Vermont Part C program (a full list of stakeholders can be found in the ["Stakeholder"](#) section above).

In addition, the following describes the work of the CSPD through this past year and looking forward into the coming years of Phase III SSIP implementation:

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

CSPD Workgroups

Workgroups meet monthly, typically through conference calls or webinars. The CIS Professional Development (PD) Committee acts as the Inservice Workgroup. Participants include five regional CIS Coordinators or Supervisors, two regional practitioners, two CIS program managers and five state-level CIS staff, plus the Director of the Northern Lights Career Development Center (NLCDC) and the CIS consultant. The primary purpose of the CIS PD Committee is to work towards the following quality indicators from the ECPC self-assessment:

“A Statewide system for Inservice Personnel Development is guided by updated needs assessments in relation to knowledge and competencies, delivers content based on evidence-based practices, extends the core knowledge and addresses updated knowledge on evidence-based practices and changes in standards, policies and initiatives.”

This goal has been divided into two objectives:

- (1) Consult and advise on the May, 2017, CIS Institute.
- (2) Consult and advise on the development of a PD framework based on data, competencies, case flow process, federal and state rules and regulations. Both goals are moved forward with each monthly agenda.

The Recruitment and Retention (R&R) workgroup also meets monthly and currently involves two CIS program managers, three CIS state staff and one CIS consultant. The primary goal and purpose of this workgroup comes from the ECPC quality indicators - to develop, implement and measure retention strategies based on multiple data sources.

This goal has been broken down into six strategies:

- (1) Gather current baseline data from across early childhood landscape.
- (2) Gather baseline data from “Survey for the Retention of CIS Professionals.”
- (3) Develop strategies based on baseline data.
- (4) Roll out retention data, share messaging and solicit feedback and strategies.
Develop strategies in partnership with regions and agents.
- (5) Implement strategies.
- (6) Measure effectiveness of implemented strategies.

The State Personnel Standards (SPS) workgroup meets monthly and participants include: two regional CIS supervisors, the Director of the NLCDC, and the CIS consultant, one parent of a child receiving EI services and a member of the CDD Statewide Systems, Quality and Workforce Development team. The primary goal of this workgroup is to meet the following quality indicators from the ECPC self-assessment:

“State standards, criteria and requirements are based on knowledge, skills and competencies; specified and accessible for personnel across disciplines; demonstrated by personnel; used by admin and staff; reviewed and updated.”

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

This goal has been broken down into two objectives: (1) to complete implementation of EI Certification and (2) develop renewal policies and procedures for the EI Certification (See “170202SPSActionPlan.docx”).

The Integration Workgroup meets monthly and participants include: Part C Coordinator; CIS Personnel Development Coordinator; CIS Continuous Quality Control and Monitoring; Part B AOE’s Early Learning Team; CDD’s Quality Enhancement, Workforce and Systems Development; Vermont’s Department of Health; Vermont Child Care Industry and Careers Council (VCCICC); Director of NLCDC; and CCV. The overarching purpose of this workgroup meets multiple quality indicators from the ECPC self-assessment. The stated purpose is to:

Examine current policies and state initiatives (e.g. quality rating and improvement systems, educator effectiveness frameworks) to identify opportunities for collaboration and the coordination of resources, including ongoing and sustained funding across cross-sector early childhood systems.

One identified strategy is to use the Decision-Making Framework (DMF) to determine training priorities across the early childhood workforce, starting with CIS, Part B and Child care and afterschool systems.

Comprehensive System of Personnel Development (CSPD)

Strategic Planning Team (SPT) Meetings Initiated

In June 2016, the CIS Personnel Development Coordinator executed the first SPT using a guidance document from ECPC (<http://ecpcta.org/>) detailing activities and processes to initiate the development of a CSPD. A diverse group of stakeholders from across the early childhood workforce came together, and Vermont Part C co-planned the facilitation of this SPT with Part B. The Early Childhood Personnel Center TA introduced the day and framed its significance through a virtual webcast. The Personnel Development Coordinator created a Prezi which described the CSPD subcomponents (See http://prezi.com/3z6w7jnerca9/?utm_campaign=share&utm_medium=copy&rc=ex0share)

The CIS SSIP State Team with Part B, solicited values and developed a draft Vision/Mission Statement:

Vision

Vermont’s Early Childhood Comprehensive System of Personnel Development (CSPD) prepares and supports professionals to effectively engage with children, families, and systems to realize the promise of every child.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Mission

Vermont's Early Childhood Comprehensive System of Personnel Development (CSPD) provides a framework, through continual evaluation, for the provision of ongoing, coordinated professional learning opportunities. These opportunities enable highly qualified and supported personnel to ensure the implementation of recommended practices informed by research, ongoing assessment, and family wisdom and values.

The focus of the day centered on assessing the current functioning of Vermont's CSPD. Since there was involvement from Part B and CDD, it was feasible to look at the entire system and score the initial alignment with the quality indicators developed by ECPC (see Appendix 3: [State Self Assessment](#)). This generated tremendous conversation and led to the development of workgroups for Inservice/Preservice, Recruitment and Retention (R&R), and State Personnel Standards (SPS).

To document the effectiveness of the day (and every SPT thereafter), a Survey Monkey was created to solicit stakeholder feedback for an honest evaluation (see "SPT 6-7-2016 EvalData.pdf"). Overall, the meeting was viewed as productive and effective, and there was feedback that helped clarify the language of the quality indicators. The survey demonstrated the participants' enthusiasm around the workgroups and for moving the work forward, and provided valuable feedback used in planning subsequent meetings.

Retention Survey Developed and Disseminated

Over the summer of 2016, the Recruitment and Retention Workgroup established an action plan to develop and disseminate a "Survey for the Retention of CIS Practitioners" as turnover of qualified staff was identified during SSIP Phase I as a major root cause of poor child and family outcomes. The Survey was based on job satisfaction research in human services (http://www.jstor.org/stable/10.1086/323166?seq=1#page_scan_tab_contents) and benchmarked against other national non-profit organizations through a Survey Monkey template.

The Survey was open for six weeks, and there was a response rate of over 75%. The raw data was then analyzed at the September, 2016, SPT and retention strategies were developed. The most significant results and strategies were compiled into a PowerPoint that was then shared with CIS leadership, the SPT, and on a statewide community of practice call with practitioners (see "CIS_COPC_RetentionDataStrategies_120716.pptx"). Additionally, CIS State Technical Assistance Liaisons were charged with meeting with all twelve regions CIS Administrative Teams to discuss the data and their regional approaches to addressing

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

some elements of what the data was illuminating. Liaisons had a common set of messages, points and tips to share with regions to prompt these conversations (see Appendix 8 for the [Message Points](#)). Vermont believes that if regional stakeholders intentionally interact with the data, they will help the State identify and address areas of improvement by participating more actively in workgroups and affecting areas they have influence over within their local organizations.

September 2016 SPT Meeting

The September SPT had wide representation from across the Early Childhood arena. There were five major developments out of this SPT, the first being the analysis and development of Retention data and strategies. Second, members reviewed the draft Vision Mission statement, which had initially been framed solely for CIS. However, participants felt strongly that this vision mission needed to represent all the Vermont early childhood workforce. This was a key shift and demonstrates the importance of stakeholder engagement in providing input and guidance to move efforts forward. This collaboration will generate and build authentic buy-in which will lead to better implementation of appropriate and helpful policies, procedures, and evidence-based practices. This leads to sustainable systems change. With stakeholders moving this work forward, the impact is broader, with longer lasting results that are more systematized and lead to better outcomes for Vermont's children and families.

Third, Vermont began the development of a Decision-making Framework (DMF) to improve the quality, accountability and transparency of decisions made around prioritizing and funding trainings and professional development opportunities. This Framework was developed to be applicable across the early childhood workforce, since this is a significant decision for non-profit and state-level organizations (see Appendix 1: [Inservice Framework](#)) given the high demand for professional development with limited resources.

Fourth, with key CIS and CDD leadership participating in the SPT, the opportunity for systems-thinking and collaboration was seized. As the larger system, CDD is also embarking on a "Transforming the Workforce" systems shift (<http://dcf.vermont.gov/cdd/ecpds-transformation> for more information), which is significant change in the child care workforce. This SPT meeting was crucial in setting the stage to broaden CDD's sphere of influence, and develop a system of personnel development that truly encompassed all of Vermont's Early Childhood Professional Development (VTECPD) workforce from prenatal to age 8, across all settings, environments, and disciplines. This is a tremendous opportunity to integrate the early childhood system through the Community College of Vermont (CCV) which will hold the Northern Lights Career Development Center (NLCDC). Currently, the NLCDC is used predominantly by child care and afterschool practitioners. However, through the efforts of a newly formed Integration Workgroup, which sprang out of the September 2016

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

CSPD SPT meeting, there are coordinated efforts to move forward a more fully integrated Vermont early childhood system of personnel development.

The fifth implication of this SPT was the development of an Integration Workgroup, which is currently serving the purpose of what ECPC called the Leadership, Coordination, and Sustainability Workgroup. Walking methodically through the DMF, participants from Part B AOE’s Early Learning Team, CDD’s Quality Enhancement, Workforce and Systems Development, Vermont’s Department of Health, Vermont Child Care Industry and Careers Council (VCCICC), and CCV will be working together to determine how best to integrate the early childhood workforce, determine training priorities and how to fund effective professional development opportunities.

At the end of this September, 2016, SPT, an evaluation was disseminated to elicit honest feedback regarding the effectiveness of the meeting, as well as receive suggestions for future meetings. All participants found the meeting productive and useful. Participant feedback were analyzed and incorporated into future SPT meetings (See “SPT 9-6-2016EvalData.pdf”).

December 2016 SPT Meeting

In December, 2016, the process to determine training priorities began for CIS for 2017-2018. A list of data sources and information held currently was developed to assist in this effort. A list of needed data was brainstormed as well, to improve decision-making abilities.

CIS Resources for Inservice PD Framework

Name	Genre	Family Support					
		All CIS	CIS-EI	SPCC	Nursing	ECFMH	Support
Retention Survey	Data	x					
Performance Measure data	Data	x					
Contract Monitoring data	Data	x					
CIS Contract	Contract	x	x	x	x	x	x
Supervisors Survey Monkey Evaluation	Survey	x					
APR - 10 indicators (Feb)	Data		X				
618 active (Apr) and exits (Nov)	Data		X				
COSF data (Indicator 3s of the APR)	Data		x				
Family Survey (Indicator 4s of the APR)	Data		x				
SSIP - 11th indicator of APR (Apr)	Narrative report		x				
State Approved Assessment Tools Survey Monkey	Data		x				
SPCC - number of STARS	Data			x			
expulsion data	Data			x			
special accommodation grant	Data			x			
MESCH	Data				x		
NFP	Data				x		
PAT	Data						X
ECFMH	S&C		x			x	
VELS	S&C			x			
DEC RP's	S&C						
NAEYC	S&C						
MATCH Competencies	S&C						
CEC	S&C						
Licensure/Registration	Rules			x	x	x	
State Rules	Rules	x					
Federal Regulations	Regs	x					
Home Visiting Manual	Policy				x		

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

This led to a very thorough evaluation of the DMF to improve its usefulness across the early childhood workforce ([Appendix 1: Inservice Framework](#)). This was then disseminated in an evaluation survey for feedback and improvements for future meetings (these data can be found in the attached document: SPT 12-5-2016EvalData.pdf).

The Decision-Making Framework underwent intensive revision which resulted in a much simpler, clearer, more relevant framework to assist in better results around determining training priorities (primarily, although the framework can be used for other decisions as well). This framework walks through nine questions to ensure decisions are thoughtful, thorough, articulate, inclusive, transparent, and accountable; and was used to develop the 2017 CIS Institute; to determine CIS Training Priorities for 2017-2018 (see "[CIS PD Committee](#)" below); and to develop coordinated training recommendations for Vermont's CSPD (See "[Integration Workgroup](#)").

The questions the framework asks are:

1. What are the State and Federal Rules and Regulations related to this decision?
2. What Data Reports, Survey Results, Evaluation data, or other factors do you need to make an informed decision?
3. How is input from stakeholders included?
4. What are the Standards and Competencies to consider?
5. What are the Evidence-based, Best Practices that may apply?
6. How is Family Engagement part of the process?
7. Are there any Contractual Issues that inform the process?
8. What is regional leadership thinking about the issue? How do regional administrative practices impact this situation?
9. How does this situation fit within the Strategic Plan/ Required Responsibilities?

February 2017 SPT Meeting

With feedback from the SPT Evaluation Surveys, the CIS Personnel Development Coordinator determined that participants needed more clear information regarding what progress had been made since June 2016. The CIS Personnel Development Coordinator developed a Prezi timeline to communicate these accomplishments more clearly: See

http://prezi.com/suuzihcoerat/?utm_campaign=share&utm_medium=copy&rc=ex0share

This SPT meeting focused on developing strategic visions with which to build year-long measurable goals for 2017-2018. Using a Community Café model (utilized as well by the CIS Family Engagement Coordinator) http://www.ctfalliance.org/initiative_parents-2.htm, visioning statements were developed by the SPT participants to articulate where the CSPD will progress in 3-5 years.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

The CIS Personnel Development Coordinator and CIS Communications staff developed a web page for the CSPD: <http://cispartners.vermont.gov/CSPD>. This website is only in draft form, and helpful feedback was given on it during the February SPT meeting. This feedback will be incorporated into a second draft of the website. Survey evaluation data for this February SPT can be found in the attached document: SPT 2-6-2017EvalData.pdf

Future SPT Meetings

For April and June, 2017, the DMF will be used to determine CIS training priorities for 2017-2018 (see [Inservice Workgroup](#) below). In June, the State self-assessment document provided by ECPC will be revisited. Baseline data was gathered in 2016 (see Appendix 3: [State Self Assessment](#)). In June, 2017, progress will be tracked and documented to demonstrate improvements in the quality of our CSPD.

The guidance we received from ECPC has helped tremendously in moving this work forward in the past year. There is a plan in place to re-apply for a TA grant as their assistance has been invaluable. With on-going TA, Vermont will increase its understanding of how to use a strategic planning process to develop visions for where the CSPD will be in 3-5 years. Measurable yearly goals will then be determined to move the work forward for 2017-2018.

Stakeholders will continue to play an integral role in determining these goals and providing input and guidance. This collaboration will continue to generate, build and strengthen authentic buy-in which leads to better implementation of appropriate and helpful policies, procedures and evidence-based practices, which will lead to sustainable systems change. With stakeholders moving this work forward, there will be broader impact, longer lasting results that are more systematized, and will lead to better long-term outcomes for Vermont's children and families.

Integration Workgroup (formerly: Leadership, Sustainability, and Coordination Workgroup)

This workgroup has experienced the most significant evolution over the past year. This workgroup started as the Core Planning Team (CPT), meeting every two-weeks. The CPT consisted of the Part C Coordinator, Part B 619 Coordinator, Early Childhood Statewide Systems and Afterschool Specialist; and faculty from the UVM Early Childhood Special Education program. With significant policy changes, shifting priorities and restructuring of key leadership positions (due to retirement), new opportunities arose to re-think this workgroup's purpose and role moving forward.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Having the newly hired CDD Director of Quality Enhancement, Workforce and Systems Development in attendance at the September SPT enabled the recognition of the significance of having a CSPD across the entire Early Childhood workforce throughout Vermont. Given this new position and its control of significant funding dollars, this partnership opened tremendous opportunities for CIS to “lead from the bottom.” Using the TA available, and the tools that had been developed at that point (developed intentionally to be relevant across early childhood) and creating space for the original CPT members to sit at the same table again, this led to the organic development of the Integration Workgroup.

The first task of the Integration Workgroup was to garner stakeholder and leadership input and participation from the Building Bright Futures (BBF) Professional Preparation and Development Committee (PPD). This committee reports to Vermont’s State Advisory Council. “This inclusive statewide workgroup has addressed issues, created resources and highlighted the need for a well-trained early childhood and after-school professional workforce. Its goal is to develop, coordinate and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school professionals (<http://buildingbrightfutures.org/about/committees/>).”

As CIS presented its work-to-date to the PPD committee, other parts of the Early Childhood workforce were invited to join the Integration Workgroup. Participants from VCCICC and CCV joined, and the Integration Workgroup did some strategic planning to ensure it had a clear purpose and goals, and would play a critical role in the development of the newly conceived Northern Lights Career Development Center, now placed within the purview of the Community College System of Vermont, informed by “Transforming the Workforce” systems change (<http://dcf.vermont.gov/cdd/ecpds-transformation>; see also Transforming the Workforce Chapter 12: A Blueprint For Action - <https://www.nap.edu/read/19401/chapter/21>).

At this point, the CSPD work had generated enough momentum, and Part B had re-built its capacity, so the Integration Workgroup now had the buy-in, momentum and significance to become the ad hoc “Leadership, Sustainability and Coordination Workgroup” that ECPC had originally envisioned in its guidance manual.

Four significant changes and events have occurred through the Integration Workgroup so far. First, CDD’s initiated a total transformation of the child care workforce development system. This “Transforming the Workforce” effort was based on the NAEYC Blueprint of policies and principles for the early childhood workforce. Whereas the CIS SSIP work was based on ECPC’s Quality Indicators for a CSPD. The CIS Personnel Development Coordinator did a crosswalk of these two frameworks to determine where there was overlap and difference (see [Appendix 4](#) for this crosswalk). This crosswalk was presented to the PPD and the committee agreed to adopt both crosswalks to guide the Vermont early childhood system of personnel development,

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

since they seemed to synchronize very well. The Blueprint added important policies and principles to the subcomponent structure of the ECPC Framework.

Secondly, the vision/mission statement that CIS developed during the June and September, 2016, SPT meetings was shared with the Building Bright Futures (BBF) PPD committee for adoption or amendment. Buy-in and participation from the BBF PPD committee, which represents Vermont's early childhood personnel development system, would gain significant infrastructure and resource alignment for the CSPD, which is critical to realizing the full vision of a truly comprehensive system of personnel development spanning all disciplines.

Third, the Principles for Professional Development (see [Appendix 2](#)) that were developed by the PPD and NLCDC will be reviewed and updated by the PPD in 2017, based on the work done with the vision/mission statement.

Fourth, Vermont will send an interdisciplinary and interagency group to the April, 2017, ECPC Leadership Conference. Participants will include the Part C Coordinator, CIS Personnel Development Coordinator, Part B Inclusion Coordinator, and the Statewide Systems and Afterschool Specialist. The TA received during this four-day conference will significantly move forward the collaborative work being done as an interdisciplinary team representing Vermont's early childhood system.

Future work by the Integration Workgroup includes identifying commonalities and gaps across the early childhood workforce in frameworks, tools, assessments, trainings, data systems, and more. A gap analysis will guide the work moving forward. The DMF is being utilized to identify training priorities for the Vermont's early childhood system of personnel development, which may then be incorporated into the contract and budget that CDD has with CCV to serve the early childhood workforce. The PPD will continue to be looked at, and if that is not workable, another group will be explored to govern and guide this work.

State Personnel Standards (SPS) Workgroup

This workgroup has dealt primarily with the Early Intervention Certification that began in 2016. To date over 60 early interventionists have been certified. Vermont is in the process of determining policies moving forward and developing the EI Certificate renewal process. The SPS workgroup has made recommendations regarding what this renewal process should look like. Vermont has also reached out to ECPC to get their input regarding what other states are doing around EI certifications. ECTA has posted an extensive, detailed question from Vermont's Part C to the Part C listserv to gather feedback from other states around what their renewal processes look like. If available, Vermont plans to apply for more TA when the ECPC grant is over, due to the value of this TA guidance around so many pieces of the CSPD.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

The EI Certification is based on the Early Childhood Family Mental Health (ECFMH) standards (<http://northernlightscdc.org/career-pathways/professional-competencies-and-standards/ecfmh-competencies/>), which puts social emotional development and healthy relationships front and center of the competencies EIs must show to be certified. These standards and competencies will be used to determine CIS training priorities moving forward (see Appendix 1: [Inservice Framework](#)).

Future plans for SPS workgroup include the possible use of Home Visiting Competencies as CIS-wide competencies. This allows Vermont to access other valuable competencies to support healthy child and family development based on evidenced-based home visiting models.

Recruitment and Retention (R&R) Workgroup

After developing and disseminating the researched-based and industry benchmarked “Survey for the Retention of CIS Practitioners” (see: [Retention Survey Developed and Disseminated](#) above), there was access to valuable and relevant timely data to apply towards building an effective CSPD to support and retain qualified personnel (see “CIS_COPC_RetentionDataStrategies_120716.pptx”). This data has and will be used in multiple ways to inform our CSPD to ensure we are making data informed recruitment, retention, and staff training decisions. These data will also be used for measuring the efficacy of these CSPD decisions over time as it will be re-administered annually.

Recruitment through Preservice Personnel Development

Future plans to target recruitment opportunities for CIS involve paid internships for Part C placements for UVM ECSE students. Vermont spoke with OSEP to get TA around what State and Federal rules and regulations allow. Vermont will be developing a plan to move this forward with stakeholder input during the summer and fall of 2017, with the goal of a plan being submitted with Vermont’s State Performance Plan in 2018, provided such an initiative has stakeholder support.

Vermont also connected with the Early Childhood Higher Education Committee which has successfully developed articulation agreements across all Institutes of Higher Education (IHEs) in Vermont that provide early childhood classes and programs. Vermont will continue to look for opportunities through this group to integrate the early childhood system across Vermont, promote career development to retain practitioners, professionalize the field and support personnel to transfer to UVM – the only IHE that has an ECSE program for infants and toddlers. Our vision is to increase the infrastructure supports for Part C placements. Recruitment planning and activities will begin using the framework that will be developed through the CSPD ECPC TA grant

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

currently underway. This framework will not only guide the planning, but also the ongoing evaluation of the work.

Inservice Workgroup – CIS PD Committee

CIS Institute

The CIS PD Committee handles the Inservice subcomponent of the CIS CSPD. The CIS Institute is an established two-day training event which has undergone many improvements based on evaluation survey data gathered at the end of each Institute. An initial change, implemented based on survey feedback, was a shift away from a “conference” structure where there were multiple ‘workshops’ offered over two days. This structure was determined to be less beneficial due to the short amount of time participants spent in very surface level workshops. The structure then changed to an “institute” model where participants registered for a six hour ‘track’ of more in-depth training in one topic. This model allowed for more application and hands on activities, seen as more relevant for experienced participants.

Last year, CIS Institute participants indicated through evaluation data that they wanted to focus on family engagement. The CIS PD Committee met face-to-face for one day to walk through the DMF (see “[December 2016 Strategic Planning Team Meeting](#)” above).

1. State and Federal Rules and Regulations: Family engagement is a critical piece for Part C.
2. Data Reports: Reviewed Retention data, CIS Performance Data and other relevant data reports.
3. Stakeholders input: evaluation survey results from last year’s Institute was used to determine the top choice of family engagement as the topic for the 2017 CIS Institute. The members of the CIS PD Committee also provided guidance, input, and recommendations for how the Institute should look.
4. Standards and Competencies: ECFMH and EI Certification standards and competencies were examined to determine basic principles or information that need to be covered by the 2017 Institute.
5. Evidence-based, Best Practices: The CIS PD Committee then brainstormed a list of best practices that practitioners use in the field, that could provide content and a vehicle for how best to collaborate with families to support child development. These best practices then became the tracks that participants could sign-up for to receive 6 hours of professional development:
 - Using Protective Factors Survey to Build Stronger Families: Strengthening Families
 - Applying Cultural Competency to Your Work
 - Effective Collaboration for Developing Family-Centered Programming: Identifying Family Priorities and Collaborative Goal Writing

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- Promoting Children’s Success through CSEFEL: Building Relationships and Creating Supportive Environments
- Coaching Caregivers to Support Their Child’s Development: Tips for Coaching Caregivers and Parents
- Supervisors Track with Lynne Kemp of MECSH (Maternal Early Childhood Sustained Home Visiting research-based best practices)

The ECPC Quality Indicators were also reviewed for a high-quality system of Inservice professional development and the following were incorporated into the planning of the 2017 CIS Institute which will take place May 10-11th, 2017:

A Statewide system for Inservice Personnel Development:

- is aligned to national and state standards across disciplines.
- is guided by updated needs assessments in relation to knowledge and competencies.
- is coordinated across early childhood systems and delivered collaboratively, as appropriate.
- families and/or parent orgs participate in the design and delivery of the system.
- employs adult learning strategies such as coaching, reflective supervision and supportive mentoring.
- opportunities are individualized to the individual and objectives of the PD.
- delivers content based on evidence-based practices.
- extends the core knowledge and addresses updated knowledge on evidence-based practices and changes in standards, policies, and initiatives.

6. Family Engagement: This is the topic of the Institute based on data reports, evaluation survey results, stakeholder feedback, quality indicators for a CSPD, state rules and regulations, contractual demands, and best practices.
7. Contractual Issues: Family engagement is required per the CIS contract.
8. Regional leadership/administrative practices: Regional representatives on the CIS PD Committee, and evaluation survey feedback showed that regions felt the need for further professional development in family engagement best practices.
9. Strategic Plan/Required Responsibilities: As per everything stated above, and Vermont’s SiMR, this topic, the method of planning, developing and presenting the CIS Institute all fit within the strategic plan and required responsibilities.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Using this DMF assured the CIS PD Committee that it was planning a CIS Institute with intentionality and thoroughness, a dramatic improvement in the planning process of last year's Institute. The evaluation survey was also updated to include three critical questions on how to increase the capacity of the CIS Inservice professional development system next year. These questions were informed by research provided by ECPC stating that conferences and institutes may not be the most effective way to improve practitioner practice, implement best practices and improve child and family outcomes. CIS is open to evaluating the efficacy of the institute. It is important and in keeping with the commitment to collaboration that stakeholder feedback be collected and analyzed as part of the data-informed, DMF process. This will be incredibly valuable in determining CIS training priorities for 2017-2018.

The following 3 questions and narrative will be added to this year's evaluation survey:

1. What are the top 3 reasons you attend the CIS Institute:
 - a. PD hours
 - b. Learn best practices
 - c. Self-care (identified in 2016 Institute evaluation survey)
 - d. Networking (identified in 2016 Institute evaluation survey)
 - e. Other
2. What options for self-care and/or networking are most attractive to you:
 - a. Regional face-to-face gatherings
 - b. Half-state face-to-face gatherings
 - c. State-wide face-to-face gatherings
 - d. Other

Each year, CIS spends between \$45,000 and \$70,000 on the CIS Institute. Research has shown that the most effective way to improve practitioner proficiency to improve child and family outcomes is through technical assistance, coaching, mentoring and supervision (http://ecpcta.org/wp-content/uploads/sites/1337/2015/06/Lit_Syn4.pdf and <http://www.puckett.org/presentations/Improving-Design-Implementation-5-2015-Puckett.pdf>). As we work to improve our System of Personnel Development, we are asking for your ideas as we continue to build and grow the capacity of the professional development system of CIS. Please select from the menu below, or provide comments, for how best to support the implementation of best practices to improve child and family outcomes. This data will be used to determine training priorities for FY2017 and beyond.

- a. Improve coaching supports
- b. Improve mentoring supports
- c. Improve supports for Reflective Supervision
- d. Increase online trainings
- e. Provide more frequent, smaller trainings across the state
- f. Give money to regions to use, with results-based accountability measures

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- g. Give money to regions to support CIS-wide Quality Improvement Plans
- h. Give money to CCV to provide free/reduced-price college courses for career development
- i. Purchase more assessment tools/trainings for all of CIS
- j. Shorten Institute to 1-day or eliminate free food/lodging (add comment below with specific changes)
- k. Keep Institute as is (2-days, food, lodging included)
- l. Other

These evaluation data and stakeholder feedback will then be incorporated into the DMF to determine how to best build the capacity of the CIS CSPD moving forward. How to improve supports for supervision, coaching and mentoring will also be explored and developed.

CSPD Inservice Subcomponent

The CIS PD Committee also provides input, guidance, and recommendations for the implementation of the CSPD. Questions and discussions covered so far include:

1. Transforming the workforce and implications to regional delivery of professional development activities through CDD.
2. CSPD – overview of what it is, linkage to CIS PD Committee and roles and within that reference the original purpose/goals the committee had from 2013-2014.
3. Developing the Decision-Making Framework – what’s missing? What can be left out? How would you use this in your regions?
4. Retention Survey data – what does retention look like in your region? How do we implement these strategies in each region? Other ideas around retention?
5. Renewing ECFMH standards and competencies – gathering stakeholder input
6. Discussion about the standards for Early Intervention Certification and renewal: What are reasons to renew it? What is the experience either you or CIS staff in your region have with professional licenses and renewal? What resources should be reviewed in developing the criteria for a renewal?
7. Institute Evaluation questions – suggestions and feedback
8. Invitation to participate in Strategic Planning Team meetings.

Relevant Training and Technical Assistance to the Field

In addition to the CIS Institute mentioned above, the CIS state team assisted and funded Bennington CIS-EI in providing a training on a state-approved five domain assessment tool and a social emotional assessment that the Bennington region is using in their targeted supports work. The Assessment, Evaluation, and Programming System for Infants and Children (AEPS) and Social Emotional Assessment/Evaluation Measure (SEAM) training was available to the whole state, both face-to-face and

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

virtually. This training will provide assessment tools to practitioners to directly improve our SiMR.

In partnership with UVM's Center on Disability and Community Inclusion Early Intervention Project (Baby I-Team), we also provided a training on Effective Collaboration for Developing Functional Family Centered Goals. The training outcomes were for practitioners to learn to write functional outcomes based on the family's life and language, and for teams to become more skilled with progress-monitoring to effectively collaborate and holistically support the identified outcomes. This training was initially rolled out to three regions to determine the most effective methods for implementation. Our evaluation data and follow up Community of Practice Calls and homework are intended to provide data for how best to implement this training across the state to improve our SiMR in line with our Theory of Action.

Other Community of Practice Calls involved presenting data and retention strategies to the field from the "Survey for the Retention of CIS Practitioners." Faculty from UVM's ECSE program presented research from her article, "Listening to the Voices of Early Intervention Providers Who Serve Families Experiencing Homelessness." Qualitative interviews from Vermont EIs elicited strategies that worked when serving homeless families.

Evaluation Workgroup

Due to restructuring of our data analyst position, this workgroup did not meet scheduled expectations. When the new data analyst starts in end of March, 2017, they will be brought up to speed. The CIS Personnel Development Coordinator (PDC) reviews the evaluation plan quarterly to determine if we are on track and make adjustments as necessary. Evaluation data is used extensively throughout the CSPD to monitor effectiveness and gather stakeholder input. Status updates are indicated on the evaluation plan (See "CSPD Evaluation Plan Status Updates 032817").

Broader evaluation of overall system improvement will begin when the framework is complete at the end of June, 2017. Vermont will continue to use TA from ECPC, ECTA and NCSI to improve our ability to implement and evaluate an effective CSPD.

Fostering Family Connections

Infrastructure Development

Vermont CIS-EI contracted with a Family Engagement Coordinator. It is the Family Engagement Coordinator's primary responsibility to develop a statewide framework which will outline standards for engaging families and expanding family leadership and

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

advocacy skills at the provider, regional and statewide level. If Vermont provides a statewide framework, strategies, and monitoring for accountability, CIS-EI practitioners will more effectively engage families and families will expand their skills to advocate for their and their children's needs. Practitioners and the State can then learn what families need to increase their ability to help their infants and toddlers develop and learn functional social and/or emotional skills.

To develop an effective framework useful to agencies across disciplines/programs, Vermont CIS-EI will be collaborating with key stakeholders and partners such as: Vermont Interagency Coordinating Council, Strengthening Families regional projects (Project 4 of Vermont's Race to the Top Early Learning Challenge Grant (ELC) http://buildingbrightfutures.org/elc_grant/projects/overview/), Promise Communities (Project 24 of the ELC:), regional parent child centers and CIS-funded agencies. The input of these partners will enable the State and regional partners to have an effective and unified framework for family engagement that families recognize, thereby maximizing their involvement regardless of the primary service they are receiving. When families can provide input into the system of services that support them and their children, CIS-EI can better understand what is working and what Vermont needs to improve. By developing families' leadership skills, CIS-EI can engage and partner with families in a collegial manner and gain their help in developing program improvements.

NCSI Cross-State Learning Collaborative: During the August, 2016, The Center for IDEA Early Childhood Data Systems (DaSY) Improving Data, Improving Outcomes Conference in New Orleans, Louisiana, the Vermont Part C Coordinator expressed interest in joining the Part C NCSI Improving Family Outcomes Cross-State Learning Collaborative. Following this conference, one of the co-leads for the Improving Family Outcomes Cross-State Learning Collaborative (CSLC) contacted the Vermont Part C Coordinator and the Family Engagement Coordinator to invite Vermont to participate. This was recognized to assist Vermont in the ongoing development and implementation of one of the four interconnected strategies of Vermont's SiMR. This would also effectively increase Vermont's knowledge of family engagement strategies by conducting research into other state's practices around Family Connections. Vermont participated in the November 15-16, 2016, convening of all Part C-focused CSLCs in Dallas, Texas.

In addition to bi-annual face-to-face meetings, a Vermont multi-disciplinary team also participates in monthly Improving Family Outcomes CSLC calls. Vermont's participation in this cross-state learning collaborative has resulted in increased knowledge of family engagement learning opportunities (webinars and resource sharing websites) and real-time sharing and feedback on SSIP documents as well as other resources through the web-based community of practice platform, NING.com.

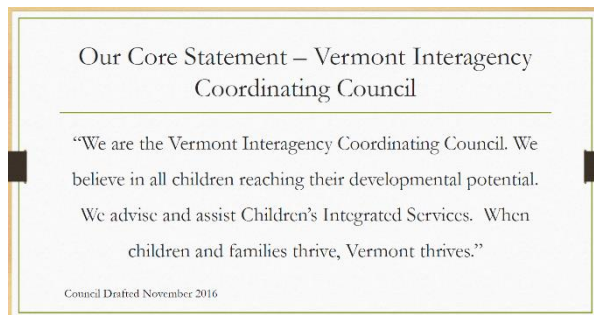
Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Vermont Interagency Coordinating Council (VICC)

Through the leadership of the CIS Family Engagement Coordinator, Vermont has sought to increase family input and leadership in the VICC. Currently the VICC has two parent members. With increased parent involvement, the VICC will have a stronger family perspective on the issues for which the VICC advises and assists CIS.

In looking to increase family input and leadership on a state level, the VICC initially focused on the outreach opportunities that had been developed in the last Council year and updated the information. The VICC brochure and presentation board provided a solid starting point with a clear deadline to have an outreach product for the Vermont Family Network Annual Conference.

Following that outreach opportunity, the VICC engaged in visioning work targeted at the Council's identity, their role, and envisioning outreach and orientation of new members. During the September 2016 meeting the new VICC website (<http://cispartners.vermont.gov/icc>) was unveiled and opportunity was created to provide input on the layout and content. With the finalization of the family brochure and the online presence the VICC, the groundwork was laid to have the deeper conversation of the Council's "advise and assist" role. This included drafting a VICC Core Statement, including a supporting core statement of family and Community Engagement in Vermont in November 2016.



The targeted outreach strategies conversation during the January 2017 meeting provided tangible opportunities for involvement in recruitment by the entire council due to the infrastructure development that had occurred over the course of the past nine months. During this same meeting the Council participated in a Community Café focused on developing recruitment strategies to reach the goal of five representatives by May, 2017. These targeted strategies have been added to the January, 2017, [meeting minutes](#).

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

As of March 30, 2017, the VICC has recruited two new parents and the Council has implemented the following meeting strategies: add a Jargon Buster, offer a call-in/web option for participation, and provide parent reimbursements for participation in meetings.

To further increase parent involvement in the VICC, the following strategies have also been identified by the Council as priorities for the 2017/2018 Council year:


- rotate meeting locations and offer guest status at meetings before commitment to membership,
- parents will have the opportunity to have conversations with current/past parents,
- implement a mentor/mentee program,
- check-ins from current council member immediately after initial meeting to gauge prospective return, and
- provide the opportunity to come and bring a friend.

As the efforts in developing and supporting the workgroups on the Comprehensive System of Professional Development, CIS-EI data, and the Family Engagement unfolded, it was apparent that more time and focus was needed to ensure the level of intentionality moving forward. During the May, 2016, VICC meeting, the values of inclusivity and intentionality were re-visited. It was recognized that the long-term and on-going benefits of working as one group would strengthen the foundation for the vision for the VICC. Creating a high functioning VICC where parents would engage was a key component, and building the foundation for working with families needed to be planful and intentional. This process took time and even though the outcome was not met according to the intended timeline identified in SSIP Phase II, the process was effective. During the September, 2016, VICC meeting, there were also other priorities identified (i.e. council meeting norms, Council core statement, [website](#) for recruitment, orientation protocols, etc.) that needed to be addressed before workgroups could begin.

The VICC decided that the Comprehensive System of Professional Development (CSPD) workgroup should stand alone. This workgroup and the Strategic Planning Team meetings would occur on alternating months to the Council meetings to allow for VICC members to participate in both efforts. The Family Engagement workgroup would commence later as this work would benefit from the entire VICC perspective. There was also a greater need to identify targeted outreach strategies to increase membership of parent and provider leadership on the VICC. The same was determined for the CIS-EI Data workgroup.

Community Engagement Framework, and the Strengthening Families Framework, a hybrid description from these existing definitions was constructed to best capture Children's Integrated Service's vision.

Children's Integrated Services promotes:

-  family-driven methods through active participation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- ✚ the belief that resilient families build resilient children
- ✚ sustainable partnerships with families

Vermont's vision for family and community engagement can best be observed through the measurable performance indicators of:

- ✚ **Family-Driven Methods:** achieving goals families hold for their children, and families defining how they are engaged with an emphasis on a flexibility on the level of “engagement.”
- ✚ **Resilient Families/Children:** collaboration between CIS practitioners, community partners, families, and caregivers work toward family-centered outcomes by supporting family well-being.
- ✚ **Sustainable Partnerships:** being respectful and mindful of family strengths, sustaining change of practice within families and practitioners, shared responsibility, respectful honesty (having hard conversations), responsiveness, and reciprocity.

In this discussion, engagement constitutes the process by which family and program staff develop and maintain a meaningful connection. Both the direct relationship between families and their provider and the families' perception of their providers are important factors in effective service delivery². In essence, families will not care about what the provider knows until they know that the provider cares about them and their family's needs. It is very easy to describe parents as their children's main educators as indicated above—but do practitioners work with families in a way that connects with, and honors this knowledge?

In order to answer this question qualitatively, stakeholders adopted the third generational model by Carl Dunst (2000)³ on designing and implementing early intervention and family support services (see figure 1). Utilizing this model to identify the key elements of a family system approach to intervention, all aspects of family and community engagement were looked at from the lens of a goal of learning and development for a family occurring. Taking into consideration different environmental factors functioning as interventions—both intentionally planned and as part of naturally occurring life experiences and opportunities in the form of learning opportunities, parenting supports, and family/community supports and resources —practices can be informed to better foster learning and development.

² Worthington, J., Hernandez, M., Freidman, B., & Uzzell, D. (2001). Systems of care: Promising practices in children's mental health, 2001 series, volume II. Washington D.C.; Center for effective collaboration and practice, American institutes for research.

³ Dunst, C. J. (2000). Revisiting “Rethinking early intervention”. *Topics in Early Childhood Special Education*, 20, 95-104.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

However, when one of the concepts or structures is weak or lacking support in the family/community dynamic, this is where family and community engagement practices and supports need a commitment to be strengthened or re-evaluated.

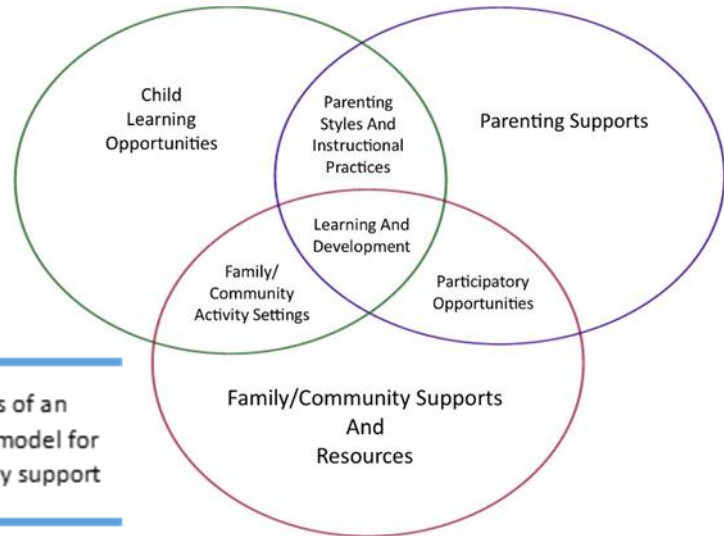


Figure 1: Major components of an integrated evidence-based model for early intervention and family support

So how does Vermont best support successful and sustained engagement with families and communities to support them in their parenting role? The Family Engagement Coordinator has planned the following additional activities to effectively continue to foster family connections in Phase III, Year 2:

1. Through the family engagement activities, keep CIS informed of the issues and challenges experienced by families who have children enrolled in CIS-EI by July, 2018. These data will be shared with CIS-EI program and partners, and used for continuous program improvement activities associated with the SSIP.
2. Develop a family engagement framework for the State CIS in collaboration with regional and State partners, including Vermont’s Parent Training and Information Center (Vermont Family Network) and multiple projects of Vermont’s Early Learning Challenge Grant (ELC). The Family Engagement Coordinator will research best practices given cultural dynamics of each region and develop principles that prioritize engagement around children’s social and emotional health.
3. Offer support and technical assistance to regional CIS-EI programs by organizing and conducting relevant workshops and trainings for families and early childhood professionals in collaboration with community partners by January, 2018.
4. Increase knowledge of family engagement strategies by conducting research into other state’s practices.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Logic Model for Vermont Family and Community Engagement Strategies

Current draft – to be finalized and approved by the VICC May, 2017

(1) Goals		
<ul style="list-style-type: none"> - Family members are wise consumers and active participants in their child’s healthy learning and development - Programs/Organizations know families’ hopes for their children, their interests and needs, and the barriers to and opportunities for engagement - Each of the 12 CIS Regions have a systemic and co-constructed family and community engagement strategy that is integrated with the work of instruction rather than as a separate initiative 		
(2) Inputs	(3) Activities	(4) Outcomes
<p>Shared statewide vision/ definition for family and community engagement</p> <p>Family and community engagement connected to child and family outcomes</p> <p>Strategic investments in programing and practitioners</p> <p>Evaluation for accountability and continuous learning and development</p>	<p>Collect Data: Family and Community Engagement Self-Assessment</p> <ul style="list-style-type: none"> -Conduct annual regional family and community engagement self-assessment to identify strengths and improvement areas for family and community engagement by program/organization and region. -At regional level, design family and community engagement action plan based on self-assessment results, child/family outcome needs, and/or Community Café feedback <p>Build Family’s Cultural and Social Capital</p> <ul style="list-style-type: none"> -Train existing and new family leaders on skills development to assume leadership roles -Create feedback loops with families to plan, implement, and assess learning and development activities -Grow networks and relationships among families through community organizing and other established networks (e.g. 	<p>Short-term outcomes</p> <ul style="list-style-type: none"> - Increased awareness about the importance of family and community engagement (R, P/O, F) - Increased awareness about rights and opportunities for family and community engagement (R, P/O, F) - Improved attitudes for share responsibility, role efficacy, and coordination of family and community engagement (R, P/O, F) - More knowledge and skills about strategies for family and community engagement (P/O, F) - More knowledge of strategies and resources to support healthy child learning and development (P/O, F) - Better understanding of child learning and development progress, strengths, and weaknesses (P/O, F) <p>Intermediate outcomes</p> <ul style="list-style-type: none"> - Improved home-program/organization communication and family-practitioner relationships (P/O, F)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>VICC, Community Cafés, BBF Council, etc.)</p> <ul style="list-style-type: none"> -Create mechanisms and processes that collect and share information and data with families <p>Utilize a Human-Centered Approach to Family and Community Engagement</p> <ul style="list-style-type: none"> -Learning to empathize with families, practitioners can see a wider set of possibilities for how and where families can be engaged. -Build collaboration among families through committing to design <i>with</i> them in ways that are both meaningful and effective. <p>Foster State-Wide Strategies</p> <ul style="list-style-type: none"> -Align family and community engagement with regional learning outcomes and standards -Include family and community engagement in classroom/home visit, program/organization, and regional performance measures <p>Build Program/Organization Capacity</p> <ul style="list-style-type: none"> -Provide ongoing professional development and technical assistance opportunities for family and community engagement to all practitioners -Implement program/organization-based action teams for family and community engagement 	<ul style="list-style-type: none"> - Better home environment and parenting to support learning (F) - Improved parent-child relationships (F, C) - Improved program/organization culture, including trust among practitioners (P/O) - More participation and use of programs and resources that support child learning and development (C) <p>Long-term outcomes</p> <ul style="list-style-type: none"> - Increased parent membership on the Vermont Interagency Coordinating Council (R) - Increased number of families reporting CIS-EI has helped me to help my child develop and learn (R, F) - Increased number of infants and toddlers who show substantial growth in positive social-emotional skills (R, F, C)
--	--	---

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	-Create mechanisms and arenas for managers and practitioners to share research and best practices across regions	
(5) Performance Measures		
Measures of effort (selected examples)		Measures of effect (selected examples)
→ # of new program/organization family and community engagement collaborations with local businesses, industries, and community organizations		→ % increase of family members reporting on the annual Family Outcomes Survey “CIS-EI has helped me to help my child develop and learn.”
→ # of new parent members on the Vermont Interagency Coordinating Council		→ % increase in infants and toddlers who show substantial growth in positive social-emotional skills.
→ # of participants that attended the Community Cafés training and then implemented a café within their community		→ Changes in regional program/organization policies that promote family and community engagement.
→ % of CIS regions that report “excelling” or “developing” level of effort on the Family and Community Engagement Self-Assessment Rubric among 4 out of 6 elements		→ % decrease in CIS-EI regions reporting families “lost to follow-up” at 12 months

R – Region or Regional staff outcomes; P/O – program/organization or program/organization staff outcome; F – family or home outcome; C – child outcome

Vermont’s Family Engagement Self-Assessment Tool and Family Engagement Toolkit

Vermont recognized that the implementation of family and community engagement varies widely across the state of Vermont, with some programs participating in well-designed and appropriately resourced systems while other programs have little to no specific plan in place and are without any resources to implement a family and community engagement plan. Therefore, CIS, in collaboration with Promise Communities, is developing a Family Engagement Framework. This Framework will include a self-assessment as well as a toolkit. Vermont believes that this toolkit will strengthen those programs that have systems in place to engage families and communities and will offer a path forward for those programs that are in the initial stages of beginning family and community engagement practices. Topics that may need specific support include (but are not limited to): finding and engaging community partners; collaborating across sectors (e.g., with health, mental health, child welfare, etc.); how to most appropriately communicate with families; and cultural and linguistic competence.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Leaders seeking to improve family and community engagement and parent participation in programs often face several challenges, including knowing where to start and figuring out which among the myriad of possible approaches and strategies to undertake. Indeed, most organizations fall on a continuum when it comes to family engagement, doing some things really well and needing improvements in other areas. Most leaders struggle to find time to assess what is working and determine the best next step.

Research supports that programs that undergo a careful analysis of data and information make better decisions about what to change and how to institutionalize systemic change (U.S. Department of Health and Human Services & U.S. Department of Education, 2016)⁴. The first step to developing high-quality family and community engagement initiatives is to complete a careful review of the practices, processes, and systems within a program that support family and community engagement. Programs must determine the effectiveness of current practices and revise existing plans based on the outcomes of the review. The completion of a self-assessment assists leadership in determining needs, examining the nature and causes, and setting priorities for future action. The outcomes consequently guide the development of meaningful programmatic, family and community engagement plans and suggest benchmarks for evaluation.

The Early Childhood Technical Assistance Center (ECTA) and The Center for IDEA Early Childhood Data Systems (DaSY), provided TA which enabled the Family Engagement Coordinator to research the Early Childhood Family Engagement frameworks, toolkits, plans, and best practices for 12 states (Massachusetts, New Hampshire, Alaska, Arkansas, Delaware, Georgia, Indiana, Kansas, Maryland, Michigan, North Carolina, and Oregon), and how these states designed and implemented different elements.

Particularly around programmatic self-assessment, [Indiana](#), [Maryland](#), and [North Carolina](#) seem to be in line with some of the Strengthening Families work, Vermont's Quality Rating Improvement System (QRIS), and the joint policy statement on family engagement⁵ released by the Department of Health and Human Services and Department of Education in May, 2016. The strength in Indiana's tool is the roadmap format with indicators of family engagement that are all-encompassing, with four stages of advancement opportunity. This aligns with how the QRIS is set up in Vermont. North

⁴ U.S. Department of Health and Human Services & U.S. Department of Education. (2016). *Policy Statement on family engagement: From the early years to the early grades*. Retrieved from <http://www2.ed.gov/about/inits/ed/earlylearning/families.html>.

⁵ U.S. Department of Health and Human Services & U.S. Department of Education. (2016). *Policy Statement on family engagement: From the early years to the early grades*. Retrieved from <http://www2.ed.gov/about/inits/ed/earlylearning/families.html>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Carolina takes it a step further by looking at rank adjustments and using a rubric format. It also includes examples of potentially effective practices for each essential element. Vermont has made use of language, elements, and guidance from both documents to develop one that will apply to all services within CIS (family support home visiting, specialized child care, nursing, early childhood and family mental health, and early intervention). This will allow for a broader upgrade in the future.

As the Family and Community Engagement Toolkit will demonstrate, family engagement is a partnership where programs and families collaborate in an intentional and reciprocal manner. Families provide programs with information about their family through their initial intake, conferences, home visits, and informal conversations throughout the day. It is this information that programs and organizations use to move from family involvement to family engagement, providing benefit to all. When programs effectively engage families, families expand social supports, and access information and education to help their child build positive social connections.

A Family and Community Engagement Workgroup has been identified and will meet in April and May, 2017. This workgroup includes stakeholders from the Child Development Division Promise Community, Vermont Interagency Coordinating Council, CIS regional practitioners (including Part C), Head Start, Vermont Birth to Five, and CIS families. The Family and Community Engagement workgroup will review the DRAFT *Family and Community Engagement Practices Self-Assessment of Efforts and Rating Screener* (see [Appendix 5](#)) and the DRAFT *Family and Community Engagement Self-Assessment Efforts and Rating Rubric* (see [Appendix 6](#)). This workgroup will gather three times to review and offer input into the rubric and screener tools. Upon completion of the workgroup, the rubric and screener tools will be updated and presented at the May, 2017, CIS Annual Institute for further input into the implementation and promulgation of the tools within regional programs and organizations. The short timeline of the workgroup was intentional given the topic of the upcoming CIS Institute, as described above (see [Inservice Workgroup: CIS Institute](#)).

The next steps, after adoption of the screener and rubric, are to complete a Family and Community Engagement Toolkit in collaboration with the Promise Communities and Vermont's stakeholders. One section in the Family and Community Engagement Toolkit includes examples of effective practices from Vermont early childhood care and education programs effective in building relationships with families and staff and increasing family participation. Valuable feedback will be collected in responses to the question, "How has your program/organization been engaging the families in your town, your community, your county, and your region to build and support their social capital?". This will support the SSIP rationale of "CIS-EI practitioners will get input from parents/caregivers about what they need to support their children's healthy social and emotional development."

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Social capital refers to the relationships that provide access to resources and power within a community.⁶ When families connect and serve in leadership and advocacy roles, they develop social capital. Vermont will more deeply explore the following questions:

- How is your program/organization working toward connecting disconnected families to other families and developing parent leaders?
- What have been some of the successful ways that families have been engaged with Children's Integrated Services beyond the weekly or monthly home visit?

Practices in the toolkit will range along a continuum from very simple, easy to implement activities to greater, more complex activities. It is anticipated that not all practices will be applicable to every program, and practices could be modified to fit the needs of individual programs. Practices will be coded to include important factors such as cost, level of effort, and which of the Family Engagement Framework goals are supported.

Feedback from the Family and Community Engagement Workgroup, input related to the implementation and promulgation of the rubric, screener, and toolkit will be used to finalize the Family and Community Engagement Framework and plan next steps. Through the use of this Framework, early childhood educators and providers, including Part C CIS-EI, will learn from one another, implement effective practices appropriate to their programs, and continue to engage families and improve outcomes for all children and families.

Activities to Foster Family Connections

Over the past year, Vermont has taken further steps to utilize the Community Café approach to hosting meaningful conversations with families and to support the building of social capital. The SSIP State Team strengthened the collaboration with Promise Communities (Project 24 of Vermont's Race to the Top Early Learning Challenge Grant (ELC), http://buildingbrightfutures.org/elc_grant/projects/overview/), as they had been involved in the first training and implementation of the Community Café approach in the fall of 2015. The Family Engagement Coordinator attended three Promise Community project community café events to learn and observe the approach in action.

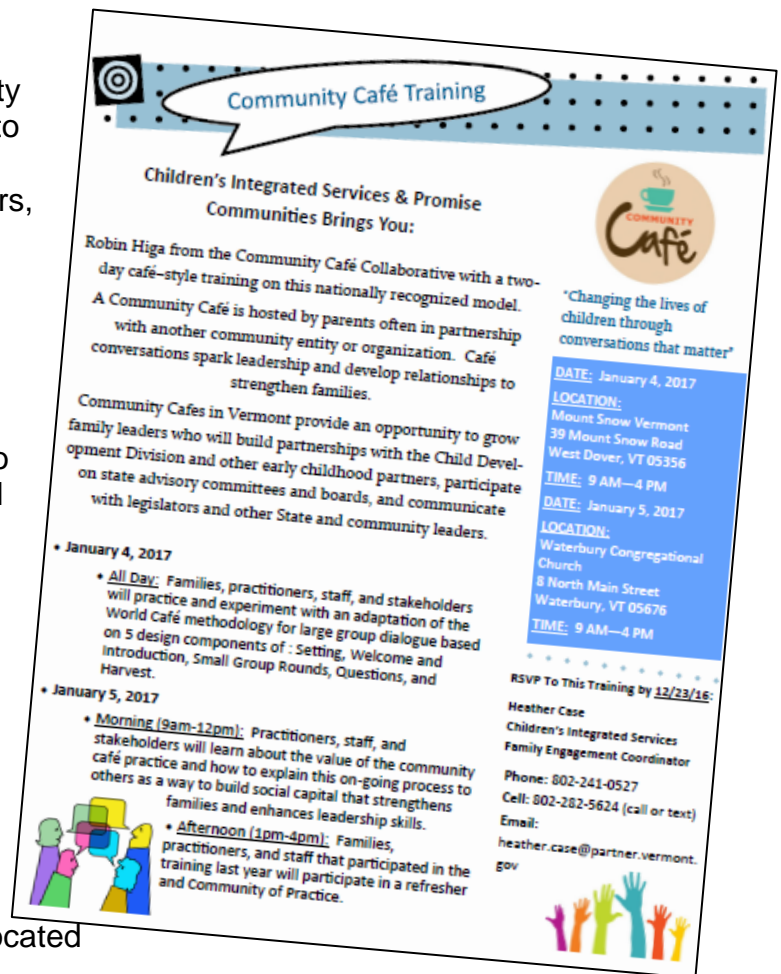
The following Promise Community planned events were attended: Cherry Hill (March 30, 2016), Rutland (April 29, 2016), Bellows Falls (May 17, 2016). Following these, the Family Engagement and Part C Coordinators met with the Promise Community Director and staff August 1, 2016, and September 20, 2016, to discuss a second round of training from Robin Higa of the Community Café Collaborative out of Seattle,

⁶ Hornstein, J. & MacKinnon, L. (2013). Research to practice series on family outcomes: Family connections to peers and community. *National Center on Parent, Family, and Community Engagement for the Office of Head Start*. Retrieved from: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/rtp-family-connections.pdf>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Washington (<http://www.theworldcafecommunity.org/profile/RobinHiga>). The Promise Communities project was preparing to announce their communities accepted to cohort 2 in October, 2016. Because the Promise Communities are key stakeholders, they need to be continuously involved in the planning and implementation of the Community Café training. Therefore, the decision was made to wait until after the selection of the cohort 2 Promise Communities before scheduling the Community Café training. While this has impacted Vermont’s planned schedule of implementation, it provides important resource leveraging, a stronger infrastructure, and alignment across initiatives within CDD. All of this will ensure the sustainability and effective growth of the Community Café model in Vermont.

On November 10, 2016, CIS-EI Part C Coordinator and Family Engagement Coordinator and the Promise Community Project Coordinator and staff gathered to develop the outcomes for a two-day training planned for families, practitioners, and stakeholders. The Family Engagement Coordinator scheduled Robin Higa, developed the marketing tools, and coordinated the locations for the two-day training to occur January 4 & 5, 2017. A “Save The Date” was disseminated on November 18, 2016, to a broad group of stakeholders identified by both CIS and the Promise Communities. A detailed invitation followed on December 14, 2016. The Promise Communities and CIS communities attending the upcoming training each identified parent hosts that would need to be trained on the model. A winter storm significantly impacted regional participation in the two days of training. Among the attendees were representatives from two CIS regions, one of which self-advocated for post-training implementation.



The goals of the two-day Community Café training were to grow family leaders who will connect with other families and members of their community, have ongoing conversations about things that matter, and build relationships that are dependent on the changes they want to see happen.

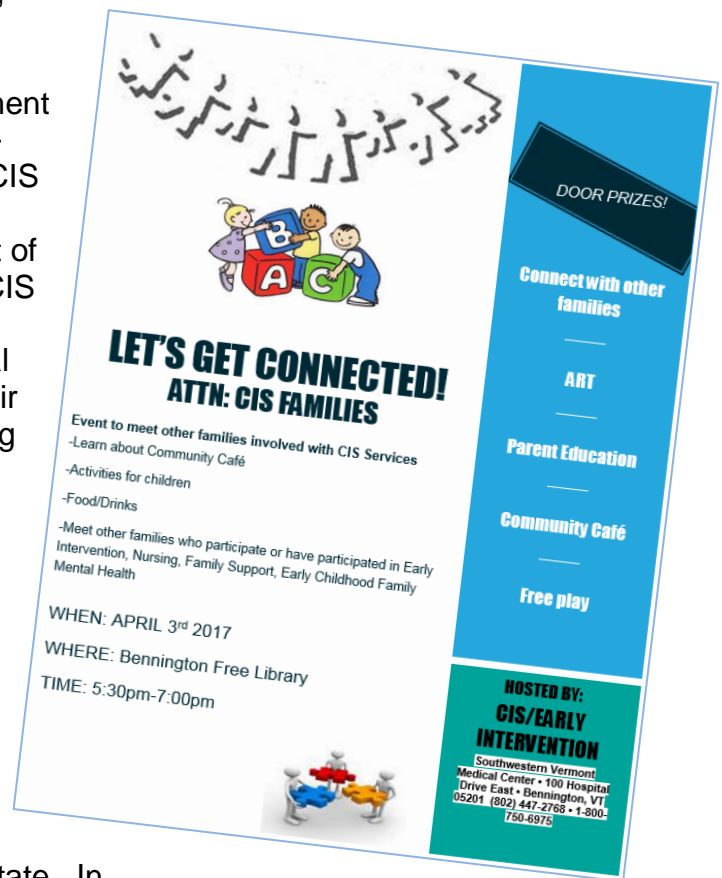
Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

CIS seeks to foster family connections to increase social interactions and promote family advocacy and leadership skills. The Community Café model supports these goals by providing a place where families can develop relationships, enhance leadership skills, and find a shared voice to create positive change within the systems that support and strengthen families in their communities.

In reflecting with other stakeholders and practitioners in the field, there was a request that it would be helpful for service providers, community members, and other contributors to also learn the value of the Community Café practice and how to explain this on-going process to others as a way to build social capital that strengthens families and enhances leadership skills. Training attendance on January 4, 2017, was low as a result of poor weather conditions the day of. Two CIS regions were represented and four Promise Communities represented for a total of 16 attendees present. January 5, 2017, included 17 attendees from a variety of stakeholder groups including participants from the Vermont Strengthening Families Leadership Team, DCF’s Child Development Division, Vermont’s Building Bright Futures, Let’s Grow Kids, and CIS practitioners.

Beginning April, 2017, the Family Engagement Coordinator will continue to move this post-training implementation forward. The two CIS regions will help to determine performance measures and best practices in recruitment of family hosts and the partnership between CIS practitioners and family hosts. In April, the Bennington region will host an informational gathering for families that will be part of their weekly Early Intervention playgroup. During that meeting the Bennington region will generate an increased interest around the Community Café approach.

Following that informational gathering, they will collaborate with the organizer of the Babywearers initiative within the region to host a Community Café during the April school break. The conversation data harvested from those two cafés will help inform Vermont in moving forward this approach in other CIS regions across the state. In Hartford/Orange, the family that attended the training at this time did not have the capacity to move forward the implementation with the community.



Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

The practitioners that attended the January, 2017, Community Café training, however, are very interested in continuing to move the work forward and will be looking to outreach to additional families that would like to host the meaningful conversations within their communities. The Family Engagement Coordinator will provide training for those future identified families through direct Technical Assistance to the region as well as exploring additional CIS regions that show interest in the approach and train them on implementing it within their communities.

The Family Engagement Coordinator met with the Promise Communities Project Director on February 3, 2017, to debrief on the January Community Café training and determine the next steps for the collaboration. The next steps that received high prioritization were: training the broader Child Development Division on the approach to increase the stakeholder knowledge and understanding of its use within the community, and to develop the Community of Practice for parents to have a place to organize their thoughts. Because the Community of Practice idea sprang from families during the January 5, 2017, training day, it was determined that it be supported and sustained by families. CIS-EI has extended the collaborative relationship with Promise Communities by utilizing an identified parent from one of their cohort 1 communities as the primary administrator of a Facebook page to address this community of practice idea. This community of practice platform is in its initial stages of being developed and will be promulgated during SSIP Phase III, Year 2.

Relevant Training and Technical Assistance to the Field

The Community Café training was the first opportunity to provide relevant workshops and trainings for families and early childhood professionals in collaboration with community partners. Beyond this training, the Family Engagement Coordinator conducted an assessment of the existing workshops and trainings in Vermont across the current early childhood projects. These projects were identified as Vermont's Early Learning Standards (VELS) (Project 9 of Vermont's Race to the Top Early Learning Challenge Grant (ELC) http://buildingbrightfutures.org/elc_grant/projects/overview/), Promise Communities (Project 24 of Vermont's Race to the Top Early Learning Challenge Grant (ELC)), and Vermont's Agency of Education's (AOE) Special Education Advisory Council (SEAC).

Beyond the Community Café Training, the Family Engagement Coordinator participated in the following:

- a. June 20-21, 2016, the Family Engagement Coordinator presented a 90-minute workshop on the topic of "Play, VELS, and Parents" at the [Building Bridges: Vermont Early Learning Standards \(VELS\) Institute](#) at Champlain College in Burlington, Vermont. Some of the goals of VELS Institute were to help families discover a tool to support their child's learning and development and to encourage and support family engagement. This training was open to teachers

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

and other early learning professionals (administrators, specialists, consultants) who support the learning and development of young children (birth to third grade). The family engagement coordinator discussed some simple, but creative, ways to involve our children's families in a better understanding of play, learning, development and VELs. Participation in this institute supported the SSIP theory of action rationale that “families will hear consistent messages across all services in their community, receive parent education to learn the importance of and effective strategies for helping their child develop and learn social and emotional skills within the context of their family’s natural routines.” As well as alignment of the infrastructure, including collaborative planning, and developing shared understanding, language, tools and resources, which is critical in achieving the SiMR.

- b. February 15, 2017, the Family Engagement Coordinator collaborated with the Agency of Education’ Special Education Advisory Council (SEAC) to receive technical assistance and host a training on the purpose and functions of the SEAC and the VICC as well as support around become a “working” council by establishing specific protocols and procedures that will keep the group on task and moving forward in future years and setting annual priorities. The Agency of Education contracted out a request for proposal and accepted the proposal from AnLar, Incorporated. Children’s Integrated Services made available the meeting space and had six council members in attendance. The discussions and information shared at this training will inform the May, 2017, VICC meeting around identifying annual action plan priorities for the 2017/2018 Council year. Provision of this training supported the SSIP theory of action rationale that “families will access resources to learn advocacy and leadership skills so to help them provide effective input into the direct services their child receives, and the regional and state-level programs that provide the infrastructure for those services.” This training also supported the re-visioning work of the VICC.

Targeted Supports

Infrastructure Development

During Phase II of the SSIP, the three regions selected to implement targeted supports received technical assistance from the State and National TA centers to: conduct root cause analysis, identify evidence-based improvement strategies to implement with a targeted population, and develop an evaluation plan for measuring the efficacy of their selected strategy/strategies. These identified evidence-based strategies are hereafter referred to as the regions’ targeted supports for families.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Over the past year, the State SSIP team supported the regions to finalize their implementation and evaluation plans. After a meeting held in May, 2016, the State surveyed the three regions to determine their readiness to implement the identified targeted supports beginning July 1, 2016. The regions all responded affirmatively, indicating their readiness. Plans were made to follow up in September, 2016, to support the initial implementation.

During the September meeting, the regions identified areas where implementation was being initiated and any challenges they were facing. The State SSIP and regions problem-solved together and provided support to ensure all regions could continue to move forward effectively with their implementation.

The CIS-EI State Team and regions met again on March 7, 2017. The purpose of this meeting was a structured conversation to evaluate the regions' implementation progress to date, data collected and make any adjustments needed to the regional implementation or evaluation plans. Again, the regions supported one another in examining their progress and trouble-shooting barriers, along with receiving input from the State. The regions and CIS-EI State team agreed to schedule two additional meetings to provide ongoing support throughout this year.

The State continues to support the three regions' evaluation efforts by ensuring they have access to current CIS-EI data for their region, connecting them with national technical assistance as needed, and assisting them to develop effective data collection mechanisms. Additionally, the regions can access the CIS Evaluation and Quality Assurance Specialist for technical assistance as needed. Each region also has a dedicated technical assistance liaison from the CIS-EI State team.

Throughout Phase III the State and the three regions will continuously analyze data the regions collect associated with the targeted supports. The purpose of this analysis is to determine the fidelity of the implementation, effectiveness of the strategies, and any adjustments needed. Further, by December, 2018, the State hopes to have sufficient evidence from the data collected to determine which targeted supports could be scaled up to other regions or to a statewide level due to their proven efficacy.

The State funded the purchase of evidence-based⁷ training and tools to support one region's identified targeted support activities. This region was able to coordinate a deal through the Brookes Publishing Company to provide a joint training on the Assessment,

⁷ The State is using the following definition: "*Evidence-based practice is a decision-making process that integrates the best available research evidence with professional wisdom and values.*"; Buysse, V., Winton, P., Rous, B., Epstein, D., & Lim, C. (2012). Evidence-Based Practice: Foundation for the CONNECT 5-Step Learning Cycle in Professional Development. *Zero to Three*, 32(4), 25-29.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Evaluation, Programming System for Infants and Children ([AEPS](#)) as well as the Social-Emotional Assessment/Evaluation Measure ([SEAM](#)). Both assessment tools are supported by research. The AEPS is a State-approved assessment tool. The SEAM is an identified targeted support being tested by one of the regions for the purposes of using the tool to assess children's social and emotional functional development, develop functional goals, and assess progress over time. This joint training was opened to the full state and had participants from five of the other twelve Vermont regions.

The State will continue to budget to supply training or materials needed for implementation of the targeted supports. Any such trainings will ideally be offered to the entire state, even though the intended recipients are those regions implementing the targeted support(s). This is the method Vermont is using for any such investments in trainings provided through the SSIP.

Targeted Support Activities to Support the CIS-EI Program

The three regions' targeted supports are being implemented with identified cohorts of infants, toddlers, and their families. Each region is implementing different targeted supports, and are evaluating those supports individually. The targeted support strategies identified by the regions to use with defined cohorts of infants and toddlers and their families include:

- administration of the Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ-SE) (<http://products.brookespublishing.com/Ages-Stages-Questionnaires-Social-Emotional-Second-Edition-ASQSE-2-P849.aspx>);
- administration of the Social, Emotional Assessment Measure (SEAM): <http://agesandstages.com/products-services/seam/>);
- identification of functional goals to promote social and/or emotional development where these skills are significantly below the expected range for the child's chronological age; and
- use of a family risk/needs assessment tool⁸ to address family factors that may impact the parent/caregiver's ability to effectively support their child's social and/or emotional skill development.

Each targeted support activity is implemented with an identified infant/toddler or their family at specified points in time during their enrollment in Part C services. Most of these activities have built in pre- and post- test measures. This will ensure the State and regions are able to effectively measure efficacy. In addition, the regions are also implementing fidelity measures to ensure that each strategy is implemented as planned.

⁸ It is important to note that the region that is implementing the [family risk/needs assessment](#) is using a tool based on the Housing and Urban Development Self-Sufficiency Matrix (<https://www.hudexchange.info/resource/1625/hmis-self-sufficiency-matrix-sample/>) modified slightly by a community partner.



Part C State Systemic Improvement Plan (SSIP) Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

This enables the State and the regions to determine if the strategy was implemented as intended, and to identify areas in need of improvement if there is a question of fidelity.

Based on experience from their initial implementation and conversations and information shared during the March, 2017 meeting the regions modified their evaluation plans. Each plan is included below (with actual evaluation data included within the "[Evaluation](#)" section below):

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 1: Key Targeted Support – Use the ASQ-SE with children who score 4 or below on their entry Child Outcome Rating in the social-emotional domain.

Region 1 (Hartford): Evaluation Analysis Plans by Evaluation Question, Performance Indicator, and Instrument

Evaluation Question #	Performance Indicator	Data Collection Tool (Instrument/Protocol)	Planned Analysis (who to share any data with: EI-Staff, State, CIS Consultation Team (incl. DCF, HCRS, CSHN, CIS...))
<p>All EI Practitioners are trained in ASQ:SE-2</p> <p>Are all children with a score of 4 or below on entry COSF SE are screened within 3 mos. of entry and every 6 mos./annual review thereafter?</p>	<p>100% of staff are trained. (8 practitioners)</p> <p>Did 100% of kids with 4 or below get an ASQ-SE?</p>	<ul style="list-style-type: none"> Keep a list on file <p>SSIP tracking spreadsheet</p>	<p>Trained EI Practitioner will provide at least 2 trainings – so keep list of all trained and have data about all EI team members trained and additional CIS Partners who received the training.</p> <p>Did the supervisor miss that entry score? Did the parents not consent? Did they exit before 3 mos. (90 days)? Did the staff not perform the ASQ:SE-2 as required? Unforeseen circumstances with the child that made implementation not possible – so did the ASQ:SE-2 get administered later? Significant medical situation with a diagnosed shortened life-expectancy or threat to survival – so did the ASQ:SE-2 get administered later?</p> <ul style="list-style-type: none"> Compare % who were screened against % not screened that should have been in the cohort. Of the % not screened (in the cohort) – compare against the reasons above for why they weren't screened (to determine root cause)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>Social emotional goals are identified using the ASQ-SE 2 results and include social emotional goals in the child's one plan?</p>	<p>Numbers of children with at least 1 SE goal on their One Plan as a result of the ASQ-SE</p>	<p>SSIP tracking spreadsheet</p>	<ul style="list-style-type: none"> Goals are written clearly as to address social and/or emotional development? – this would be a point of supervision. Consider whether you want to track goal categories associated with areas of SE development? % screened compared to the % who had a goal – if no goal, why not? [parent buy-in; staff didn't pursue writing goal; team didn't feel an SE goal was a priority at this time – was one written at a later point?]
<p>Evaluation Question #</p>	<p>Performance Indicator</p>	<p>Data Collection Tool (Instrument/Protocol)</p>	<p>Planned Analysis (who to share any data with: EI-Staff, State, CIS Consultation Team (incl. DCF, HCRS, CSHN, CIS...))</p>
<p>Are services happening that were identified to address the SE goal(s) at the prescribed frequency and duration?</p>	<p>% planned visits that occurred over 6 mos. (review at plan reviews)</p>	<p>SSIP tracking spreadsheet</p>	<ul style="list-style-type: none"> Compare % planned (on services grid) against % delivered (staff progress notes) Compare visits not happening as planned against reason not: % due to family circumstance; % due to provider circumstance.
<p>Was sufficient progress made on a child's SE goal which resulted in a change in the plan?</p>	<p>% of children with an SE goal who had frequency change or goal marked met; or continued because practitioner reports progress is actively being made</p>	<p>SSIP tracking spreadsheet (occasional supervisor observes by attending plan reviews)</p>	<ul style="list-style-type: none"> This is a measure of the strategy to focus on an SE goal effective: compare % of kids who had an increase in frequency because not enough progress being made with % of kids who had a decrease in frequency or a goal marked 'met' because of positive progress, with % of kids who had the goal continue with same service frequency because progress is being made but not yet goal met. Of kids who were not making progress on the goal so you are considering increasing frequency – compare against the frequency data – did those children show less progress on goal show a higher frequency of missed services

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Children will demonstrate improved behavior regulation after 12 months in the program.	% of children that the 'identified area' of the ASQ-SE show improvement after 12 months in the program?	SSIP tracking spreadsheet	<ul style="list-style-type: none"> Isolate and track the soothing (by self or others) and harming (self or others) by identifying the 2-4 items on each age-category of the ASQ-SE and document the score at entry and every 6 mos. thereafter.
Evaluation Question #	Performance Indicator	Data Collection Tool (Instrument/Protocol)	Planned Analysis (who to share any data with: EI-Staff, State, CIS Consultation Team (inc. DCF, HCRS, CSHN, CIS...))
Do children substantially improve their social emotional development?	Child outcomes 3A (% of Children who substantially improve Social Emotional development) Did the SE COSF score increase by 2 points at exit? How long was the child in the program?	SSIP tracking spreadsheet	Compare time in program against progress in points. COSF formula embedded in the spreadsheet may help with this

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 1 (Hartford): Plan for Data Use and Dissemination by Analysis Results (EI staff, State, CIS Consultation Team)

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A1. (Staff training) Trained EI Practitioner will provide at least 2 trainings – so keep list of all trained and have data about all EI team members trained and additional CIS Partners who received the training.</p> <p>All children screened? Did the supervisor miss that entry score? Did the parents not consent? Did they exit before 3 mos. (90 days)? Did the staff not perform the ASQ:SE-2 as required? Unforeseen circumstances with the child that made implementation not possible – so did the ASQ:SE-2 get administered later? Significant medical situation with a diagnosed shortened life-expectancy or threat to survival – so did the ASQ:SE-2 get administered later?</p> <ul style="list-style-type: none"> • Compare % who were screened against % not screened that should have been in the cohort. • Of the % not screened (in the cohort) – compare against the reasons above for why they weren't screened (to determine root cause) 	<ul style="list-style-type: none"> • Schedule the training(s) – at least 2 by 7/1/16 • Staff orientation – make this part of new hire orientation. <p>Screening with fidelity: what will you do with these data? Examine the data with the team and HCRS ECFMH at least annually to determine what the data tell us and decide if we need to make changes if we are seeing particular trends.</p>	<ul style="list-style-type: none"> • Ensuring the list of trained staff is maintained and evaluated for 100% <p>Numbers in the cohort may be too small for one year of data to significantly influence the plan/evaluation changes.</p>	<p>Will be sharing this plan at the CIS Intake meeting that we are launching this plan. Once we have data to share, the team will consider sharing data with the CIS team.</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A2. Goals are written clearly as to address social and/or emotional development? – this would be a point of supervision. Consider whether you want to track goal categories associated with areas of SE development?</p> <p>% screened compared to the % who had a goal – if no goal, why not? [parent buy-in; staff didn't pursue writing goal; team didn't feel an SE goal was a priority at this time – was one written at a later point?]</p>	<p>Supervisor will review goals written to ensure they are written clearly to address SE: provide supervision around how to write SE goals; look at the ASQ-SE 2 that correlate to the SE activities; consider training possibilities</p> <p>Examine the data, discuss with the team if changes are needed. Discuss cases during staff meetings to see what is happening with these children. This will improve team understanding and buy-in</p>	<p>Numbers in the cohort may be too small for one year of data to significantly influence the plan/evaluation changes.</p> <p>Team may identify issues that aren't currently being tracked.</p>	<p>Will be sharing this plan at the CIS Intake meeting that we are launching this plan. Once we have data to share, the team will consider sharing data with the CIS team.</p>
<p>B1. Compare % planned (on svcs. grid) against % delivered (staff progress notes) – (HCRS reports frequency of services to CIS Coordinator Kelly and Jess will get it from her monthly.)</p> <p>Compare visits not happening as planned against reason why not: % due to family circumstance; % due to provider circumstance.</p>	<p>Examine the data with the team and HCRS ECFMH at least every 6 mos. to determine what the data tell us and decide if we need to make changes if we are seeing particular trends.</p>	<p>Numbers in the cohort may be too small for one year of data to significantly influence the plan/evaluation changes.</p> <p>Team may identify issues that aren't currently being tracked.</p>	<p>Will be sharing this plan at the CIS Intake meeting that we are launching this plan. Once we have data to share, the team will consider sharing data with the CIS team.</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>One Plan Goal(s): This is a measure of is the strategy to focus on an SE goal effective: compare % of kids who had an increase in frequency because not enough progress being made with % of kids who had a decrease in frequency or a goal marked 'met' because of positive progress, with % of kids who had the goal continue with same service frequency because progress is being made but not yet goal met.</p> <p>Of kids who were not making progress on the goal so you are considering increasing frequency – compare against the frequency data – did those children show less progress on goal show a higher frequency of missed services</p>	<p>Examine the data with the team and HCRS ECFMH at least every 6 mos. to determine what the data tell us and decide if we need to make changes if we are seeing particular trends.</p>	<p>Numbers in the cohort may be too small for one year of data to significantly influence the plan/evaluation changes.</p> <p>Team may identify issues that aren't currently being tracked.</p>	<p>Will be sharing this plan at the CIS Intake meeting that we are launching this plan. Once we have data to share, the team will consider sharing data with the CIS team.</p>
<p>(ASQ:SE-2 behavior measures) Isolate and track the soothing (by self or others) and harming (self or others) by identifying the 2-4 items on each age-category of the ASQ-SE and document the score at entry and every 6 mos. thereafter.</p>	<p>Examine the data with the team and HCRS ECFMH at least annually to determine what the data tell us and decide if we need to make changes if we are seeing particular trends.</p>	<p>Numbers in the cohort may be too small for one year of data to significantly influence the plan/evaluation changes.</p> <p>Team may identify issues that aren't currently being tracked.</p>	<p>Will be sharing this plan at the CIS Intake meeting that we are launching this plan. Once we have data to share, the team will consider sharing data with the CIS team.</p>

Part C State Systemic Improvement Plan (SSIP) Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>(Substantial improvement on COSF) Compare time in program against progress in points. – COSF formula embedded in the spreadsheet may help with this</p>	<p>Examine the data with the team and HCRS ECFMH at least annually to determine what the data tell us and decide if we need to make changes if we are seeing particular trends.</p> <p>Track diagnosis for each child at entry and exit</p>	<p>Numbers in the cohort may be too small for one year of data to significantly influence the plan/evaluation changes.</p> <p>Team may identify issues that aren't currently being tracked.</p>	<p>Will be sharing this plan at the CIS Intake meeting that we are launching this plan. Once we have data to share, the team will consider sharing data with the CIS team.</p>
--	---	---	--

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 2: Key Targeted Support – Use the SEAM with infants/toddlers with a diagnosis/delay identified during the region’s root cause analysis as being present in children who often have not made substantial progress in their social/emotional development during their time with the program.

Region 2 (Bennington): Evaluation Analysis Plans by Evaluation Question, Performance Indicator, and Instrument

Evaluation Question #	Performance Indicator	Data Collection Tool (Instrument/Protocol)	Planned Analysis
A1. Are all early intervention practitioners trained in ASQ SE and SEAM?	<ul style="list-style-type: none"> • % of Early Intervention practitioners that offers developmental therapy trained in ASQ SE and SEAM 	<ul style="list-style-type: none"> • Documentation of PD certificate from training • Program coordinator receives copy of certificate and enters the in-house internet file 	<ul style="list-style-type: none"> • Checklist or graph will be developed to track completion of training by each Early Intervention practitioner that offers developmental therapy with the date completed.
A2. Do children achieve social emotional outcomes identified in the One Plan?	<ul style="list-style-type: none"> • # of social emotional outcomes achieved out of total number of outcomes determined at development of One Plan; reviewed at 6 month and annual reviews 	<ul style="list-style-type: none"> • SSIP Evaluation Spreadsheet - Worksheet 1 (Outcomes Achieved) • If 80% is not achieved, then developmental educator and families will modify the outcome for the child to be successful 	<ul style="list-style-type: none"> • As each 6-month review and annual review for cohort child comes due, service coordinator will be responsible for reviewing social emotional outcomes within the One Plan and document on Worksheet 1, number of outcomes achieved at present time. • Following the timeline indicated in the ASQ:SE (2, 4, 6, 8 mo., etc.) cohort children will receive a screening for progress to be tracked on Worksheet 1 to support outcomes achieved.
A3. Do families report that they have worked on the activities identified by the SEAM toolkit?	<ul style="list-style-type: none"> • % of activities achieved based on # of activities given by Developmental Educator 	<ul style="list-style-type: none"> • SSIP Evaluation Spreadsheet - Worksheet 2 (Activities Achieved) 	<ul style="list-style-type: none"> • As each 6-month review and annual review for cohort child comes due, service coordinator will be responsible for reviewing social emotional activities completed within the One Plan and document on Worksheet 2, number of activities provided at present time. • Activities Achieved worksheet will contain a list of each child in Cohort 1 with identified social-emotional activities and choice responses for completion (yes, no, not interested) to be inputted at review periods

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Evaluation Question #	Performance Indicator	Data Collection Tool (Instrument/Protocol)	Planned Analysis
		<ul style="list-style-type: none"> If 80% is not achieved, then developmental educator and families will review activities provided and modify the activities for the child to be successful 	<ul style="list-style-type: none"> Parents will be able to articulate an activity completed to achieve a “yes” indicator; “no” indicator will be achieved by no articulation
A4. Do activities identified in the SEAM toolkit change the atypical behavior of the child?	<ul style="list-style-type: none"> # of times behavior occurred over a predetermined time period and reviewed at 6 month and annual review 	<ul style="list-style-type: none"> SSIP Evaluation Spreadsheet - Worksheet 3 (Behavior Occurrence) If 50% is not achieved, then developmental educator and families will review the interventions and modify the strategies for the child to be successful 	<ul style="list-style-type: none"> As each 6-month review and annual review for cohort child comes due, service coordinator will be responsible for reviewing strategies and activities on outcome sheet within the One Plan and document on Worksheet 3, the number of times the behavior occurred over a predetermined time period. Behaviors Identified worksheet will contain a list of each child in Cohort 1 with identified social-emotional activities and choice responses for completion (yes, no, not interested) to be inputted at review periods Behaviors Identified worksheet will also contain a list of each child in Cohort 1 with identified atypical behavior and choice responses for occurrences (increased, decreased, no change) to be inputted at review periods
A5. Do families report that CIS-EI has helped them help their child develop and learn?	<ul style="list-style-type: none"> Family Survey results indicator 4C. Family cohort identified with permission. (% of Families that CIS-EI helped know how to help their children develop and learn) 	<ul style="list-style-type: none"> State Family Survey Analysis Spreadsheet If 61.6% is not achieved Early Intervention will modify service coordination strategies accordingly. 	<ul style="list-style-type: none"> Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with a target met practitioners will continue service coordination strategies implemented through targeted supports process.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

			<ul style="list-style-type: none"> Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with no target met practitioners will modify service coordination by reviewing family engagement strategies and activity identification methods.
<p>A6. Do children substantially improve their social emotional development?</p>	<ul style="list-style-type: none"> Child outcomes 3A (% of children who substantially improved their social emotional development) 	<ul style="list-style-type: none"> State COSF Spreadsheet If 81.2% is not achieved Early Intervention will modify service coordination strategies accordingly. 	<ul style="list-style-type: none"> Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with a target met practitioners will continue service coordination strategies implemented through targeted supports process. Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with no target met practitioners will modify service coordination by reviewing family engagement strategies and activity identification methods.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 2 (Bennington): Plan for Data Use and Dissemination by Analysis Results

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A1. Checklist or graph will be developed to track completion of training by each Early Intervention practitioner that offers developmental therapy with the date completed.</p>	<ul style="list-style-type: none"> This will provide better-informed early intervention practitioners as they implement social-emotional developmental strategies with families 	<ul style="list-style-type: none"> If new hires are unable to access a formal training on the ASQ:SE or SEAM, inter-office training opportunities via a web-based module will be available This will be internally tracked but will not be able to count toward the annually required 10 professional development hours 	<ul style="list-style-type: none"> Administration meeting, CIS intake and referral meeting, and BBF council meetings will list as an update on the agenda, the completion of this staff training An announcement will be posted on BBF website and CIS blog will list this completion of the training
<p>A2. As each 6-month review and annual review for cohort child comes due, service coordinator will be responsible for reviewing social emotional outcomes within the One Plan and document on Worksheet 1, number of outcomes achieved at present time.</p> <p>Following the timeline indicated in the ASQ:SE (2, 4, 6, 8 mo., etc.) cohort children will receive a screening for progress to be tracked on Worksheet 1 to support outcomes achieved.</p>	<ul style="list-style-type: none"> When a delay is found in one of the three areas of social emotional development, early intervention practitioners will formulate with the family an outcome to address the need. If service coordinator is different that developmental educator, coordinator will ensure outcome is included and addressed in the One Plan then reviewed at 6 month and annual report periods 	<ul style="list-style-type: none"> If the social-emotional score on the ASQ:SE, over time increases outside of acceptable range, additional referrals and resources would be discussed with the family Consultation methods would also be discussed as necessary 	<ul style="list-style-type: none"> CIS intake and referral meeting for further suggestions toward outcome setting One Plan team for further suggestions toward outcome setting as necessary Medical home to inform on ASQ:SE results CSHN resources in consultation form

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A3. As each 6-month review and annual review for cohort child comes due, service coordinator will be responsible for reviewing social emotional activities completed within the One Plan and document on Worksheet 2, number of activities provided at present time.</p> <p>Activities Achieved worksheet will contain a list of each child in Cohort 1 with identified social-emotional activities and choice responses for completion (yes, no, not interested) to be inputted at review periods</p> <p>Parents will be able to articulate an activity completed to achieve a “yes” indicator; “no” indicator will be achieved by no articulation</p>	<ul style="list-style-type: none"> ● When a delay is found in one of the three areas of social emotional development, early intervention practitioners will identify with the family activities to address the selected outcome. ● If service coordinator is different that developmental educator, coordinator will ensure activities are identified to address outcomes in the One Plan then reviewed at 6 month and annual report periods 	<ul style="list-style-type: none"> ● If the social-emotional score on the ASQ:SE, over time increases outside of acceptable range, additional strategies and activities would be discussed with the family at a maximum number of three (3) times ● Consultation methods would also be discussed as necessary 	<ul style="list-style-type: none"> ● CIS intake and referral meeting for further suggestions toward outcome setting ● One Plan team for further suggestions toward outcome setting as necessary

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A4. As each 6-month review and annual review for cohort child comes due, service coordinator will be responsible for reviewing strategies and activities on outcome sheet within the One Plan and document on Worksheet 3, the number of times the behavior occurred over a predetermined time period.</p> <p>Behaviors Identified worksheet will contain a list of each child in Cohort 1 with identified social-emotional activities and choice responses for completion (yes, no, not interested) to be inputted at review periods</p> <p>Behaviors Identified worksheet will also contain a list of each child in Cohort 1 with identified atypical behavior and choice responses for occurrences (increased, decreased, no change) to be inputted at review periods</p>	<ul style="list-style-type: none"> • When a delay is found in one of the three areas of social emotional development, early intervention practitioners will identify with the family behaviors to address in working toward the identified outcome. • If service coordinator is different than developmental educator, coordinator will ensure behaviors are identified to address outcomes in the One Plan then reviewed at 6 month and annual report periods 	<ul style="list-style-type: none"> • If the social-emotional score on the ASQ:SE, over time increases outside of acceptable range, additional strategies and activities would be discussed with the family at a maximum number of three (3) times to address the continued behavior • Consultation methods would also be discussed as necessary 	<ul style="list-style-type: none"> • CIS intake and referral meeting for further suggestions toward outcome setting • One Plan team for further suggestions toward outcome setting as necessary • Medical Home • Blueprint • Early Childhood Mental Health for behavioral development solutions

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A5. Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with a target met practitioners will continue service coordination strategies implemented through targeted supports process.</p> <p>Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with no target met practitioners will modify service coordination by reviewing family engagement strategies and activity identification methods.</p>	<ul style="list-style-type: none"> ● This will provide better-informed family engagement around outcome setting with families. CIS staff will review standards and outcomes on all children given family survey results, not specifically the children within cohort 1. ● If targets were met for cohort outcomes and not family survey target outcomes, CIS staff will review family survey protocol for validity. ● If targets were not met for cohort outcomes and family survey targets were met, CIS staff will review evaluation outcomes for validity. ● CIS-EI staff will make a priority for hand delivery using family engagement strategies to all families within cohort 1 to ensure validity. 	<ul style="list-style-type: none"> ● If hand delivery is not possible during survey timeline, documentation of method of delivery will be noted and reviewed providing family survey outcomes results. 	<ul style="list-style-type: none"> ● Family Survey Results to be provided within the State APR for OSEP ● CIS intake and referral meeting for further suggestions toward outcome setting ● One Plan team for further suggestions toward outcome setting as necessary ● Administration meeting and BBF council meetings will list as an update on the agenda ● An announcement will be posted on BBF website and CIS blog about the results of the evaluation plan

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Planned Analysis	Process for Use for Program Improvement	Possible Implications for Ongoing Evaluation	Plans for Disseminating Results to Stakeholders
<p>A6. Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with a target met practitioners will continue service coordination strategies implemented through targeted supports process.</p> <p>Given cohort 1 (10 children), the state family survey analysis spreadsheet will be returned with the anonymous responses of identified cohort, and with no target met practitioners will modify service coordination by reviewing family engagement strategies and activity identification methods.</p>	<ul style="list-style-type: none"> ● This will provide better-informed family engagement around outcome setting with families. CIS staff will review standards and outcomes on all children given family survey results, not specifically the children within cohort 1. ● If targets were met for cohort outcomes and not family survey target outcomes, CIS staff will review family survey protocol for validity. ● If targets were not met for cohort outcomes and family survey targets were met, CIS staff will review evaluation outcomes for validity. ● CIS-EI staff will make a priority for hand delivery using family engagement strategies to all families within cohort 1 to ensure validity. 	<ul style="list-style-type: none"> ● If hand delivery is not possible during survey timeline, documentation of method of delivery will be noted and reviewed providing family survey outcomes results. 	<ul style="list-style-type: none"> ● Family Survey Results to be provided within the State APR for OSEP ● CIS intake and referral meeting for further suggestions toward outcome setting ● One Plan team for further suggestions toward outcome setting as necessary ● Administration meeting and BBF council meetings will list as an update on the agenda ● An announcement will be posted on BBF website and CIS blog about the results of the evaluation plan

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 3 (Brattleboro): Key Targeted Support – Administer the Self Sufficiency Matrix with all Families of children eligible for Part C; train and supervise staff using T. Berry Brazelton’s Touchpoints (<https://www.brazeltontouchpoints.org/>).

Summary of Regional Plan

Analysis of the children that had made less progress than expected in social emotional domain in our region revealed a poorer outcome for children in families experiencing toxic stressors.

Our strategies to address this finding:

1. To begin to use a tool (the Self Sufficiency Outcome Matrix, or SSOM) to identify earlier those factors that could interfere with a family’s ability to be available to support their child’s development, and to offer appropriate supports to decrease those stressors.
2. In addition, we recognized that optimal social emotional development occurred in the context of relationships. We therefore initiated more intentional use of The Touchpoints (TP) Approach to working with families to help providers more intentionally support the parent child relationship by engaging in reflective practice using the TP workbooks and in embedding TP practice in both individual and peer supervision.
3. Start to measure whether or not families feel like active participants in supporting the goals of their child by asking them to articulate strategies they use to support any of the goals in the One Plan.

Implementation of Strategies

1. The SSOM has been used with families enrolled since late September 2016 (unless children have been placed with new and possibly short-term foster placements), and has now begun to be re-administered to families at their 6 month Reviews.
2. Since September 2016, clinical supervisor and all early intervention providers have been completing the TP reflective practice workbook, and have had bimonthly direct supervision and bimonthly peer supervision using TP as a framework for discussion. Also, all providers have completed a Pre-TP survey and will complete a post TP survey in July, and have also been rated by their clinical supervisor on their ability to intentionally apply TP Principles and Assumptions in their work with families/teachers every 6 months.
3. Each Early interventionist/ developmental educator has now begun to ask parents of all children enrolled since September 2016 at each 6 month/ Annual review if they can tell us what they are doing at home to support progress on the One Plan goal identified 6 months previously.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Status

1. The cohort of most at risk families has been identified: Those families of children 2 ½ years old and younger enrolled since late September 2016 who identify 3 or more stressors on the SSOM (scores of 1 or 2) and who include a goal related to non-child development stressor on their One Plan. The cohort is 7 families out of 23 who met the criteria.
2. The baseline for where each practitioner is in using the TP Approach has been established through the pre-survey and the supervisor's evaluation.
3. A tally is being kept for the number of families who can articulate a strategy. A period for comparison will be determined, i.e. by fiscal year.

Evaluation

Evaluation Team and Resources

The Vermont State SSIP Team developed a data philosophy which informs all of the SSIP work:

“Data illuminates solutions to our challenges. We use data as an essential tool to see the big picture and make intentional decisions that enable us to focus our limited resources to promote positive outcomes for children, families, and staff. We believe in all children reaching their developmental potential.”

The Vermont CIS-EI team consists of the Part C Coordinator, Personnel Development Coordinator, Family Engagement Coordinator, Continuous Quality Improvement Coordinator, CIS Evaluation and Quality Specialist, CIS Communications Technician, and the Early Intervention Data Technicians. Other groups and individuals involved in the evaluation process are: the VICC, Vermont Part B administrator, the twelve regional CIS-EI Program managers, the Child Development Division Statewide Systems and Community Collaborations Unit, Vermont's Building Bright Futures Council, Vermont Family Network, and the Vermont Early Learning Challenge Grant Race to the Top project managers.

Vermont, through one of the Early Learning Challenge Grant Race to the Top initiatives, is in the process of specifying an advanced Care Management data system to support CIS and CIS-EI. In the meantime, during the SSIP timeline, Vermont is utilizing paper forms, spreadsheets, existing Microsoft Access databases and Survey Monkey to collect, store and analyze data.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

As with Infrastructure alignment, the Evaluation Plan threads through each of Vermont's SSIP Strategies: the Comprehensive System of Personnel Development, Fostering Family Connections, and Targeted Supports.

The CSPD process evaluation starts with project management of activities and key dates in the CSPD development plan. In parallel, data will be collected to determine baselines for key performance indicators. Data will be used to assure practitioner engagement in the CSPD process, activities, and to monitor practitioner retention. Attendance and participant satisfaction in trainings and meetings is tracked. The State uses data collected to inform future planned meeting/training activities, content, methodology, participant invitations, and more.

The Fostering Family Connections process evaluation also starts with project management of activities and key dates in the Family Connection's plan. Family engagement opportunity dates, times, location, and attendance are tracked. Recruitment to higher level engagement such as membership on regional councils or the VICC is also tracked. The annual Part C Family Survey results and comments provides key information on the impact of Fostering Family Connections.

The three regions implementing targeted supports, Bennington, Brattleboro, and Hartford, are each collecting evaluation data utilizing spreadsheets and qualitative data. The CIS Evaluation and Quality Specialist and members of the CIS-EI SSIP State Team work with the regions to assure that data is collected so that the performance measure analysis may be completed. Generally, client-level data is collected following six-month/annual review timelines already embedded within the One Plan process.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Evaluation Plans for SSIP Key Strategies

Vermont’s CIS-EI State Identified Measurable Result (SiMR) of our SSIP Plan is: Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development. To support the SiMR, Vermont has identified four interconnected strategies: development of a Comprehensive System of Personnel Development (a framework to support the training and retention of highly qualified practitioners); fostering family connections to increase opportunities for families to interact with other families, learn advocacy and leadership skills; practitioners in three regions will implement supports with families targeted to address the SiMR; and alignment with other community and State partners on all improvement strategies to maximize resources and provide consistent and uniform information. The goal of evaluation is to demonstrate the efficacy of these strategies.

Infrastructure alignment does not have an identified evaluation plan. As discussed throughout this document, aligning with key stakeholders is critical to the success of every aspect of the SSIP. Additionally, members of the CIS-EI SSIP State Team participate in key workgroups around initiatives lead by our primary partners. Therefore, this strategy will be evaluated by the continued participation of our partners in this SSIP work and our own membership on the various workgroups whose goal is related to the SiMR.

Comprehensive System of Personnel Development Intended Outcomes:

Table 1: Progress on implementing CSPD SSIP activities, Phase III, Year 1

Activity	Evidence/data source	Implemented as intended? [yes/no] Timeline	Success and challenges
Of the EIs that were hired as of January 1, 2016, 100% will have gone through the process for certification by July 1, 2016	Number of certifications issued	Status Update: 60 EIs have received EI Certifications to date. 4 EIs left CIS after receiving their EI Certification.	Numerous successes and challenges came out in this process. For more details, see Appendix 7: EI Cert Debrief Feedback Meeting 9-14-16

Part C State Systemic Improvement Plan (SSIP) Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

All EIs have IPDPs if based on the self-assessment of the certification, there is a goal each EI has selected to work on and that is signed by the supervisor.	Number of IPDPs on file with State or BFIS	Status Update: All certified EIs have IPDPs. Not all IPDPs relate directly to competencies identified in the EI Certificate. Training in IPDPs is necessary.	Implementing a “self-reflection > reflective supervision > IPDP” process of professional development has been successful, at least initially. Challenges for the future involve getting a database that can hold IPDPs, or gaining access to the CDD BFIS database.
ECPC TA Phase One Completed.	Submitted and accepted Phase One documents	Status Update: Completed	Given the tremendous support and TA by ECPC, completing Phase 1 was highly successful.
ECPC TA Phase Two Completed.	Submitted and accepted Phase Two documents	Status Update: Completed	Phase Two was also successful due to the support and TA by ECPC. However, one challenge is gaining professional development around how best to implement strategic planning for 3-5 year vision statements and annual, measurable goals. Improving our strategic planning processes will be a goal for Phase III.
Quarterly meetings scheduled between Preservice and Inservice	Four meetings a year are convened and recommendations submitted	Status Update: SPTs are meeting quarterly, however we do not yet have consistent attendance from IHEs to ensure quarterly meetings with field supervisors.	One success was accessing the early childhood Higher Education Collaborative. One challenge is to gain more participation from IHEs across Vermont.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Increased number of Part C Field Placements at UVM	Increase from baseline number of field placements	Status Updates: We are looking at developing paid internships to increase the Part C field placements.	Due to capacity issues in the field, the number of field placements has decreased this year.
Regularly scheduled trainings for all new employees on COSF, ASQ, etc.	Attendance is tracked manually Attendee evaluation data is tracked using Survey Monkey after each training.	No, not complete per planned schedule.	A Decision-making Framework to facilitate the development of CIS training priorities has been developed and applied. We will be determining CIS training priorities in April – June 2017. In January, 2017, training was provided on one 5-domain assessment tool, regions seeking COSF training are given the link to the ECTA training modules, and all CIS-EI practitioners are required to take an existing set of on line training modules which orient them to the Part C regulations and timelines.

Part C State Systemic Improvement Plan (SSIP) Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>PD supports and activities are ongoing, coordinated and strategically designed to implement best practices.</p>	<p>Is there an ongoing, strategically designed schedule of employee trainings?</p> <p>Are there ongoing supervision meetings and/or structures for feedback for each employee?</p> <p>Attendance is tracked manually</p> <p>Attendee evaluation data is tracked using Survey Monkey after each training.</p>	<p>Timeline is not yet concluded (October 30, 2017)</p>	<p>A Decision-making Framework to facilitate the development of CIS training priorities has been developed and applied. We will be determining CIS training priorities in April – June 2017.</p> <p>We have successfully used the DMF once to date in planning the CIS Institute. We will implement the DMF as we go to increase the efficiency of the process.</p> <p>Supervision supports are planned following the 2017 CIS Institute.</p>
<p>Staff morale and retention improves as shown by Survey Monkey results Suggest a pre-and post-survey</p>	<p>Improvement from baseline numbers on relevant SHRM Benchmarked Survey Monkey questions administered on an annual basis</p>	<p>Timeline is not yet concluded (October 30, 2017)</p>	<p>A baseline survey was disseminated Summer 2016. Data was analyzed and strategies were developed.</p> <p>Survey was successfully disseminated with a +75% response rate. Strategies still need to be successfully implemented with data to show improvements.</p> <p>Survey will be disseminated annually in the summer/fall.</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Data used to evaluate and adjust all pieces of CSPD.	Data system is in place and functioning to make improvements and adjustments	Status Update: Evaluation data is used to assess as many pieces of the CSPD as possible. Data reports are used to determine training priorities.	CIS does not yet have a database but there may be one by December 2018. We will continue to collect and analyze as much data as we can to evaluate the CSPD and make improvements and adjustments.
Five SPT meetings have been executed since June 2016, involving a wide range of practitioners and supervisors from across the early childhood workforce.	Survey Monkey evaluation data and products have been produced to illustrate the effectiveness of the SPT meetings.	Status Update: SPTs are being planned and executed successfully. Improvements can be made around how the agenda is developed and gaining even more stakeholder participation.	Multiple successes are documented in the narrative section. Challenges are around strategic planning moving forward.
Workgroups meet monthly and make progress towards measurable action plans	Action plans are documented, meeting minutes are maintained and disseminated to document progress.	Status Update: Overall workgroups have been moving forward. There is room for improvement around strategic planning.	Multiple successes are documented in the narrative section. Challenges are around strategic planning moving forward.

[\(Return to CSPD activities narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Table 2: Next Steps on Evaluating CSPD SSIP activities, Phase III, Year 2 and Year 3

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Intermediate	Regularly scheduled trainings for all new employees on COSF, ASQ, etc.	Is there an ongoing, strategically designed schedule of new employee trainings?	Sign in sheets and evaluations from trainings	The Personnel Development Coordinator will collect and maintain documentation of trainings	Sept 30, 2016 – Sept 30, 2017
Intermediate	Written CSPD plan completed and submitted.	Was written CSPD plan completed and submitted?	Submitted and accepted written CSPD plan	The Personnel Development Coordinator will ensure completion and submission	18 months (October 30, 2017)
Intermediate	PD supports and activities are ongoing, coordinated and strategically designed to implement best practices.	Is there an ongoing, strategically designed schedule of employee trainings? Are there ongoing supervision meetings and/or structures for feedback for each employee?	Sign in sheets and evaluations from trainings Schedule of trainings	The Personnel Development Coordinator will collect and maintain schedule and documentation of trainings Collect survey from supervisors on the types of structures and meetings to staff to support personnel	By October 30, 2017

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

				development needs of individuals.	
Intermediate	Staff morale and retention improves as shown by Survey Monkey results Suggest a pre-and post-survey	How do practitioners self-report on morale and retention?	Improvement from baseline numbers on relevant SHRM Benchmarked Survey Monkey questions	The Personnel Development Coordinator will send out Survey Monkey on a regular (quarterly/bi-annual/annual) basis	By October 30, 2017
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Long term	Increased average years of experience for EIs.	What is the average number of years of experience for EIs?	Improvement from baseline numbers on relevant SHRM Benchmarked Survey Monkey questions	The Personnel Development Coordinator will send out Survey Monkey on a regular (quarterly/bi-annual/annual) basis	Increase annually over five years by March 2021.
Long term	Highly qualified personnel implement best practices.	Do IPDPs document best practice professional development goals?	Documented PD goals in IPDPs on file with State or BFIS	The Personnel Development Coordinator will collect or maintain a sample of IPDPs that represent all regions.	Increase/improvement annually over five years by March 2021.
Long term	Families know how/are better able to support the social and emotional	Are families better able to support the social/emotional development of their children?	Annual state-wide APR data – Indicators 4C.	Annual data collection in place	Increase/improvement annually over five years by March 2021.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	development of their children				
Long term	Social/emotional development of children has improved.	Has the SE development of children improved?	Annual state-wide APR data – Indicators 3aSS1.	Monthly/Annual data collection in place	Increase/improvement annually over five years by March 2021.
Long term	Data used to evaluate and adjust all pieces of CSPD.	Is there a functioning, effective data collection system in place?	Data system is in place and functioning to make improvements and adjustments	All data inputs and outputs (see above)	Increase/improvement annually over five years by March 2021.
Long term	ECPC Self-Assessment quality indicator scores improve each year.	How have our self-assessment scores improved?	Completion of ECPC Self-assessment by large stakeholder meeting	Annual review of ECPC Self-Assessment	Increase/improvement annually over five years by March 2021.
Intermediate	Strategic Planning processes were learned, implemented, and resulted in successfully identified SMART ⁹ goals for CSPD for the next 1-5 years.	Are there clearly identified SMART goals for CSPD for the next 1-5 years?	Action Plans for SPT and workgroups clearly identify SMART goals for CSPD for the next 1-5 years.	Action Plans for SPT and workgroups clearly identify SMART goals for CSPD for the next 1-5 years.	12 months (March 30, 2018)

⁹ http://www.hr.virginia.edu/uploads/documents/media/Writing_SMART_Goals.pdf

Part C State Systemic Improvement Plan (SSIP) Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Intermediate	Quarterly meetings scheduled between Preservice and Inservice	Are quarterly meetings scheduled and productive?	Four meetings a year are convened and recommendations submitted	The Personnel Development Coordinator (PDC) will document meeting agendas, minutes and action plans	Sept 30, 2017 – Sept 30, 2018
Intermediate	Increased number of Field Placements	Have the number of field placements increased?	Increase from baseline number of field placements	The PDC will collect numbers from preservice orgs	Sept 30, 2017 – Sept 30, 2018
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Intermediate	Regularly scheduled trainings for all new employees on COSF, ASQ, etc.	Is there an ongoing, strategically designed schedule of new employee trainings?	Sign in sheets and evaluations from trainings	The PDC will collect and maintain documentation of trainings	Sept 30, 2017 – Sept 30, 2018
Intermediate	Written CSPD plan completed and submitted.	Was written CSPD plan completed and submitted?	Submitted and accepted written CSPD plan	The PDC will ensure completion and submission	18 months (October 30, 2017)
Intermediate		Is there an ongoing,		The PDC will collect and maintain schedule	By October 30, 2018

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	PD supports and activities are ongoing, coordinated and strategically designed to implement best practices.	strategically designed schedule of employee trainings? Are there ongoing supervision meetings and/or structures for feedback for each employee?	Sign in sheets and evaluations from trainings Schedule of trainings	and documentation of trainings Collect survey from supervisors on the types of structures and meetings to staff to support personnel development needs of individuals.	
Intermediate	Staff morale and retention improves as shown by Survey Monkey results Suggest a pre-and post- survey	How do practitioners self-report on morale and retention?	Improvement from baseline numbers on relevant SHRM Benchmarked Survey Monkey questions	The PDC will send out Survey Monkey on a regular (quarterly/bi-annual/annual) basis	By October 30, 2018
Long term	Increased average years of experience for EIs.	What is the average number of years of experience for EIs?	Improvement from baseline numbers on relevant SHRM Benchmarked Survey Monkey questions	The PDC will send out Survey Monkey on a regular (quarterly/bi-annual/annual) basis	Increase annually over five years by March 2021.
Long term	Highly qualified personnel implement best practices.	Do IPDPs document best practice professional	Documented PD goals in IPDPs on file with State or BFIS	The PDC will collect or maintain a sample of IPDPs that represent all regions.	Increase/ improvement annually over five years by March 2021.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Long term	Families know how/are better able to support the social and emotional development of their children	Are families better able to support the social/emotional development of their children?	Annual state-wide APR data – Indicators 4C.	Annual data collection in place	Increase/improvement annually over five years by March 2021.
Long term	Social/emotional development of children has improved.	Has the SE development of children improved?	Annual state-wide APR data – Indicators 3aSS1.	Monthly/Annual data collection in place	Increase/improvement annually over five years by March 2021.
Long term	Data used to evaluate and adjust all pieces of CSPD.	Is there a functioning, effective data collection system in place?	Data system is in place and functioning to make improvements and adjustments	All data inputs and outputs (see above)	Increase/improvement annually over five years by March 2021.
Long term	ECPC Self-Assessment quality indicator scores improve each year.	How have our self-assessment scores improved?	Completion of ECPC Self-assessment by large stakeholder meeting	Annual review of ECPC Self-Assessment	Increase/improvement annually over five years by March 2021.

[\(Return to CSPD activities narrative\)](#) or [\(go to Fostering Family Connections activities narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Fostering Family Connections Intended Outcomes:

Table 1: Progress on implementing Fostering Family Connections SSIP activities, Phase III, Year 1

Activity	Evidence/data source	Implemented as intended? [yes/no] Timeline	Success and challenges
Quarterly Regional Spotlight on Community Activities and Family Connections in the SSIP Newsletter	Publishing of “regional spotlights” in quarterly SSIP newsletter	Yes	The Family Matters Talk Show (April 2016), Family Survey response rates and results (August 2016), Community Café Training & Baby wearers of Central Vermont (December 2016)
Root cause analysis of community involvement barriers within the 12 regions of Vermont	Evaluate community activity best practices	No, in process and progress underway	Root cause analysis put on-hold; anticipate resuming April 2017
Local CIS-EI providers recognize the quality family engagement work already being done	Family Outcomes Survey improves	Yes, Family Outcomes Survey response rate increased	New data evaluation method implemented August 2016 that aligns with the OSEP indicators
Increase parent membership in the Vermont Interagency Coordinating Council	<ul style="list-style-type: none"> • At least 3 more parents become members of the VICC • Parent members receive formal acknowledgement of their membership from the Governor’s office 	No; in process	Targeted outreach strategies identified during the January 2017 Council meeting. Strategies began being implemented 3/17/17 and have resulted in 4 out of the 5 parent positions being filled as of this publication (April, 2016).

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Parent Community Café Training	<ul style="list-style-type: none"> At least 8 parents from the CIS demographic are recruited and commit to be parent café hosts and receive training presented in coordination with the Promise Community project of the ELC. 12 parents from at least 4 different regions attend the scheduled training. 	No; in process	Two CIS regions attended training and four Promise Communities represented for a total of 16 people. The second day total was 17.
Parent Community Café Training	<ul style="list-style-type: none"> At least 3 regional parent hosts coordinate and conduct up to 3 parent café opportunities in their communities. 	<p>In process; Bennington will have a 'Let's Get Connected' event in April and will begin regular cafes</p> <p>Survey Monkey sent out on regular basis</p>	Subsequent Community Café planning and events underway

[\(Return to Fostering Family Connections activities narrative\)](#)

Table 2: Next Steps on Evaluating Fostering Family Connections SSIP activities, Phase III, Year 2 and Year 3

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short Term	Develop a <i>Family and Community Engagement Logic Model</i>	Does the logic model reflect the work and progress?	Performance measures are linked to SSIP outcomes and VICC outcomes	The Family Engagement Coordinator (FEC) will send out Survey	July 2017

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

				Monkey on regular basis	
Short Term	Parent Community Café Training	How do we increase family leadership at the provider, agency, community, and state level?	At least 8 parents from the CIS demographic are recruited and commit to be parent café hosts and receive training presented in coordination with the Promise Community project of the ELC.	The FEC will send out Survey Monkey on regular basis	July 2017 December 2017
Intermediate	Vermont Regional Family Engagement Self-Assessment	How do we assess our current family engagement practices across the 12 regions of Vermont to grow a culture of trust and partnership between families, community members, and practitioners?	Root cause analysis of community involvement barriers within the 12 regions of Vermont will be completed. Local CIS-EI providers recognize the quality family engagement work already being done	Evaluate community activity best practices Family Outcomes Survey improves	December 2017
Long Term	In coordination with the Vermont Family Network, develop and promulgate an Early Childhood Friendly Media Portal for Family Centered Social	What opportunities exist for adults and children to make positive social connections with peers in Vermont?	Early Intervention practitioners have increased knowledge of community resources and provide information to families	An inventory of activities is compiled and an electronic media portal activated which lists community activity resources by region across the state	September 2017

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	Connection Opportunities				
Long Term	Statewide Family Engagement Framework	How does Early Intervention choose systemic, integrated, and comprehensive approaches that have strong potential for attaining family and child outcomes?	Early Intervention practitioners have an increased level of accountability around family engagement	There is a documented framework with goal definitions and identified strategies Data is collected by the FEC quarterly about formal family engagement activities in each region.	June 2017 December 2017 and onward

[\(Return to Fostering Family Connections activities narrative\)](#) or [\(Go to Targeted Supports activities narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Targeted Supports Evaluation Plan

Region 1: Hartford Targeted Supports Intended Outcomes:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation, Status update, and completion dates)
Short Term	All Children with an entry COS rating of 4 or less in social/emotional development receive the ASQ:SE-2 screening at prescribed intervals	Is every practitioner using the ASQ:SE-2 with the defined cohort of children?	All EI Practitioners are trained in ASQ:SE-2	Name and role recorded on training attendance sheet	TBD by end of May, 2016 All regional staff were trained as off 5/31/16
Short Term	All children screened with the ASQ:SE-2 have goals identified with the family and written into their One Plan to improve their social and/or emotional development	Is the screening administered at least every 6 months? Does the child have at least one SE goal on their One Plan because of the screening?	All Children with an entry COS rating of 4 or less receive the ASQ:SE-2 screening at least every 6 months All children screened have at least one Social/emotional goal on their One Plan	ASQ:SE-2 scores are logged in a spreadsheet. Social emotional goals identified are entered into the One-Plan and a goal tracking spreadsheet.	5 children identified since 7/1/16. 3 of these children exited by February, 2017, before being in the program for 6 mos. 2 children had diagnosis of Down Syndrome, and 2 were referred for additional assessment due to suspected Autism.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

					Program is aware that small regional numbers, and exiting prior to 6 mos. in the program will cause problems with data collection. Region is adjusting to conduct the ASQ-SE closer to program entry.
Short Term	Families understand the importance of emotional goals and identify social emotional goals in the One Plan	Do families identify social emotional goals using the ASQ:SE-2 results and include social emotional goals in the child's one plan	Social emotional goals are documented in the One Plan and through observation or dialog, the practitioner determines that the family understands that social emotional development is important to their child's development	Anecdotal reports from practitioners. Evidence of this will also be gathered by outcomes being developed that indicate they are intended to support social/emotional development.	<p>January 2017</p> <p>The region notes that, from qualitative data shared by CIS-EI staff, using the ASQ-SE has supported having conversations with families about what constitutes 'functional' social/emotional skills.</p> <p>CIS-EI staff will receive additional support to intentionally identify outcomes as supporting functional social/emotional development. It was noted that some outcomes (ex. supporting communication skills) were written to support</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	social/emotional functional skills based on the ASQ-SE. Timeline (projected initiation and completion dates)
Intermediate	Families actively work on social emotional goals identified in the One Plan with their child	Do families actively work on social emotional goals identified in the One Plan?	Through observation or dialog, practitioner determines that families and caregivers have actively worked on social emotional goals identified in the One Plan.	Anecdotal reports from practitioners. Evidence of this will also be gathered by outcomes being developed that indicate they are intended to support social/emotional development.	December 2017 See above. Insufficient data exists to measure this to date.
Long Term	Families report that CIS-EI has helped them help their child develop and learn.	Do families report that CIS-EI has helped them help their child develop and learn?	Family Survey results indicator 4C. Family cohort identified with permission.	Annual Part C Family Survey results.	August - annually
Long Term	Children substantially improve their social emotional development	Do children substantially improve their social emotional development?	Child outcomes 3A	Entry and Exit COSF evaluations	February 2017 (at the earliest. Substantive data will not be available until at least 6/30/18 due to small sample size)

[\(Go to Targeted Supports activities narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 2: Bennington Targeted Supports Intended Outcomes:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short Term			All EI Practitioners are trained in ASQ:SE-2 and SEAM	Name and role recorded on training attendance sheet	December 2016 6 regional staff trained, January, 2017.
Short Term			15 Children with an entry COS rating of 4 or less and atypical behavior receive the ASQ:SE-2 and SEAM evaluation at prescribed intervals	ASQ:SE-2 and SEAM work sheets are included in the child's file, ASQ:SE-2 scores are logged in a spreadsheet. Goals identified using SEAM are entered into the One-Plan and a goal tracking spreadsheet.	January 2017 10 children identified as of March 2017. Each child has at least 1 Social/emotional goal.
Short Term	Families actively work on social emotional goals identified in the One Plan with their child	Do children achieve social emotional goals identified in the One Plan?	Through observation or dialog, practitioner determines that goals have been achieved	Goals identified using SEAM are entered into the One-Plan and a goal tracking spreadsheet.	By child's 6-month review. 2 children have had 1 S/E Goal Achieved as of March, 2017.
Intermediate	Families and Caregivers identify and work on 1 to 3 activities from the SEAM toolkit that will reduce the atypical behavior.	Do families report that they have worked on the activities identified by the SEAM toolkit?	Families are asked about the frequency and progress on activities at each visit.	Activity achievement documented on tracking spreadsheet.	By child's 6-month review. Too soon to have data.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Intermediate	The child's atypical behavior is noticeably changed.	Do activities identified in the SEAM toolkit change the atypical behavior of the child?	At each 6-month review, through observation or dialogue, the practitioner identifies any noticeable change in the child's atypical behavior.	Child's SEAM score improves.	At child's annual review
Long Term	Families report that CIS-EI has helped them help their child develop and learn.	Do families report that CIS-EI has helped them help their child develop and learn?	Family Survey results indicator 4C. Family cohort identified with permission.	Annual Part C Family Survey results.	August annually
Long Term	Children substantially improve their social emotional development	Do children substantially improve their social emotional development?	Child outcomes 3A	Entry and Exit COSF evaluations	APR Annually

[\(Go to Targeted Supports activities narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Region 3: Brattleboro Targeted Supports Intended Outcomes:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short Term	Practitioners understand family stressors and connect family to available resources	<p>Does the family receive a referral to a resource to address the identified stressor(s)?</p> <p>Does the family actively engage with the resource they are referred to?</p>	<p>Practitioners report they made a referral for the family.</p> <p>Families report they are actively engaged with the resource.</p>	TBD by end of May, 2016	<p>TBD by end of May, 2016</p> <p>Removed this measure; connection to resources is practice for all; unable to quantify “engagement”</p>
Short Term	All practitioners participate in weekly clinical supervision that connects Touchpoints principles and assumptions to their work with families	Are practitioners intentionally linking Touchpoints principles and assumptions to their work with families?	Pre- and post-evaluation tool (in development)	<p>Practitioners complete the Touchpoints workbook on a bi-weekly basis</p> <p>The clinical supervisor keeps a log of workbook completion for each practitioner</p> <p>Practitioners participate in bi-weekly Touchpoints reflective supervision</p> <p>The clinical supervisor keeps a log of supervision for each practitioner</p>	<p>TBD by end of May, 2016</p> <p>First articulation with each practitioner complete: 3 of 4 practitioners able to articulate TP principles in practice as of 2/22/17; 4 or 4 successful by 3/23/17</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Intermediate	The targeted family stressors decrease over time	Does One Plan goal to address the identified stressors lead to a decrease in stressors over time?	There a decrease in stressors as identified by the family on the family assessment	Practitioners complete a family assessment for each family at 6 month intervals. Family assessment scores are logged in a tracking spreadsheet	<p>TBD by end of May, 2016</p> <p>7 out of 23 families who received the SSOM administered identified goals to address stressors. These have been logged.</p> <p>3 of 7 have been engaged for >6 mos and 2 of 7 indicate that some identified goals were met.</p>
Long Term	Parents are more engaged and active participants in supporting their child's development	Do families report that they know how to support their child's development?	Part C Family Survey indicator 4C	TBD by end of May, 2016	<p>TBD by end of May, 2016</p> <p>Region initiated practice to ask families to identify a strategy they have used that has supported their child's development. Data collection method still under development. Currently supported through TP</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

					supervision with staff to reinforce practice.
Long Term	Children substantially improve their social and/or emotional functional development	Do children substantially improve their social and/or emotional functional development?	Child Outcomes indicator 3A.	TBD by end of May, 2016	Annually at close of SFY (June 30). Current year (2015) APR serves as baseline.

[\(Go to Targeted Supports activities narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Methods for Analyzing the Data

The Vermont CIS-EI Program, as previously noted, does not have a comprehensive data system, and relies on a collection of Microsoft databases and spreadsheets. Processes have been developed to link, at the individual child level, child count data, COS data and demographic data. Processes to link child specific data created for Vermont SSIP evaluation performance indicators will be developed by the Part C Data Manager and CIS Evaluation and Quality Assurance Specialist as the data collection tools are created.

By linking child and family specific data, performance measures associated with ASQ:SE-2, SEAM and the identified family assessment tool may be correlated to Child Outcome data. Performance measure results may also be split by demographic data and other program data. Families participating in the CIS-EI programs in the Bennington, Brattleboro, and Hartford regions will be asked if they are willing to self-identify on the Family Survey so that Family Survey results of participants may be compared to Family Survey results of non-participants.

Analysis of the long-term outcome performance measures will primarily consist of tracking the measure over time compared to a baseline. Most of the long-term outcome performance measures either have baseline data or baseline data will be generated. In particular, baseline data exists for Performance Measure 3A, and Performance Measure 4C. Baseline data were gathered in August, 2016, for CIS-EI staffing performance measures such as the number of years of service.

Sample size is of concern for the Bennington, Brattleboro, and Hartford regions. CIS-EI is working with technical assistance staff from the IDEA Data Center (IDC) to identify ways to mitigate variations due to sample size. Vermont is particularly interested in the concept of a three-year rolling average for the performance indicators. This smooths the curve but adds a lag time on the response to changes. IDC has given preliminary approval to this concept but asked that Vermont assess the ramifications more thoroughly. Data will be maintained to allow the State to use annual data if the rolling average does not prove helpful.

The three regions implementing targeted supports identified all evaluation measures and finalized their evaluation plans in May, 2016. The regions developed data collection methods using Microsoft Excel spreadsheets. The State and regions have begun to cultivate ways to analyze and correlate data similar with other data described above. The purpose of any correlation will be to find appropriate evidence to support or refute the efficacy of the strategy being implemented.

To summarize, correlations will be evaluated between child specific SSIP evaluation performance measures and child outcome results. In addition, child outcome results will

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

be compared over time to baseline data. In this way, Vermont hopes to show that SSIP strategies are impacting child outcomes. In addition, family survey results for the cohort self-identified as participating in SSIP strategies will be compared to family survey results of those who did not self-identify to show that SSIP strategies impact family outcomes. Analysis of Family Survey data compared between 2015 and 2016 did not show these regions as performing significantly differently than other regions.

Timeline and Plans for Sharing and Using Evaluation Results

The “[Evaluation Plans for SSIP Key Strategies](#)” section above describes the timelines for gathering data for various activities for each strategy. The State will review data as it is gathered. Data will be immediately analyzed by the CIS-EI SSIP State team for any data anomalies that suggest a strategy may need review, technical assistance should be provided to regions or received from national centers, or more guidance is necessary. Once the data is analyzed, the data will be presented to the VICC at least bi-annually for its review and input into what the data show. All relevant data will be provided to workgroups associated with key strategies (ex. CSPD workgroups) as applicable as it is generated and analyzed. At least once per year, with the input of the VICC, the State will consider any necessary amendments to the SSIP coherent improvement strategies. Before any amendments are finalized, proposed changes will be reviewed with the CIS-EI regions, Part B 619, and other key stakeholders.

In addition, the CIS-EI SSIP State Team, together with the regions implementing targeted supports, will review data gathered. These data will be compiled by the State and analyzed for anomalies. With the regions, the State will analyze the data to determine if the strategies are being implemented with fidelity and if they are making the intended difference for infants, toddlers, and their families. Within eighteen months of implementation of targeted support activities, the State, with the three regions implementing these supports, will review all data, and determine if sufficient evidence exists to warrant scaling up the targeted support(s) to another region or even statewide. Any recommendation for scaling up will be reviewed with the VICC and the other nine regional CIS-EI agencies.

Throughout the year, as data are available, relevant pieces of data will be communicated to CIS-EI practitioners, key SSIP stakeholders, and State leadership through the SSIP Newsletter. Each year the Part C Coordinator will share relevant data from the SSIP strategies with families when communicating with them about the annual Family Survey. The Family Engagement Coordinator, as indicated in the activities associated with fostering family connections, will communicate other information about SSIP strategies, implementation, and data through meetings and both established print and electronic communication modalities.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

By communicating regularly with parents, partners, practitioners, and key stakeholders, we believe we will generate both interest and input to ensure the effectiveness of the SSIP. Through the broad participation and input of others, along with the active implementation of Vermont's planned coherent improvement strategies, Vermont believes we will achieve the SiMR.

Technical Assistance and Support

Throughout Phase III, Vermont has participated in webinars and conferences associated with the SSIP that have been offered by the Office of Special Education Program (OSEP). In the fall, Vermont's OSEP lead met with Vermont by phone, provided input into Phase III expectations, and discussed Vermont's approach to infrastructure changes associated with the SSIP. The input from OSEP has assisted Vermont in understanding the expectations for Phase III and helped the CIS-EI SSIP State team maintain its focus on the priority of this work.

Vermont has and will continue to access technical assistance from the following organizations throughout Phase III of the SSIP:

- National Center for Systemic Improvement
- DaSy Center
- IDEA Data Center
- Early Childhood Personnel Center
- Early Childhood Technical Assistance Center

Technical assistance from these centers has assisted Vermont with our data and evaluation planning at the State level and with the regional targeted supports. Vermont's intensive technical assistance grant from the Early Childhood Personnel Center has been integral to supporting the development of the CSPD. Additionally, Vermont has joined the Cross-State Learning Collaborative on Family Engagement sponsored by ECTA.

With the support of these technical assistance centers, Vermont has effectively begun implementing the SSIP Strategies. Vermont values the resources and support provided by the technical assistance centers. Each member of the CIS-EI SSIP State team accesses technical assistance as needed to move the SSIP work forward. With assistance from these Centers, Vermont believes this plan will effectively improve outcomes for infants and toddlers and their families.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Acronyms Used in this Document

AEPS	Assessment, Evaluation, and Programming System for Infants and Toddlers
AHS	Agency of Human Services
AOE	Agency of Education
APR	Annual Performance Report
ASQ	Ages and Stages Questionnaire, Third Edition
ASQ:SE-2	Ages and Stages Questionnaire: Social Emotional, Second Edition
Baby I-Team	Interdisciplinary Team Early Intervention Project
BBF	Building Bright Futures
BFIS	Bright Futures Information System
CDD	Child Development Division
CEC	Council for Exceptional Children
CCV	Community College of Vermont
CIS-EI	Children’s Integrated Services-Early Intervention
COSF	Child Outcome Summary Form
CPT	Core Planning Team
CSEFEL	Center for the Social Emotional Foundations of Early Learning
CSPD	Comprehensive System of Personnel Development
CSHN	Children with Special Health Needs
CSLC	Cross-State Learning Collaborative
DaSy Center	Center for Individuals with Disabilities Education Act Early Childhood Data Systems
DEC	Division for Early Childhood
DCF	Department for Children and Families
DMF	Decision-Making Framework
EC	Early Childhood
ECFMH	Early Childhood and Family Mental Health
ECPC	Early Childhood Personnel Center
ECTA	Early Childhood Technical Assistance Center
EIs	Early Interventionists
ELC	Race to the Top Early Learning Challenge Grant
FEC	Family Engagement Coordinator
HCRS	Health Care and Rehabilitation Services
IDC	Individuals with Disabilities Education Act Data Center
IDEA	Individuals with Disability Education Act
IFS	Integrating Family Services
IHE	Institution of Higher Education
IPDP	Individualized Professional Development Plans
I-Team	Interdisciplinary Team
MECSH	Maternal and Early Childhood Sustained Home-visiting
NAEYC	National Association for the Education of Young Children
NCSI	National Center for Systemic Improvement



Part C State Systemic Improvement Plan (SSIP) Phase II: Infrastructure, Supports, Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

NLCDC	Northern Lights Career Development Center
NRC	National Research Council
One Plan	Vermont's Individualized Family Service Plan
OSEP	Office of Special Education Programs
PD	Personnel Development
PDC	Personnel Development Coordinator
PPD	Professional Preparation and Development Committee
QRIS	Quality Rating Improvement System
R&R	Recruitment and Retention System
SE	Social Emotional
SEAC	Special Education Advisory Council
SEAM	Social Emotional Assessment Measure
SiMR	State Identified Measurable Result
SPS	State Personnel Standards
SPT	Strategic Planning Team
SSOM	Self-Sufficiency Outcomes Matrix
STARS	Step Ahead Recognition System (Vermont's QRIS)
SSIP	State System Improvement Plan
TA	Technical Assistance
TP	Touchpoints
UVM	University of Vermont
UVM ECSE	University of Vermont Early Childhood Special Education
VAEYC	Vermont Association for the Education of Young Children
VCCICC	Vermont Child Care Industry and Careers Council
VELS	Vermont Early Learning Standards
VICC	Vermont Interagency Coordinating Council

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 1

Children's Integrated Services
Comprehensive System of Personnel Development (CSPD)
"Integrating, aligning and coordinating Vermont's Early Childhood system to support and retain qualified personnel."

Framework Decision-Making Process

What is the purpose of this document?

This decision-making framework is intended to be a living, breathing, process that will help us make high quality, well informed decisions. In this example, it supports decision-making around professional learning opportunities and structures such as supported supervision, mentoring, coaching, trainings, technical assistance, up to and including systemic changes.

This framework provides a way:

- to document decision making for accountability and
- to support overcoming silos
- and is applicable across the early childhood workforce

Quality decision making is more important than ever in our demanding, shifting landscape. This framework is designed to help State leadership, organizational leaders and other invested stakeholders think outside of the box, and outside of our silos, allowing us to be 'thought partners' in the development of a Comprehensive System of Personnel Development (CSPD).

This is not a form, a new process or more paperwork. It is a way to work through a decision-making process. It is intended to be internalized to broaden our current thinking, to make connections and integrate with the rest of the early childhood workforce, and to facilitate and improve in our thinking as we move through the complexities of our professional lives. However, it can be used as documentation for more transparency and accountability in how and why we've made particular decisions.

This framework is a web, not a linear process. Your thought process will take you away from and then back into this framework as new ideas, connections, possibilities and the need for more information moves us in different directions. This framework is intended to allow for imperfection, facilitate recognition of commonalities and patterns, create space for intrinsic motivation and self-reflection, overcome silos and ultimately promote quality decision-making.

Inservice Professional Development Framework Decision-Making Process

What situation is leading to the use of this framework?

- The description of this opportunity, problem, question, or impetus may change as you walk through this process.
- Drill down to have a clear and fundamental (foundational) purpose or need to make the decision.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- For example, are there training priorities that need to be determined? Are there budget constraints that require clear articulation and transparency around what gets prioritized? Is there a pending proposal that requires a clearly articulated response?

What are the State and Federal Rules and Regulations related to this decision?

- What do licensing regulations say?
- What are the Part B and Part C state and federal rules and regulations around this issue?
- Are there other legal requirements around this decision?

What Data Reports, Survey Results, Evaluation data, or other factors do you need to make an informed decision?

- What data is available on this topic/issue?
- What data is missing?
- Next steps: collecting more data, executing a survey or evaluation, etc.

How is input from stakeholders included?

- Who are all the invested stakeholders and what are their roles?
- What are invested stakeholders saying about this topic/issue?
- How does their input compliment, illuminate or complicate what the data says?
- Next Steps: who else do you need to talk to?

What are the Standards and Competencies to consider?

- Are there evidenced-based standards and competencies to inform this issue?
- What are all the relevant standards and competencies that relate to this topic/issue?
- How does the relevant data and stakeholder input illuminate strengths, weaknesses or needs related to standards and competencies?
- Next Steps: Could the topic/issue be remedied with supervision, mentoring, coaching, training, technical assistance or systems change?

What are the Evidence-based, Best Practices that may apply?

- How does this topic/issue relate to evidence-based best practices?
- Are there best practices around family engagement, intervention, instruction, environment, etc. that are intersecting with this topic/issue?
- Does the data, stakeholder input, standards and competencies and/or case flow process illuminate strengths, weaknesses or needs related to evidence-based best practices?
- Next Steps: Could the topic/issue be remedied with supervision, mentoring, coaching, training, technical assistance or systems change?

How is Family Engagement part of the process?

- How does this topic/issue relate to family engagement?
- How are families engaged with, and impacted by, this issue/topic?
- Is there any information coming from families that can inform this topic/issue?
- What opportunities exist, or could be developed, for families to participate in this process?

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- Does the data, stakeholder input, standards and competencies, case flow process and/or evidence-based best practices illuminate strengths, weaknesses or needs related to family engagement?
- Next Steps: Could the topic/issue be remedied with supervision, mentoring, coaching, training, technical assistance or systems change?

Are there any Contractual Issues that inform the process?

- Is this issue relevant to the implementation of a State Contract? If so, how?
- Next Steps: Could the topic/issue be remedied with supervision, mentoring, coaching, training, technical assistance or systems change?

What is regional leadership thinking about the issue? How do regional administrative practices impact this situation?

- What are current regional practices around this issue/topic?
- Is there information that the State should know (i.e. data, TA, regional differences, admin practices, best practices, etc.)?
- How can we improve, leverage or change these practices in response to this topic/issue?
- Next Steps: Could the topic/issue be remedied with supervision, mentoring, coaching, training, technical assistance or systems change?

How does this situation fit within the Strategic Plan/ Required Responsibilities?

- What are the results we hope to gain with the decision that we make?
- What are the conclusions we drew and why? Why did we decide to move in this direction?
- What are our next steps and priorities?

[\(Return to Appendix 1 citation location in narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 2



PRINCIPLES of VERMONT'S PROFESSIONAL DEVELOPMENT SYSTEM

Adopted 3-4-2011

The following principles serve as a framework for developing as well as evaluating Vermont's Professional Development System for early childhood and afterschool professionals. These principles have been developed collaboratively and are approved by the Child Development Division and partners throughout the state including the Professional Preparation and Development Committee.

Sponsors of training and education services may use the principles to help plan and deliver professional development opportunities. Ultimately, it is the practitioner and the children who should benefit from a professional development system that incorporates these principles.

Vermont's Professional Development System for early childhood and afterschool professionals is:

1. Clear and Known

Practitioners know there is a professional development system that is available to them.

2. Supportive of Professional Growth

Learning opportunities build upon knowledge and skills in systematic and meaningful ways. Professionals who attain enhanced knowledge and skills are recognized and compensated for achievements along their professional career pathways.

3. Research-based and Relevant

Useful professional development content and instructional practices are based on recognized and effective standards that support best practice.

4. Integrated and Aligned

Professional development is articulated so that it is recognized and meaningful across different systems and work settings.

5. Accessible

Professional development opportunities and pathways are designed with a variety of delivery options, to be flexible and available to diverse populations and skill levels.

6. Financially supported

Sufficient and dependable funding, both public and private, is available to support quality professional development that reflects these principles and related practices.

7. Evaluated on all of the above criteria

These principles are used to evaluate professional development activities and the system as a whole in order to ensure an increasingly proficient workforce.

[\(Return to Appendix 2 citation in narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 3



System Framework
Personnel/Workforce (PN) Component
Draft updated October 23, 2014

State Self-Assessment

State Name: Vermont
Self-assessment Date: June 7, 2016
Completed By: Strategic Planning Team
State systems reflected in the assessment:
CIS-EI; Part B/619; Early Childhood/Child Care/Child Development Division

An introduction to the System Framework: <http://ectacenter.org/sysframe>
You are encouraged to leave feedback: <http://ectacenter.org/sysframe/component-personnel.asp>

Purpose of the System Framework

The purpose of the **Personnel/Workforce component** of the System Framework is to guide states in the planning, development, implementation and evaluation of a comprehensive system of personnel development (CSPD). This component is the primary mechanism by which the state ensures that infants, toddlers, and young children with disabilities and their families, are provided services by knowledgeable, skilled, competent, and highly qualified personnel, and that sufficient numbers of these personnel are available in the state to meet service needs. The CSPD is a statutory requirement for Part C. Although no longer a mandate for Part B, we continue to use the terminology because CSPD has a lengthy and prominent history in the Individuals with Disabilities Education Act (IDEA), dating back to the predecessor, the Education of the Handicapped Act (EHA).

An ongoing, coordinated and strategically designed system of personnel development provides the supports needed by the other framework components. **An effective CSPD is key to promoting both effective practices and the implementation of legal requirements as determined by the IDEA.** It is important for understanding workforce capacity in order to provide timely and consistent services by prepared personnel. An effective system must coordinate and address state needs for both the number of personnel as well as the degree to which those personnel are supported and qualified for their roles in the service system. The CSPD acknowledges the coordination between preservice and inservice personnel development as critical for ensuring consistency of practices. A CSPD is informed by ongoing evaluation and multiple sources of data including stakeholder input, monitoring results and the capacity to implement child and program quality standards. The other components of a system framework inform the work of the CSPD and how it can support their effective implementation and desired results.

This components includes: **leadership, coordination, and sustainability; state personnel standards; preservice personnel development; inservice personnel development; recruitment and retention; and evaluation.** The leadership, coordination, and sustainability subcomponent addresses the membership and responsibilities of a leadership team and the required elements of a written plan for the CSPD. The state personnel standards subcomponent specifies criteria regarding the alignment of state standards with national standards established by discipline-specific organizations (e.g. CEC, ASHA, AOTA) for personnel knowledge, skills, and competencies, and bases state certification, licensure, credentialing, and/or endorsement upon these standards. The preservice personnel subcomponent requires institution of higher education (IHEs) to align programs of study with state and national personnel

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

standards, coordinate with inservice training providers, and specifically prepare students to work with infants, toddlers, and preschool children and their families. The inservice personnel development subcomponent requires the availability of appropriately targeted and effective training and technical assistance to retool, extend, and update the knowledge, skills, and competencies of the workforce. The recruitment and retention subcomponent delineates strategies that must be in place to ensure the availability of sufficient numbers of highly competent personnel to meet the demand for services in the state. Finally, the evaluation subcomponent provides the basis for collecting data and examining all elements of the CSPD in order to identify strengths and weaknesses, and make appropriate modifications based on the findings.

Guidance for Conducting and Scoring

For a state's participation in intensive technical assistance with the Early Childhood Personnel Center (ECPC), with the intended outcome of implementing a comprehensive system of personnel development (CSPD), this document should be used to assess the status of the personnel/workforce component on a periodic basis. It is recommended that the assessment reflect, at a minimum, both Part C and Section 619. Other sectors (e.g. general early childhood) may also be included at the state's discretion. The systems/sectors represented in the assessment should be noted on the first page of this document.

Each Element of Quality should be assessed by one or two individuals who represent each sector/system included in the assessment. These individuals should be well acquainted with the system/sector in the state that they represent, with knowledge that is both broad and deep. The score assigned to each element of quality should represent the consensus of those individuals. For convenience, a rubric for scoring the Elements of Quality is provided at the end of each section of the component framework. In addition to assigning a consensus score, information that provides evidence and if appropriate, qualification (e.g. System X has but System Y does not) for the score should be provided below each item.

When scoring of the Elements of Quality has been completed, a score should be recorded for each Quality Indicator, using the rubric provide below:

Quality Indicator Rating	Description - ECTA
1	None of the elements are yet in process
2	A few of the elements are in process; none fully implemented
3	Some elements are in process; one element may be fully implemented
4	Most of the elements are in process with at least one element fully implemented.
5	Some of the elements are fully implemented and most of the rest in process.
6	Most of the elements are fully implemented and the rest are in process.
7	All elements are fully implemented

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Subcomponent 1: Leadership, Coordination, and Sustainability

Quality Indicator PN1: A cross sector leadership team is in place that can set priorities and make policy, governance, and financial decisions related to the personnel system.

EI = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality	QI PN1 Score: _____
<p>a. The composition of the leadership team represents key partners from cross-sector early childhood systems, technical assistance programs, institutions of higher education, parent organizations as well as any other relevant stakeholders across disciplines.</p> <p><i>State evidence (state discussion): PPD committee oversight</i></p>	<p>EI-3</p> <p>B-2</p> <p>EC-4</p>
<p>b. Additional stakeholder input, including from families, is actively solicited and considered by the leadership team in setting priorities and determining governance decisions.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-2</p> <p>EC-2</p>
<p>c. The leadership team members are aware of other related early childhood and school-age personnel development systems and align efforts when appropriate.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-3</p> <p>B-3</p> <p>EC-4</p>
<p>d. The leadership team develops an overall vision, mission, and purpose for the CSPD and makes decisions and implements processes that reflect these.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-3</p> <p>B-</p> <p>EC-4</p>
<p>e. The CSPD vision, mission and purpose are aligned with the overall early intervention and preschool special education systems.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-4</p> <p>B-2</p> <p>EC-4</p>
<p>f. The leadership team examines current policies and state initiatives (e.g. quality rating and improvement systems, educator effectiveness frameworks) to identify opportunities for collaboration and the coordination of resources, including ongoing and sustained funding across cross-sector early childhood systems.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-3</p> <p>EC-4</p>
<p>g. The leadership team advocates for and identifies resources for cross-sector priorities and activities.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-2</p> <p>EC-4</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>h. The leadership team disseminates information on the CSPD plan to relevant public and private audiences.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-2</p> <p>EC-2</p>
--	---

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 1: Leadership, Coordination, and Sustainability

Quality Indicator PN2: There is a written multi-year plan in place to address all sub-components of the CSPD.

EI = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality	QI PN2 Score: _____
<p>a. The development and implementation of the CSPD plan is based on the specific vision, mission, and purpose for a CSPD.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-</p> <p>EC-4</p>
<p>b. The CSPD plan is aligned with and informed by stakeholder input, national professional organization personnel standards, state requirements, and the vision, mission, and purpose of the cross-sector early childhood systems involved in the CSPD.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-</p> <p>EC-4</p>
<p>c. The CSPD plan articulates a process for two way communication between stakeholders and the leadership team for soliciting input and sharing information on the implementation of activities.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-</p> <p>EC-4</p>
<p>d. The CSPD plan includes strategies for engaging in ongoing formative and summative evaluation of the activities.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-</p> <p>EC-3</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>e. The leadership team monitors both the implementation and effectiveness of the activities of the CSPD plan. <i>State evidence (state discussion):</i></p>	<p>EI-2 B- EC-3</p>
<p>f. The leadership team plans for and ensures that funding and resources are available to sustain the implementation of the CSPD plan. <i>State evidence (state discussion):</i></p>	<p>EI-2 B- EC-3</p>

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 2: State Personnel Standards

Quality Indicator PN3: State personnel standards across disciplines are aligned to national professional organization personnel standards.

El = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality <i>QI PN3 Score: _____</i>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>a. State personnel standards are based on core knowledge and skills needed for working with young children and their families in cross-sector early childhood systems.</p> <p><i>State evidence (state discussion): Vermont has core knowledge and competencies for Early Childhood Professionals, Afterschool Professionals, Early Childhood Family Mental Health Professionals, Program Directors, MATCH (mentoring) Consultants, and Instructors. These can be accessed at: http://northernlightscdc.org/career-pathways/professional-competencies-and-standards/</i></p> <p><i>In addition, Vermont has recently endorsed the Vermont Early Learning Standards which are aligned with the Head Start Early Learning Outcomes Framework, Common Core State Standards in English language arts and Mathematics, as well as Next Generation Science Standards. These can be accessed at: http://education.vermont.gov/early-education/early-learning-standards</i></p> <p><i>Comments: Missing EC and ECSE licensing/endorsement competencies – embedded core knowledge.</i></p> <p><i>Remove VELs. Add CEC, DEC, NAEYC</i></p> <p><i>After “Remove VELs” ? Why? Not personnel standards?</i></p> <p><i>Behavioral interventionist standards (preschool) are not high enough/under qualified.</i></p>	<p>EI -4</p> <p>B-4</p> <p>EC-4</p>
<p>b. State personnel standards are specified, accessible, and used by program administrators and staff.</p> <p><i>State evidence (state discussion): EI – Does that include alignment with national standards?</i></p>	<p>EI-2/3</p> <p>B-4</p> <p>EC-4</p>
<p>c. State certification or licensing boards have a mechanism for assessing the degree to which state personnel standards are demonstrated by graduates of preservice programs across disciplines.</p> <p><i>State evidence (state discussion): AOE rules dictate this requirement.</i></p> <p><i>Evidence for EC – 4?</i></p> <p><i>Difference between public and private settings? AOE licensing vs. Northern Lights?</i></p> <p><i>This is a significant issue for EI.</i></p>	<p>EI-2</p> <p>B-4</p> <p>EC-4</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>d. State personnel standards are reviewed annually and updated, when appropriate, to reflect state personnel needs, changes in legal requirements, changes in national professional organizations personnel standards, evaluation data, and updated knowledge on evidence-based practices.</p> <p><i>State evidence (state discussion): AOE licensing rules dictate this requirement.</i></p> <p>Evidence for EC – 4?</p>	<p>EI-2</p> <p>B-4</p> <p>EC-4</p>
--	---

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

SPT Comments: What does fully implemented mean?

Subcomponent 2: State Personnel Standards

Quality Indicator PN4: The criteria for state certification, licensure, credentialing and/or endorsement are aligned to state personnel standards and national professional organization personnel standards across disciplines.

EI = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality <i>QI PN4 Score: _____</i>	
<p>a. A system for articulating and attaining a certification, licensure, credentialing and/or endorsement exists across disciplines.</p> <p><i>State evidence (state discussion): EI Certification, CDA, ECMH, SPED endorsement</i></p> <p>EI – 4 – feel like it should be EI-3. There are gaps PT, OT, SLP and not 100% for Des.</p>	<p>EI-4</p> <p>B-4</p> <p>EC-4</p>
<p>b. The criteria and requirements for attaining certification, licensure, credentialing and/or endorsement are specified and accessible for personnel across disciplines.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-3</p> <p>B-4</p> <p>EC-4</p>
<p>c. The criteria and requirements for a system of certification, licensure, credential and/or endorsement are competency or skill based.</p> <p><i>State evidence (state discussion):</i></p> <p>Is this self-assessment or performance review? Who defines ‘skill based’?</p>	<p>EI-4</p> <p>B-4</p> <p>EC-4</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>d. Mechanisms such as inter-state agreements and policies are defined and exist for cross state reciprocity of certification, licensure, credential and/or endorsement.</p> <p><i>State evidence (state discussion): AOE has simplified/streamlined interstate reciprocity for ECSE licenses – should this be a “4”?</i></p>	<p>EI-2 B-3/4 EC-3</p>
<p>e. The system criteria and requirements are reviewed and updated, as appropriate to reflect state personnel needs, changes in legal requirements, changes in national professional organization personnel standards, evaluation data, and updated knowledge on evidence-based practices.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-3 EC-4</p>

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 3: Preservice Personnel Development

Quality Indicator PN5: Institution of higher education (IHE) programs and curricula across disciplines are aligned with both national professional organization personnel standards and state personnel standards.

EI = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality <i>QI PN5 Score: _____</i>	
<p>a. IHE programs and curricula for each discipline are based on knowledge and skill competencies that are aligned with state personnel standards.</p> <p><i>State evidence (state discussion): New state standards based on DEC.</i></p>	<p>EI-4 B-4 EC-3</p>
<p>b. IHE programs and curricula for each discipline are based on knowledge and skill competencies that are aligned with national professional organization personnel standards.</p> <p><i>State evidence (state discussion): CEC and DEC</i></p>	<p>EI-4 B-4 EC-4</p>
<p>c. IHE program competencies are operationalized and defined by example.</p> <p><i>State evidence (state discussion):</i> <i>Comments: Ratings too high. Is there a way to assess operationally defined PN5c?</i></p>	<p>EI-4/3 B-4/3 EC-4/3</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>d. IHE programs and curricula for each discipline are aligned with state and local program quality initiatives and evaluation systems (e.g., QRIS, educator effectiveness frameworks, licensing).</p> <p><i>State evidence (state discussion):</i> Vermont Portfolio; STARS; VELs</p>	<p>EI-3 B-4 EC-3</p>
<p>e. IHE programs and curricula for each discipline are coordinated to ensure an adequate number of programs of study are available to meet current and future personnel needs.</p> <p><i>State evidence (state discussion):</i> Only 1 IHE program currently. <i>Comments:</i> Currently more than 1 'program': includes higher ed collaborative. Perhaps change score to a 2? (coordination needs improvement). What does 'discipline' mean?</p>	<p>EI-1 B-1 EC-3/2</p>
<p>f. IHE programs and curricula for each discipline are coordinated to ensure an adequate number of field placements are available to meet current and future personnel needs.</p> <p><i>State evidence (state discussion):</i> Not enough field placements for students who want to be in program and to secure OSEP personnel preparation grants. <i>Comments:</i> Why is score missing for EC? Need to address both quantity and quality of placements. Mentors need prerequisites. PN5f – ratings are too high. PN5f and PN6f – both are challenges; field placement; need this/critical to have experience. Could shut down system without it.</p>	<p>EI-2/3 B-3 EC-</p>

Comments: We agree that field placements need improvement – there is a lack of high quality geographically accessible field placements.
PN5f and PN6f – both are challenges; field placement; need this/critical to have experience. Could shut down system without it.

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 3: Preservice Personnel Development

Quality Indicator PN6: Institution of higher education programs and curricula address early childhood development and discipline specific pedagogy.

EI = Early Intervention

B = Part B/619

EC = Child Care and Afterschool systems

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Elements of Quality <i>QI PN6 Score: _____</i>	
<p>a. IHE programs and curricula across disciplines recruit and prepare personnel for professional roles and responsibilities.</p> <p><i>State evidence (state discussion):</i> Need field placements and recruitment from high schools.</p> <p><i>Comments:</i> Recruitment needs work. How do the IHE address shortage of EC PT, OT, SLP?</p>	<p>EI-2</p> <p>B-3</p> <p>EC-4</p>
<p>b. IHE programs and curricula across disciplines contain evidence-based practices that reflect the learning needs of children with and at-risk for developmental delays and disabilities and their families.</p> <p><i>State evidence (state discussion):</i></p> <p><i>Comments:</i> Too generous to go with 4's across the board i.e., not fully implemented, would change to 3s. PN6b looks high teach course (?) to K-12 to EC.</p>	<p>EI-4/3</p> <p>B-4/3</p> <p>EC-4/3</p>
<p>c. IHE programs and curricula provide relevant field experiences such as internships, observations, and practica in a variety of inclusive early childhood settings.</p> <p><i>State evidence (state discussion):</i> Grad – 2 placements (B & C); undergrad – even more</p> <p><i>Comments:</i> Ratings are too high.</p>	<p>EI-3/2</p> <p>B-3/2</p> <p>EC-3/2</p>
<p>d. IHE programs and curricula are reviewed, evaluated, and updated to reflect current intervention evidence and revised state personnel standards and national professional organization personnel standards.</p> <p><i>State evidence (state discussion):</i> OSEP grant; National Accreditation</p>	<p>EI-3</p> <p>B-4</p> <p>EC-3</p>
<p>e. IHE programs of study and curricula utilize evidence-based professional development practices and instructional methods to teach and supervise adult learners.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-4</p> <p>B-4</p> <p>EC-4</p>
<p>f. IHE faculty collaborate and plan with inservice providers to align preservice and inservice personnel development so there is a continuum in the acquisition of content from knowledge to mastery.</p> <p><i>State evidence (state discussion):</i></p> <p>PN5f and PN6f – both are challenges; field placement; need this/critical to have experience. Could shut down system without it.</p>	<p>EI-2</p> <p>B-1</p> <p>EC-2</p>

Element Rating	Description – ECTA
-----------------------	---------------------------

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 4: Inservice Personnel Development

Quality Indicator PN7: A statewide system for inservice personnel development and technical assistance is in place for personnel across disciplines.

El = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality <i>QI PN7 Score: _____</i>	
<p>a. A statewide system for inservice personnel development is aligned to national professional organization personnel standards across disciplines.</p> <p><i>State evidence (state discussion): Vermont has a system of professional development that is aligned with nationally recognized best practices and core knowledge and competencies with a focus on early childhood and afterschool staff. Professional development is advertised through the Vermont Bright Futures Information System and most trainings are open to all.</i></p> <p>See Comments below PN8.</p>	<p>EI-2 B-2 EC-4</p>
<p>b. A statewide system for inservice personnel development is aligned to state personnel standards across disciplines.</p> <p><i>State evidence (state discussion):</i></p> <p>See Comments below PN8.</p>	<p>EI-2 B-3 EC-4</p>
<p>c. The statewide system for inservice personnel development provides a variety of technical assistance opportunities to meet the needs of personnel.</p> <p><i>State evidence (state discussion): The State of Vermont is in the process of creating a system called M.A.T.C.H. (mentors, advisors, teachers, coaches/consultants, helpers) which connects those who have a particular expertise with those who are seeking that support.</i></p> <p>Comments: Question Rating PN7C too high. MATCH is still in planning stage, not really implemented in EC setting & MTSS. Available for EI w/TA for regions but not individual.</p>	<p>EI-3/2 B-3/2 EC-3/2</p>
<p>d. The inservice personnel development component of the CSPD plan is guided by updated needs assessments of the capability of the workforce in relation to the desired knowledge and skill competencies.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-3 EC-3</p>
<p>e. Inservice personnel development is coordinated across early childhood systems and</p> <p>f. delivered collaboratively, as appropriate.</p> <p><i>State evidence (state discussion):</i></p> <p>See Comments below PN8.</p>	<p>EI-2 B-2 EC-3</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>g. Inservice personnel development employs evidenced based professional development practices that incorporate a variety of adult learning strategies including job embedded applications such as coaching, reflective supervision and supportive mentoring. <i>State evidence (state discussion):</i></p>	<p>EI-2/3 B-4 EC-2</p>
<p>h. Inservice learning opportunities are individualized to the needs of the participants and the objectives of the personnel development. <i>State evidence (state discussion): Use of IPDPs through BFIS</i></p>	<p>EI-2 B-3 EC-3</p>
<p>i. Families and/or parent organization participate in the design and delivery of inservice personnel development. <i>State evidence (state discussion):</i></p>	<p>EI-2 B-2 EC-2</p>

Comments: Question EC ratings because not clear what we mean by “EC” – license? Core comp? workshops?

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 4: Inservice Personnel Development

Quality Indicator PN8: A statewide system for inservice personnel development and technical assistance is aligned and coordinated with higher education program and curricula across disciplines.

El = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality <i>QI PN8 Score: _____</i>	
<p>a. The content for inservice personnel development is based on evidence-based practices. <i>State evidence (state discussion): CIS Service Delivery Workgroup (EI)</i> <i>Comments: Early MTSS provides EB PD.</i></p>	<p>EI-2 B-4 EC-3</p>
<p>b. Faculty from IHEs and inservice staff meet on a quarterly basis to plan for, coordinate, c. and collaborate on inservice content. <i>State evidence (state discussion):</i></p>	<p>EI-2 B-2 EC-2</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>d. Content for inservice personnel development extends the depth of core knowledge and skills acquired in preservice programs and addresses updated knowledge on evidence-based practices and changes in state policies and initiatives.</p> <p><i>State evidence (state discussion):</i> <i>Comments: Early MTSS provides EB PD.</i></p>	<p>EI-2</p> <p>B-3</p> <p>EC-3</p>
---	---

Comments: Systems Reflections – How do EI and Part B and school based interface with Northern Lights? PN7- A, B, E, F
Why are EI and Part B inservice systems different? Can we collaborate across agencies and resources? PN7 – A, B, E, F, PN8 – D.
Access to inservice is not equal across the state. PN7-C

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 5: Recruitment and Retention

Quality Indicator PN9: Comprehensive recruitment and retention strategies are based on multiple data sources, and revised as necessary.

EI = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality	QI PN9 Score: _____
<p>a. Strategies are based on data, current research, and stakeholder input.</p> <p><i>State evidence (state discussion):</i> CIS and CIS-EI Workforce Survey 2; Part B ECTA Survey; CDD RTTT Workforce survey 2015.</p> <p><i>Comment: Are surveys based on current research?</i></p>	<p>EI-3</p> <p>B-2</p> <p>EC-3</p>
<p>b. Strategies target discipline-specific shortages.</p> <p><i>State evidence (state discussion):</i> EI Certification; What about OT/PT/SLP?</p> <p><i>Comments: EI should be 2...; A certificate is not necessarily a recruitment strategy. Why is EI-3?</i></p>	<p>EI-3/2</p> <p>B-2</p> <p>EC-2</p>
<p>c. The effectiveness of strategies is tracked, reviewed annually, and updated as appropriate based on data, current research, and stakeholder input.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-2</p> <p>EC-2</p>

Comments: Link to inservice/preservice training, field service/training/placements.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 5: Recruitment and Retention

Quality Indicator PN10: Comprehensive recruitment and retention strategies are being implemented across disciplines. – *What does this word mean, specifically?*

El = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality		QI PN10 Score: _____
<p>a. Strategies include opportunities for advancement through a variety of processes such as articulation between two and four year institutions of higher education and access to career pathways/ladders.</p> <p><i>State evidence (state discussion):</i> Part B RTTT/ELCG – working on it</p> <p><i>Comments:</i> EC has gaps and is not integrated into CSPD... not a 4. EC is doing these but not nearly enough to meet need. Does that count as fully implemented?</p>	<p>EI-2</p> <p>B-2</p> <p>EC-4/3</p>	
<p>b. Strategies focus on induction, improving administrative supports, and using a variety of mentoring models to support and retain personnel.</p> <p><i>State evidence (state discussion):</i> Early MTSS</p>	<p>EI-2</p> <p>B-2</p> <p>EC-3</p>	
<p>c. Strategies include incentives and recognition programs such as financial compensation, scholarships, service obligations, loan reimbursement and/or tuition reimbursement to improve access to preservice and inservice personnel development.</p> <p><i>State evidence (state discussion):</i> Part B offers limited scholarships</p> <p><i>Comments:</i> How is EI a 3? Agreed... EC is doing these but not nearly enough to meet need. Does that count as fully implemented?</p>	<p>EI-3</p> <p>B-2</p> <p>EC-4/3</p>	
<p>d. Strategies address alternative routes to certification.</p> <p><i>State evidence (state discussion):</i> Part B has a peer review waiver/process for EC and ECSE licensure.</p>	<p>EI-2</p> <p>B-3</p> <p>EC-4</p>	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>e. Strategies address the usefulness of designing and/or participating in online recruitment systems.</p> <p><i>State evidence (state discussion):</i> Comments: We should consider online, especially SLP; related to PN9b. Do EI and B scores suggest lack of interest? Willingness? How do you recruit/target those for whom it is a vocation?</p>	<p>EI-1</p> <p>B-1</p> <p>EC-2</p>
--	---

Comments for all: What evidence for rating?

Are explicit recruitment and retention goals articulated anywhere?

Why isn't compensation a more central goal of the CSPD? Mt may feel like its outside our control, but R&R won't work without it, wage parity.

Ensure strategies for field service/training/placements.

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 6: Evaluation

Quality Indicator PN11: The evaluation plan for the CSPD includes processes and mechanisms to collect, store, and analyze data across all subcomponents.

El = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality	QI PN11 Score: _____
<p>a. Decisions regarding priorities for evaluation questions to be addressed and data to be collected are identified when developing the CSPD plan.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-3</p> <p>EC-3</p>
<p>b. Multiple processes, mechanisms, and methods to collect data are identified and established based on the need for the information, usefulness of potential findings, and burden on respondents and systems.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-3</p> <p>EC-2</p>
<p>c. The state has the capacity to support data collection, management, and analysis for personnel qualifications, needs assessment, preservice and inservice personnel development, and personnel supply and demand.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-3</p> <p>EC-3</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>d. Quality review processes for data collection, verification, storage and management, and analysis are defined and implemented regularly.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-2 EC-3</p>
<p>e. Personnel data are linked to child and family outcomes.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-3 EC-2</p>

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

Subcomponent 6: Evaluation

Quality Indicator PN12: The evaluation plan is implemented, continuously monitored, and revised as necessary based on multiple data sources.

El = Early Intervention B = Part B/619 EC = Child Care and Afterschool systems

Elements of Quality <i>QI PN12 Score: _____</i>	
<p>a. The implementation of the evaluation plan results in data or data summaries and analysis that are useful for decision-making and are accessible across cross-sector early childhood systems.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-3 EC-3</p>
<p>b. Data are used to inform decisions, monitor progress, and make program improvements.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-3 EC-4</p>
<p>c. Data are collected on personnel variables, such as personnel development participation, acquisition of content, and performance of competencies and those data are examined in relation to relevant child and family outcomes.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2 B-2 EC-2</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>d. Data are collected on personnel development variables, such as units of personnel development, type and amount of support (e.g. observational feedback, coaching, practica), and content and those data are examined in relation to relevant child and family outcomes.</p> <p><i>State evidence (state discussion):</i></p>	<p>EI-2</p> <p>B-2</p> <p>EC-2</p>
--	---

Element Rating	Description – ECTA
1	No - element not in place <u>and</u> not planning to work on it at this time
2	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes - element partially implemented
4	Yes - element fully implemented

The contents of this document were developed under cooperative agreement numbers #H326P120002 and #H325B120004 from the Office of Special Education Programs, U.S. Department of Education. Opinions expressed herein do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government.

Project Officers: Julia Martin Eile & Dawn Ellis



[\(Return to Appendix 3 citation in narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 4

System Framework
Personnel/Workforce (PN) Component
Draft updated January 18, 2017



A Crosswalk of the State Self-Assessment by the Early Childhood Personnel Center (ECPC) and Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems by the National Association for the Education of Young Children (NAEYC)

State Name: Vermont

An introduction to the ECPC System Framework: <http://ectacenter.org/sysframe>
You are encouraged to leave feedback: <http://ectacenter.org/sysframe/component-personnel.asp>

Purpose of the CSPD System Framework

An effective CSPD is key to promoting both effective practices and the implementation of legal requirements as determined by the IDEA. It is important for understanding workforce capacity in order to provide timely and consistent services by prepared personnel.

Audience for this Framework: Part C and Part B/619 of IDEA – infants, toddlers at risk of developmental delays or with developmental delays due to a medical condition. Preschoolers, ages 3-5, with disabilities.

Introduction to NAEYC’s Policy Blueprint

This blueprint focuses on the policies that connect professional development activities and that support and make possible effective implementation of a state system of professional development. It highlights principles and six policy areas that build or sustain an integrated system—a system that ensures quality in all settings in which early childhood professionals work. These principles and highlighted policy areas look beyond the status quo; they are aimed at the development and retention of a competent and stable early childhood workforce— a skilled cadre of effective, diverse, and adequately compensated professionals (p.5).

Audience for this Framework: State policies should create an integrated system of professional development that crosses the early childhood sectors—child care; Head Start; prekindergarten; public schools; early intervention and special education services; and so on (p.11).

Integrated policies intentionally promote the building and support of an efficient cross-sector system that decreases duplication of efforts and increases

Part C State Systemic Improvement Plan (SSIP) Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>sustainability. All related policies need to either be cross-sector or have an element that encourages alignment (p.11).</p>
<p>An effective system must coordinate and address state needs for both the number of personnel as well as the degree to which those personnel are supported and qualified for their roles in the service system.</p>	<p><i>Integrated early childhood professional development system:</i> A comprehensive system of preparation and ongoing development and support for all early childhood education professionals working with and on behalf of young children. An integrated system crosses sectors serving early education professionals (p.5).</p> <p>The increased demands at the state and federal levels for higher education credentials without significant linked increases in compensation exacerbate the existing crisis (p.6).</p>
<p>The CSPD acknowledges the coordination between preservice and inservice personnel development as critical for ensuring consistency of practices.</p>	<p>Professionals need to continue to incorporate new knowledge and skill, through a coherent and systematic program of learning experiences. Those experiences must be grounded in theory and research; be outcomes based; structured to promote linkages between theory and practice; and responsive to each learner’s background, experiences, and the current context of his/her role (p.8).</p> <p>Professional development activities include university/college courses, pre- and inservice training sessions, observation with feedback from a colleague, mentoring, coaching, and other forms of job-related technical assistance. Each learner should participate in planning her/his professional development and work with a supervisor/advisor to develop a plan. Credit-bearing course work is included whenever possible. Professional development providers must have an appropriate knowledge and experience base in early childhood education content as well as in the principles of adult learning (NAEYC 1994, 2005) (p.8).</p>
<p>A CSPD is informed by ongoing evaluation and multiple sources of data including stakeholder input, monitoring results and the capacity to implement child and program quality standards.</p>	<p>Research also tells us that qualified and well-compensated professionals are essential to ensuring high-quality early childhood education programs (Phillips 2008). However, the lack of cross-sector systems of professional development for early childhood educators in classrooms and homes, program administration, and other parts of the field creates a serious barrier to providing high-quality education for all young children (p.6).</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>Many studies point to the knowledge and skills of early childhood program staff as the cornerstone of high quality early childhood education programs. Specialized knowledge and professional development in how young children develop and learn is critical, as is the quality of interactions between program staff and children (Shonkoff & Phillips 2000) (p.7).</p>
<p>Subcomponent 1: Leadership, Coordination, and Sustainability</p>	
<p>Quality Indicator PN1: A cross sector leadership team is in place that can set priorities and make policy, governance, and financial decisions related to the personnel system.</p>	<p>Does this policy increase integration? Does this policy increase quality? Does this policy increase compensation parity? Does this policy support diversity, inclusion and access?</p>
<p>i. The composition of the leadership team represents key partners from cross-sector early childhood systems, technical assistance programs, institutions of higher education, parent organizations as well as any other relevant stakeholders across disciplines.</p>	<p>Does this policy increase integration?</p> <p>Advisory Structure: For this group’s work to be recognized and valued across sectors, its composition must include representatives from the diverse settings, auspices, and roles of the early childhood field and professional development system supports. Requiring this makeup sets the context for ensuring cross-sector, integrated recommendations (p. 20).</p> <p>Integration: Policies ensure the advisory structure includes representatives from all early childhood education sectors. The structure builds off of and expands on the existing work in each sector with a goal of meeting the needs of the workforce in its broadest definition. Previous leadership and efforts are acknowledged and integrated as appropriate (p. 20).</p> <p>Diversity, Inclusion, and Access: Minimum composition requirements for the advisory body are specified, recognizing the importance of perspectives representing the diversity of the field and leaving space and opportunity for the list of participants to be expanded as needed (p. 20).</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>j. Additional stakeholder input, including from families, is actively solicited and considered by the leadership team in setting priorities and determining governance decisions.</p>	<p>Does this policy support diversity, inclusion and access?</p> <p>Advisory Structure: The work of the advisory structure also should be transparent, taking input and feedback from individuals and other stakeholders. Each sector must respect and be willing to collaborate with other sectors to create an integrated system that does not depend on the different funding streams for different types of programs or families served (p. 20).</p> <p>Financing and Quality Assurance: Policies ensure that funders, administrators, participants, and families know what resources are available, where and how they are being directed, and why (p 27).</p>
<p>k. The leadership team members are aware of other related early childhood and school-age personnel development systems and align efforts when appropriate.</p>	<p>Does this policy increase integration?</p> <p>Integration policies may be embedded in or have linkages to the following state implementation strategies:</p> <ul style="list-style-type: none"> • quality rating and improvement systems (QRIS), • unified data systems, • higher education coordinating bodies or efforts, • early learning councils, and • early childhood comprehensive systems planning work.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>I. The leadership team develops an overall vision, mission, and purpose for the CSPD and makes decisions and implements processes that reflect these.</p>	<p>Does this policy increase integration? Does this policy increase quality? Does this policy increase compensation parity? Does this policy support diversity, inclusion and access?</p> <p>Quality Assurance: The advisory structure engages in strategic planning and regularly reviews the progress of plans and recommendations, making adjustments as needed. The structure is required to gather input from stakeholders/public to inform planning and recommendations (p. 20).</p> <p>Sample Implementation Strategies for Advisory Council (p. 23)</p> <ul style="list-style-type: none"> • Communication and coordination policies or agreements, including common nomenclature, across departments and sectors • Task forces focusing on professional development systems and working with the state early learning councils • Vision and mission statements • Guiding principles
<p>m. The CSPD vision, mission and purpose are aligned with the overall early intervention and preschool special education systems.</p>	<p>Does this policy increase integration?</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

n. The leadership team examines current policies and state initiatives (e.g. quality rating and improvement systems, educator effectiveness frameworks) to identify opportunities for collaboration and the coordination of resources, including ongoing and sustained funding across cross-sector early childhood systems.

Does this policy increase integration?
Does this policy increase quality?
Does this policy increase compensation parity?

Compensation Parity: The advisory body explicitly addresses compensation parity for all levels of roles and responsibilities in programs. Members of the advisory body understand the nexus of compensation and policies that will enhance the quality of the professionals as well as their retention (p 20).

Financing (p 26-27): All systems require funding to operate. Resources have to come with direction. Professional development systems benefit from financing policies that ensure monies are directed where they are most needed and that they are used efficiently. Some degree of specificity must exist to do the needed or newly required work so that funds are not used to backfill gaps. This direction is especially important in a field in which resources are so scarce. State policies should support the financing of integrated professional development systems in four specific areas:

1. **Financial support for early childhood professionals** to obtain education and ongoing development, based on need.
2. **Financial support for programs/workplaces** that facilitate professional development through resources for release time and substitute staff, teacher mentors and coaches, purchase of materials and equipment, and other supports.
3. **Explicit rewards and compensation parity** for attainment of additional education and development. Other financing mechanisms such as higher reimbursement rates and grants that reflect the cost of quality do not always take into account or sufficiently address the cost of compensation parity.
4. **Financing of the professional development system infrastructure**, which may be linked and/or embedded in the state's larger early childhood system. Infrastructure pieces that require financing may include the advisory body, data systems, support to higher education institutions and training systems, and quality assurance processes.

Applying the Principles for Policy Making to Financing (p 27)

p Integration: Federal, state, and private sources are coordinated to fund professional development system needs.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>p Quality Assurance: Policies ensure that funders, administrators, participants, and families know what resources are available, where and how they are being directed, and why.</p> <p>p Diversity, Inclusion, and Access: Barriers to financial aid and scholarships are examined, and relevant access policies are crafted. Policies also ensure access to ongoing professional development and financing of the governance and institutional aid to higher education and to early childhood programs.</p> <p>p Compensation Parity: Policies include specific and adequate financing in all sectors of the system to support compensation equivalent to positions within and across fields requiring similar preparation and experience.</p>
<p>o. The leadership team advocates for and identifies resources for cross-sector priorities and activities.</p>	<p>Does this policy increase integration?</p>
<p>p. The leadership team disseminates information on the CSPD plan to relevant public and private audiences.</p>	<p>Does this policy support diversity, inclusion and access?</p>

<p>Subcomponent 1: Leadership, Coordination, and Sustainability</p>	
<p>Quality Indicator PN2: There is a written multi-year plan in place to address all sub-components of the CSPD.</p>	
<p>g. The development and implementation of the CSPD plan is based on the specific vision, mission, and purpose for a CSPD.</p>	<p>Does this policy increase integration? Does this policy increase quality? Does this policy increase compensation parity? Does this policy support diversity, inclusion and access?</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>h. The CSPD plan is aligned with and informed by stakeholder input, national professional organization personnel standards, state requirements, and the vision, mission, and purpose of the cross-sector early childhood systems involved in the CSPD.</p>	<p>Does this policy increase integration?</p>
<p>i. The CSPD plan articulates a process for two way communication between stakeholders and the leadership team for soliciting input and sharing information on the implementation of activities.</p>	<p>Does this policy support diversity, inclusion and access?</p>
<p>j. The CSPD plan includes strategies for engaging in ongoing formative and summative evaluation of the activities.</p>	<p>Does this policy increase quality?</p>
<p>k. The leadership team monitors both the implementation and effectiveness of the activities of the CSPD plan.</p>	<p>Does this policy increase quality?</p>
<p>l. The leadership team plans for and ensures that funding and resources are available to sustain the implementation of the CSPD plan.</p>	<p>Does this policy increase integration?</p>

<p>Subcomponent 2: State Personnel Standards</p>	
<p>Quality Indicator PN3: State personnel standards across disciplines are aligned to national professional organization personnel standards.</p>	<p>Integration: Professional standards for preparation and ongoing development integrate and align existing teacher licensing, state-based credentials, Head Start, prekindergarten, and other related standards (p. 13).</p>
<p>e. State personnel standards are based on core knowledge and skills needed for working with young children and their families in cross-sector early childhood systems.</p>	<p>State policies should specify qualifications and ongoing development required for all early care and education professionals—from teacher assistants to trainers and higher education faculty, family child care providers, licensors, resource and referral staff, and program, school, district, and agency administrators (p. 13).</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>f. State personnel standards are specified, accessible, and used by program administrators and staff.</p>	<p>Diversity, Inclusion, and Access: Core professional knowledge/key content areas and standards address diversity and integrate general and special education. Providers, teachers, and other professionals working directly with young children know how to use developmentally appropriate assessment tools. Standards also include a mandatory focus on cultural competence and the process of language acquisition in the content of professional standards (p. 14).</p>
<p>g. State certification or licensing boards have a mechanism for assessing the degree to which state personnel standards are demonstrated by graduates of preservice programs across disciplines.</p>	<p>These specifications should address levels and content of education as well as ongoing development. The preparation and ongoing development requirements for these various roles also should be explicitly detailed in career-pathway policies aligning and connecting content (p. 13).</p>
<p>h. State personnel standards are reviewed annually and updated, when appropriate, to reflect state personnel needs, changes in legal requirements, changes in national professional organizations personnel standards, evaluation data, and updated knowledge on evidence-based practices.</p>	

<p>Subcomponent 2: State Personnel Standards</p>	
<p>Quality Indicator PN4: The criteria for state certification, licensure, credentialing and/or endorsement are aligned to state personnel standards and national professional organization personnel standards across disciplines.</p>	
<p>a. A system for articulating and attaining a certification, licensure, credentialing and/or endorsement exists across disciplines.</p>	
<p>b. The criteria and requirements for attaining certification, licensure, credentialing and/or endorsement are specified and accessible for personnel across disciplines.</p>	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>c. The criteria and requirements for a system of certification, licensure, credential and/or endorsement are competency or skill based.</p>	<p>Quality Assurance: Standards meet or incorporate national research-based criteria and are required to be reviewed and updated on a regular basis. Quality assurance mechanisms can set standards for improvement and for quality beyond what is required, and can offer incentives to participate in quality improvement activities (p. 13).</p>
<p>d. Mechanisms such as inter-state agreements and policies are defined and exist for cross state reciprocity of certification, licensure, credential and/or endorsement.</p>	
<p>e. The system criteria and requirements are reviewed and updated, as appropriate to reflect state personnel needs, changes in legal requirements, changes in national professional organization personnel standards, evaluation data, and updated knowledge on evidence-based practices.</p>	
<p>f.</p>	<p>Compensation Parity: Quality rating and improvement systems address staff qualifications and responsibilities, ongoing development, and compensation requirements as part of the system’s rating criteria.(p. 14)</p>

<p>Subcomponent 3: Preservice Personnel Development</p>	
<p>Quality Indicator PN5: Institution of higher education (IHE) programs and curricula across disciplines are aligned with both national professional organization personnel standards and state personnel standards.</p>	
<p>a. IHE programs and curricula for each discipline are based on knowledge and skill competencies that are aligned with state personnel standards.</p>	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>b. IHE programs and curricula for each discipline are based on knowledge and skill competencies that are aligned with national professional organization personnel standards.</p>	
<p>c. IHE program competencies are operationalized and defined by example.</p>	
<p>d. IHE programs and curricula for each discipline are aligned with state and local program quality initiatives and evaluation systems (e.g., QRIS, educator effectiveness frameworks, licensing).</p>	
<p>e. IHE programs and curricula for each discipline are coordinated to ensure an adequate number of programs of study are available to meet current and future personnel needs.</p>	
<p>f. IHE programs and curricula for each discipline are coordinated to ensure an adequate number of field placements are available to meet current and future personnel needs.</p>	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Subcomponent 3: Preservice Personnel Development	
Quality Indicator PN6: Institution of higher education programs and curricula address early childhood development and discipline specific pedagogy.	
g. IHE programs and curricula across disciplines recruit and prepare personnel for professional roles and responsibilities.	
h. IHE programs and curricula across disciplines contain evidence-based practices that reflect the learning needs of children with and at-risk for developmental delays and disabilities and their families.	
i. IHE programs and curricula provide relevant field experiences such as internships, observations, and practica in a variety of inclusive early childhood settings.	
j. IHE programs and curricula are reviewed, evaluated, and updated to reflect current intervention evidence and revised state personnel standards and national professional organization personnel standards.	
k. IHE programs of study and curricula utilize evidence-based professional development practices and instructional methods to teach and supervise adult learners.	
l. IHE faculty collaborate and plan with inservice providers to align preservice and inservice personnel development so there is a continuum in the acquisition of content from knowledge to mastery.	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>Subcomponent 4: Inservice Personnel Development</p>	
<p>Quality Indicator PN7: A statewide system for inservice personnel development and technical assistance is in place for personnel across disciplines.</p>	
<p>j. A statewide system for inservice personnel development is aligned to national professional organization personnel standards across disciplines.</p>	
<p>k. A statewide system for inservice personnel development is aligned to state personnel standards across disciplines.</p>	
<p>l. The statewide system for inservice personnel development provides a variety of technical assistance opportunities to meet the needs of personnel.</p>	<p>Diversity, Inclusion, Access: The goal of an integrated professional development system is to encourage diversity but minimize discrepancies in individual and sector access to resources and opportunities, providing equal access to all early education professionals. Access is the how of addressing diversity and inclusion—it includes offering a variety of mechanisms for both information about and the actual professional development activities (p.12).</p>
<p>m. The inservice personnel development component of the CSPD plan is guided by updated needs assessments of the capability of the workforce in relation to the desired knowledge and skill competencies.</p>	<p>Compensation Parity: In this blueprint, compensation parity means that compensation is equal or equivalent to other similar fields and that the status of the work and individual’s education, experience and responsibilities are recognized and rewarded appropriately. Compensation parity is a principle because it requires focused policy attention. Setting standards for what early childhood educators know and can do must go hand-in-hand with compensation parity, or the field will be unable to compete not only with other education sectors but also with other industries in which workers have comparable credentials but are better compensated (p.12).</p>
<p>n. Inservice personnel development is coordinated across early childhood systems and</p>	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

o. delivered collaboratively, as appropriate.	
p. Inservice personnel development employs evidenced based professional development practices that incorporate a variety of adult learning strategies including job embedded applications such as coaching, reflective supervision and supportive mentoring.	
q. Inservice learning opportunities are individualized to the needs of the participants and the objectives of the personnel development.	
r. Families and/or parent organization participate in the design and delivery of inservice personnel development.	
s.	All early educators should have access to equitable, high quality professional development (p.12).
t.	Financing: Financial support for early childhood professionals to obtain education and ongoing development, based on need (p 26).
u.	Financing: Financing of the professional development system infrastructure , which may be linked and/or embedded in the state’s larger early childhood system. Infrastructure pieces that require financing may include the advisory body, data systems, support to higher education institutions and training systems, and quality assurance processes (p 27).
v.	Financing and Integration: Federal, state, and private sources are coordinated to fund professional development system needs (p 27).

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Subcomponent 4: Inservice Personnel Development	
Quality Indicator PN8: A statewide system for inservice personnel development and technical assistance is aligned and coordinated with higher education program and curricula across disciplines.	
<p>e. The content for inservice personnel development is based on evidence-based practices.</p>	
<p>f. Faculty from IHEs and inservice staff meet on a quarterly basis to plan for, coordinate, g. and collaborate on inservice content.</p>	
<p>h. Content for inservice personnel development extends the depth of core knowledge and skills acquired in preservice programs and addresses updated knowledge on evidence-based practices and changes in state policies and initiatives.</p>	

Subcomponent 5: Recruitment and Retention	
Quality Indicator PN9: Comprehensive recruitment and retention strategies are based on multiple data sources, and revised as necessary.	
<p>d. Strategies are based on data, current research, and stakeholder input.</p>	
<p>e. Strategies target discipline-specific shortages.</p>	<p>Data and Compensation Parity: Retention data by role and in the early education field is also gathered to help inform compensation parity policies and analysis of return on investments (p 24).</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

f. The effectiveness of strategies is tracked, reviewed annually, and updated as appropriate based on data, current research, and stakeholder input.	
--	--

Subcomponent 5: Recruitment and Retention	
Quality Indicator PN10: Comprehensive recruitment and retention strategies are being implemented across disciplines.	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>f. Strategies include opportunities for advancement through a variety of processes such as articulation between two and four year institutions of higher education and access to career pathways/ladders.</p>	<p>Professional Standards: These specifications should address levels and content of education as well as ongoing development. The preparation and ongoing development requirements for these various roles also should be explicitly detailed in career-pathway policies aligning and connecting content (p. 13).</p> <p>Career Pathways and Professional Standards: Professional standards, described in the previous policy area, should align and create coherent career pathways for early childhood professionals. State policy should support continuous progress of individuals. Early childhood professionals need to be able to plan and sequence the achievement of increased qualifications, understand the professional possibilities resulting from such acquisitions, and be appropriately compensated. Policies should institutionalize or embed pathways in all sectors and for all roles (p. 15).</p> <p>Career Pathways and Integration: Regulatory bodies and quality improvement efforts, such as licensing systems and QRIS, recognize the various roles and levels in the career pathways and encourage increased educational attainment and competency demonstration (p. 16).</p> <p>Career Pathways and Diversity, Inclusion, and Access: Policies include time requirements for pathways and targeted access supports to gain increasing qualifications (p. 16).</p> <p>Compensation Parity: Career pathway policies should be aligned with job opportunities that reward investment in professional advancement with salaries comparable to other professions with similar requirements (p. 16).</p> <p>Sample Implementation Strategies for Career Pathways (p. 17)</p> <ul style="list-style-type: none"> • Career ladder or lattice • Career guide • Professional development advising • Continual improvement and/or individual professional development planning • Mentoring programs/initiatives • Compensation and rewards • Pathway information dissemination and tracking via practitioner/workforce registry • Articulation agreements <p>Articulation: Part of creating a career pathway and building capacity to meet required professional standards involves developing and enforcing policies around articulation. Articulation includes the transfer of professional development participants' credentials, courses, credits, degrees, etc., as well as student performance-based competencies, from one program or institution to another, ideally without a loss of</p>
--	---

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>credits. States should require colleges and universities to form articulation agreements that assist early childhood professionals in moving seamlessly through and across undergraduate and graduate degree programs. Grants or specific directions for resource allocations should be attached to such policy requirements; colleges and universities will need fiscal support to change or augment long-standing, institutionalized processes.</p> <p>Applying the Principles for Policy Making to Articulation:</p> <p>p Integration: Qualification requirements for all sectors—Head Start, child care programs, prekindergarten, and others—are supported by articulation policies that connect institutions of higher education to each other and to community-based training.</p> <p>p Quality Assurance: Changes are carefully implemented over time, so as not to jeopardize institutional accountability and accreditation.</p> <p>p Diversity, Inclusion, and Access: Student counseling/advising is included as part of articulation agreements. Counseling/advising is offered via a variety of methods and in multiple languages as needed.</p> <p>p Compensation Parity: Articulation agreements help ensure that financial investments students make in their education result in advancing roles. As institutions create articulation plans, they take into account student financial aid for individuals, release time and substitutes for programs as individuals pursue education and professional development (p. 17)</p> <p>Sample Implementation Strategies for Articulation (p. 19)</p> <ul style="list-style-type: none"> • Professional development advising and/or course counseling • Modularized workshops • Credit for prior learning or credentials • Articulation of career and technical education/technical preparation into certificate or associate degree programs • Shared courses and/or faculty • Program-to-program agreements • Institution-to-institution agreements • Common core content or course numbering • Statewide articulation approach • Colleges and universities' early childhood teacher preparation programs accredited by the National Council for Accreditation of Teacher Education (NCATE) and NAEYC's Early Childhood Associate Degree Accreditation
--	--

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>g. Strategies focus on induction, improving administrative supports, and using a variety of mentoring models to support and retain personnel.</p>	
<p>h. Strategies include incentives and recognition programs such as financial compensation, scholarships, service obligations, loan reimbursement and/or tuition reimbursement to improve access to preservice and inservice personnel development.</p>	<p>Financing and Diversity, Inclusion, and Access: Barriers to financial aid and scholarships are examined, and relevant access policies are crafted. Policies also ensure access to ongoing professional development and financing of the governance and institutional aid to higher education and to early childhood programs (p 27).</p>
<p>i. Strategies address alternative routes to certification.</p>	
<p>j. Strategies address the usefulness of designing and/or participating in online recruitment systems.</p>	
<p>k.</p>	<p>States should create policies that support the recruitment, development, and retention of a workforce that includes professionals who reflect the diversity of the children and families served and that is also prepared to work with children and families of diverse cultures and abilities (p. 12).</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

l.	<p>Financing and Compensation Parity: Policies include specific and adequate financing in all sectors of the system to support compensation equivalent to positions within and across fields requiring similar preparation and experience (p 27).</p>
m.	<p>Sample Implementation Strategies for Financing (p 28)</p> <ul style="list-style-type: none"> • Financial aid such as scholarships, grants, and loan forgiveness • Paid release time • Substitute teachers • Salary scales • Wage supplements • Health insurance coverage or reimbursement • Rewards and bonuses for obtaining degrees or credentials • Department of Labor and other apprenticeship programs • Grants to programs to increase credentials and professional development through QRIS • Performance-based contracting • Coordination of federal, state, local, and private resources and public/private partnership

Subcomponent 6: Evaluation	
<p>Quality Indicator PN11: The evaluation plan for the CSPD includes processes and mechanisms to collect, store, and analyze data across all subcomponents.</p>	<p>Integration: Policies include attention to organized methods for collecting, sharing, and disseminating data to stakeholders, funders, and the public (p. 24).</p>
<p>f. Decisions regarding priorities for evaluation questions to be addressed and data to be collected are identified when developing the CSPD plan.</p>	

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>g. Multiple processes, mechanisms, and methods to collect data are identified and established based on the need for the information, usefulness of potential findings, and burden on respondents and systems.</p>	<p>Data: State policies should require the methods and collection of specific data and also mandate nonduplication of efforts, cross-sector data collection, sharing, and alignment. Policies also should require comprehensive workforce studies at regular intervals and ongoing collection of professional development utilization and improvement indicators (p 24).</p>
<p>h. The state has the capacity to support data collection, management, and analysis for personnel qualifications, needs assessment, preservice and inservice personnel development, and personnel supply and demand.</p>	<p>Quality Assurance: Workforce and professional development data collected are verified by workforce/practitioner registries rather than self-reported. Verified data are used as the basis for monitoring and accountability (p 24).</p>
<p>i. Quality review processes for data collection, verification, storage and management, and analysis are defined and implemented regularly.</p>	<p>Quality assurance processes, including QRIS and iterative evaluations at the individual, program, initiative and system level, should be built into systems and as they are planned (p.11).</p>
<p>j. Personnel data are linked to child and family outcomes.</p>	<p>There should be accountability to the early education professionals, young children and their families, the political system and the public. Checks and measures should be built into policies that assure quality in professional preparation and development, guarantee that programs are properly implemented, and see that activities are carried out as planned and meet required standards or agreements (p. 11-12).</p>
<p>k.</p>	<p>Compensation Parity: Data on compensation (salaries and benefits) are assessed in each sector and by different age groups of children served. Data are also collected on other professions for which parity is sought for early childhood professionals. Retention data by role and in the early education field is also gathered to help inform compensation parity policies and analysis of return on investments (p 24).</p>

Subcomponent 6: Evaluation	
-----------------------------------	--

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>Quality Indicator PN12: The evaluation plan is implemented, continuously monitored, and revised as necessary based on multiple data sources.</p>	
<p>e. The implementation of the evaluation plan results in data or data summaries and analysis that are useful for decision-making and are accessible across cross-sector early childhood systems.</p>	<p>Data: Data policies should include specific requirements for disaggregated data by type of setting, demographics, and primary financing source(s). Data about the workforce and how the professional development system is working helps the advisory structure and other administrators assess how individuals are benefiting and how the system entities and delivery are changing to be more effective. Projective statistics are the basis for evaluations and inform strategic planning (p 24).</p>
<p>f. Data are used to inform decisions, monitor progress, and make program improvements.</p>	
<p>g. Data are collected on personnel variables, such as personnel development participation, acquisition of content, and performance of competencies and those data are examined in relation to relevant child and family outcomes.</p>	<p>Career Pathways and Quality Assurance: Career pathway policies include career and academic advisement for participants. Data on professionals' placement and movement on career pathways are verified and assessed (p. 16).</p>
<p>h. Data are collected on personnel development variables, such as units of personnel development, type and amount of support (e.g. observational feedback, coaching, practica), and content and those data are examined in relation to relevant child and family outcomes.</p>	<p>Diversity, Inclusion, and Access: Data on the workforce are disaggregated by role, program setting, credential, demographic characteristics, experience in the field, population and age of children served, and compensation. Data collected include a focus on barriers to access and supports, including data related to program sustainability and stability. The system is designed for sharing data that are accessible to those it represents and all who need it (p 24).</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

i.	<p>Sample Implementation Strategies for Data (p 25-26)</p> <p>Collection of</p> <ul style="list-style-type: none">• Disaggregated baseline data with periodic updates allowing for measurement of progress• Demographic data informing needs, gaps, diversity issues, and barriers to access• Data related to training type and attendance, educational attainment, content focus, and student performance• Data on the location and disbursement of training and professional development providers and centers and higher education institutions• Data on the utilization of financial aid• Data on staff retention, compensation, and turnover rates by reason, areas, roles, and other factors• Local, state, federal, and private resources financing any part of the professional development system
----	---

[\(Return to Appendix 4 citation in narrative\)](#)

Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 5
DRAFT
Family and Community Engagement Self-Assessment Efforts and Rating Screener

(Including: Sample Practices, Challenges, and Expected Outcomes)

ELEMENT 1: Communication

A system of two-way communication between the program/organization, families, and the broader community to express accomplishments, concerns, and identified outcomes. Evidence of communication to inform, instruct, motivate and persuade using both verbal and nonverbal communication is actively present.

Element: Communication	Don't Know	Inadequately Achieved	Partially Achieved	Fully Achieved
1. The program/organization has a communication plan for direct service providers and community agencies actively in place.				
2. The CIS Host Agency has a communication plan for families and direct service providers actively in place.				
3. The program/organization philosophy is communicated with the broader public.				
4. The program/organization curriculum (as applicable) is communicated with the broader public.				
5. The program/organization has a regular schedule of useful notices, memos, phone calls, newsletters, and other communications.				

Challenges:

- Review the readability, clarity, form, and frequency of all memos, notices, and other print and non-print communications
- Consider families who do not speak English well, do not read well, or need large type
- Review the quality of major communications (newsletters, One Plan reports, conference schedules, and so on)
- Establish clear two-way channels for communications from home to program/organization and from program/organization to home

Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Family Outcomes: Understanding services and policies of program/ organization; monitoring and awareness of child’s progress in developmental outcomes; responses to child challenging behaviors; ease of interactions with program/organization and service providers; high rating of program quality

Direct Service Provider Outcomes: Diversity of communications with families; ability to use effective communication skills by listening and responding; use of network of families to communicate with all families; ability to understand family views and elicit help with children’s progress

Program Outcomes: Ability to use family networks for communication and translation; family voice is evident in the statement of philosophy; decision-making teams provide opportunities for family voice to be represented

Family and Community Engagement Self-Assessment Efforts and Rating Screener

(Including: Sample Practices, Challenges, and Expected Outcomes)

ELEMENT 2: Parenting

Being a parent can be a very rewarding and joyful experience. But being a parent can also come with its share of stress. Concrete everyday actions to help families reduce personal/parental stress and gain confidence in their ability to overcome challenges are offered through multiple avenues to meet diverse adult learning styles.

Element: Parenting	Don't Know	Inadequately Achieved	Partially Achieved	Fully Achieved
1. The program/organization has regular mechanism for sharing parenting and child development information with families.				
2. The program/organization supports families and children experiencing stress.				
3. The program/organization has regular mechanisms for assisting and supporting families in creating opportunities for “anytime learning.”				
4. The program/organization supports families and children to share successes and challenges in parenting (i.e. workshops, support groups, etc.)				
5. The program/organization has regular mechanisms and supports for				

Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

assisting families in using storytelling for sharing family history, background, and culture with various audiences.				
--	--	--	--	--

Challenges:

- Provide information to *all* families who want it or need it, not just to the few who can attend workshops or meetings and the planned location
- Enable families to share information with the program/organization about culture, background, children’s talents, and needs.
- Make sure that all information for and from families is clear, usable, and linked to child health and development.

Family Outcomes: Self-confidence about parenting; knowledge of child development; adjustments in home environment as child proceeds through services; awareness of own and others’ challenges in parenting; feeling of support from program/organization and other families

Direct Service Provider Outcomes: Understanding of families backgrounds, cultures, concerns, goals, needs, and views of their children; respect for families’ strengths and efforts; understanding child diversity; awareness of own skills to share information on child health and development

Program Outcomes: Reflection of the community and families it serves through professional development and recruitment of staff; regular workshops and other opportunities identified by and for families to develop new skills; family participation in assessments and identification of services, opportunities, and community resources that may help other families

Family and Community Engagement Self-Assessment Efforts and Rating Screener

(Including: Sample Practices, Challenges, and Expected Outcomes)

ELEMENT 3: Child Learning and Development

While no caregiver knows everything about children, all caregivers can benefit from increasing their knowledge of parenting best practices. Gaining a deeper understanding of child learning and development—including early brain development—helps caregivers know what to expect from their child.

Element: Child Learning and Development	Don’t Know	Inadequately Achieved	Partially Achieved	Fully Achieved
1. The program/organization has a method for engaging and empowering families to play an integral role in child learning and development.				
2. The program/organization has a regular mechanism for completing and				

Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

explaining the value of a developmental assessment to a family.				
3. The program/organization supports families through a flexible, accessible, and responsive service model with the family acknowledged as the constant in a child's life.				
4. The program/organization assists direct service practitioners by offering training and support on how to provide "just in time" parenting tips.				
5. Missing training on child development, ideally involving families in the planning and presentation of information				
5. The program/organization reflects individual learning styles (visual, auditory, tactile, multi) in all communications, activities, and concrete reinforcements with children and caregivers.				

Challenges:

- Encourage caregivers to observe, ask questions, explore parenting issues and try out new strategies
- Address parenting issues from a strengths-based perspective
- Child development information (i.e. books, videos, parenting classes, mentoring/coaching connections) is provided through multiple avenues to meet diverse learning needs

Family Outcomes: Knowledge of how to support, encourage, and help child at home and during anytime learning; understanding of services and what child is learning in each developmental domain; appreciation of service provider's skill; awareness of child as learner

Service Provider Outcomes: Varied designs of activities and learning opportunities, including occurrences of modeling and reflecting; respect of family time; recognition of helpfulness of single-parent, dual-income, and all families in motivating and reinforcing child learning and development; satisfaction with family engagement and support

Program Outcomes: Child development information is culturally and linguistically appropriate; families and providers work together to design and organize opportunities for family-led discussions

Family and Community Engagement Self-Assessment Efforts and Rating Screener

(Including: Sample Practices, Challenges, and Expected Outcomes)

Improvement Plan (SSIP)
Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

ELEMENT 4: Fostering Family Connections

Evidence of fostering family connections can mean anyone who supports program/organization goals and children’s healthy development and learning in any way, at any place, and at any time—not just during the home visit, in the classroom, or at the program/organization building.

Element: Fostering Family Connections	Don’t Know	Inadequately Achieved	Partially Achieved	Fully Achieved
1. The program/organization provides opportunities for families to socialize and fosters a sense of community by hosting periodic events for families.				
2. The program/organization helps families identify and overcome barriers to participating in social activities by offering information on available resources (i.e. transportation, child care, translation)				
3. Training provides opportunities for practitioners to build family engagement skills				
4. The program/organization encourages families to reach out and engage other families, including newcomers and more isolated families within the community.				
5. The program/organization connects families to resources to strengthen relationships between adults.				

Challenges:

- Recruit caregiver volunteers widely so that all families know that their time and talents are welcome
- Make flexible schedules for volunteers, assemblies, and events to enable caregivers who work to participate
- Organize volunteer work, provide training, match time and talent with program/organization, direct service provider, and child needs; and recognize efforts so that participants are productive

Family Outcomes: Self-confidence about ability to work in the program and with children; awareness that families are welcome and valued within the program; specific skills of volunteer work; use of program activities at home; attendance at programs to improve own knowledge and education

Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Service Provider Outcomes: Awareness of many skills, talent, occupations, and contributions of families and other volunteers; training and/or knowledge about opportunities in the community in which families can participate

Program Outcomes: Organization, training and use of volunteers; readiness to involve families in new ways, including those who do not volunteer at the program; awareness of care providers' talents and interests in program and children; individual attention to children because of help from volunteers

Family and Community Engagement Self-Assessment Efforts and Rating Screener

(Including: Sample Practices, Challenges, and Expected Outcomes)

ELEMENT 5: Advocacy & Decision-Making

Including families in program/organization decisions by developing parent leaders and representatives that ensure families and the community are involved in outcomes that affect children and their families.

Element: Advocacy and Decision-Making	Don't Know	Inadequately Achieved	Partially Achieved	Fully Achieved
1. The program/organization solicits and values family input by providing families with specific measurable roles to cultivate family involvement for program improvement.				
2. The program/organization provides opportunities and support for families to serve as leaders and decision-makers by asking families for regular input on programmatic decisions.				
3. The program/organization connects families to groups that inform and shape policy at the local, state, or national level.				
4. Insert indicator about training is accessible and culturally diverse (i.e. café offered during time when family could get there but not home)				
5. The program/organization helps support the continued development of family leaders by supporting training opportunities for advocacy and civics (i.e. how local government works, how to foster change).				

Challenges:

Improvement Plan (SSIP)
Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- Include family leaders from all racial, ethnic, socioeconomic, and other groups in the program/organization
- Offer training to enable leaders to serve as representatives of other families, with input from and return of information to all families

Family Outcomes: Input into policies that affect children’s access to services; feeling of ownership of program; awareness of families’ voices in program decisions; shared experiences and connections with other families; awareness of program, region, and state policies

Service Provider Outcomes: Awareness of perspectives of families in policy development and program decisions; acceptance of equality of family representatives on program committees and in leadership roles

Program Outcomes: Family voice is evident in program improvement plans; decision-making teams provide opportunities for family voice to be represented; specific benefits linked to policies enacted by local, state, or national organizations and experienced by families

Family and Community Engagement Self-Assessment Efforts and Rating Screener

(Including: Sample Practices, Challenges, and Expected Outcomes)

ELEMENT 6: Community Collaboration

Identify and integrate resources and services from the community to strengthen programs, family practices, and child learning and development. “Community” to mean not only the neighborhoods where children’s homes and service programs are located but also any neighborhoods that influence their learning and development including all who are interested in and affected by the quality of education, not just those with children in the program/organization.

Element: Community Collaboration	Don’t Know	Inadequately Achieved	Partially Achieved	Fully Achieved
1. The program/organization partners with families, community organizations and businesses to identify ways to achieve reciprocal benefits.				
2. The program/organization works with community organizations to enhance child development and family engagement through alternative learning opportunities.				
3. The program/organization involves business and community groups in program improvement planning (i.e. technical assistance, training, and communication methods).				

Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

4. The program/organization seeks opportunities to build good relations within the local community by engaging with issues of concern in the community and getting involved with other community organizations.				
5. The program/organization helps families to identify and mobilize resources to address needs by encouraging families to take the lead when creating a plan to address family needs.				

Challenges:

- Solve turf problems of responsibilities, funds, staff, and locations for collaborative activities
- Inform families of community programs for children, such as quality early care and education, economic supports, respite care for children, and mental health services
- Assure equity of opportunities for children and families to participate in community programs or to obtain services
- Match community contributions with program/organization outcomes, integrate child and family services with education

Family Outcomes: Knowledge and use of local resources to increase skills and talents or to obtain needed services; interactions with other families in community activities; awareness of community's contributions to the program; participation in activities to strengthen the community

Service Provider Outcomes: Knowledge and use of community resources to enrich service provision and teaching; skill in working with mentors, business partners, community volunteers, and others to assist children and families in teaching practice; knowledge of referral process for families and children with needs for specific services

Program Outcomes: Families developing proactive strategies for meeting needs in the future reducing repeat need of services; increased opportunities for child find; decreased response times when families are in crisis

[\(Return to Appendix 5 citation in narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 6

DRAFT

Family and Community Engagement Practices Self-Assessment of Efforts and Rating Rubric

OVERVIEW AND INSTRUCTIONS

The *Family and Community Engagement Practices Self-Assessment* guides staff, practitioners, and families in a review of the elements of successful and sustained family engagement:

- Communication (6 Indicators)
- Parenting (7 Indicators)
- Child Learning (5 Indicators)
- Fostering Family Connections (8 Indicators)
- Advocacy and Decision Making (8 Indicators)
- Community Collaboration (4 Indicators)

A program/organization team should assess how effectively the program/organization devises and implements strategies to increase effective partnerships with families and the community and how these partnerships impact child outcomes. You might even use it to start conversations at a staff meeting or with the families in your program/organization. In order to guide the review process, the team may begin by discussing some overarching questions:

1. What is your program/organization's definition of family engagement?
2. What do most practitioners regularly do to build a welcoming climate?
3. How does your program/organization find a balance between open-door policy and maintaining security?
4. How does your program/organization help families understand program information and policies?
5. How do family and community engagement efforts address the lifestyles of the families of the children?
6. How does your program/organization develop a family and community engagement plan?

This self-assessment and action planning toolkit aims to address the above mentioned challenges by enabling programs to assess their organization's family and community engagement and capacity-building activities. It also provides suggestions on realistic next-step strategies.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

All of the provided suggestions have been grounded in proven or promising practices identified through extensive research, as well as insights from leading Vermont programs/organizations and families themselves.

In the first step, programs/organizations complete the *Family and Community Engagement Practices Self-Assessment*. This will allow you to assess your current family and community engagement practices on 38 indicators across four progressive stages (Basic, Emerging, Developing, and Excelling) using the *Family and Community Engagement Practices Self-Assessment of Efforts and Rating Rubric*. In addition to the efforts and rating rubric, and to produce a more complete picture of the quality of family and community engagement partnerships, programs/organizations are encouraged to disseminate and complete the *Family and Provider/Teacher Relationship Quality Measure* which was designed to complement the Strengthening Families Self-Assessment. The *Family and Provider/Teacher Relationship Quality Measure* tool can be found online at the Office of Planning, Research, and Evaluation (OPRE) [website](#) where additional information on the project, reports, presentations, and Frequently Asked Questions can also be found.

Many indicators included in the rubric at the Excelling level align with NAEYC family engagement standards for early childhood program accreditation and address a variety of the standards and evidences needed to meet and maintain a three point level in Vermont's STARS System under the Family and Community Arena for Early Childhood Licensed Programs with either the Strengthening Families or Leadership focus. This purposeful alignment will allow programs/organizations to provide greater specification and variation of successful and sustainable family and community engagement practice. Additionally, it will allow for a better understanding of the elements of individual relationship quality rather than looking at it through a broad view lens of optimal child development. There is no prescribed method for completing the self-assessment. Programs/organizations may use different approaches. You can fill out the assessment one indicator at a time or in chunks—whatever is most comfortable and manageable for you.

- Review each essential element of the rubric beginning with the description for Excelling. Discuss each of the descriptors under each rating within the rubric to determine which ones accurately reflect the current status of the program/organization.
- For each essential element, the questions have been organized into four levels of how well your program/organization functions in each area, with the intention that the questions largely build toward increased engagement. The levels are primarily designed to help you quickly understand how to assess what you currently do and identify how to move your program/organization toward deeper engagement with families and the community that ultimately enables them and their children to thrive.
- Be evaluative, rather than descriptive, and focus on outcomes in terms of family and community engagement improvement as it relates to family and child outcomes.
- Be brief (e.g. bullet points or notes in the *Family and Community Engagement Practices Self-Assessment Summary Worksheet*).

Include references to where evidence of the self-evaluation can be found based on any available evidence such as documentation, feedback from families and staff, or systemic improvement plans, e.g. “increased access to resources to learn advocacy and leadership skills so to help families provide effective input into the direct services their child receives.”

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Family and Community Engagement Practices Self-Assessment of Efforts and Rating Rubric

Essential Element: Communication

I. Assessment of Efforts and Rating Rubric

For each indicator of family and community engagement, circle the level that most appropriately rates your current level of communication efforts with families and the community.

Indicators of Family Engagement	Excelling The program/organization embraces the importance of family engagement. It is making consistent and diverse attempts to effectively engage families in high-level ways incorporating current best practices. Practices are consistently initiated or organized by families.	Developing The program/organization understands the importance of family engagement. It is making organized and diverse attempts to effectively engage families through best practices. Some practices are initiated or organized by families.	Emerging The program/organization is aware of the importance of family engagement. It is making attempts to effectively engage families through inconsistent best practices. Few practices are initiated or organized by families.	Basic The program/organization is beginning to think about family engagement. It is making some initial attempts to effectively engage families. Little to no evidence supports are developed and implemented.	Your Current Level (circle one)
Establish a system of two-way communication	Families, in collaboration with most practitioners, have a system in place for maintaining regular, on-going, two-way communication with families. Communication is about child activities, shared care-giving issues, and developmental milestones with a purpose to ensure a smooth transition between home and program/organization.	Most practitioners have a system in place for two-way communication with families used on a weekly basis and is individualized for each family.	Most practitioners have a system in place for two-way communication with families as needed.	Most practitioners communicate daily with a family member about the child's development.	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Communicate accomplishments and concerns	When challenging behaviors arise, families and practitioners collaborate to develop and implement an individualized plan that supports the child’s inclusion and success.	Most practitioners regularly contact individual families with news about positive accomplishments and child learning, as well as concerns about their children and use appropriate technology to do so.	Most practitioners intentionally structure pick-up and drop off to make it as easy as possible to touch base and exchange information with families.	Most practitioners warmly greet each child and family upon arrival and departure.	Basic Emerging Developing Excelling
Hold regular family conferences	A wide variety of mechanisms such as family conferences or home visits to promote dialogue with families are used; the program/organization asks care providers to translate or interpret communications as needed.	Most practitioners have a family conference model that involves sharing child, classroom, and program/organization data in a simple way, encouraging questions, setting goals, and providing concrete suggestions to address those goals at home	Most practitioners have a system in place for communicating pertinent information to families in an annual family conference	NONE	Basic Emerging Developing Excelling
Communicate program philosophy	Families and care providers collaborate with programs/organizations in the development of a written statement of philosophy. Families and care providers are given a voice on the decision-making team for curricular activities, activities to promote partnerships with families, professional development, and hiring of staff.	Programs/organizations are guided by a written statement of philosophy that is shared with families that explicitly ensures the inclusion of all children. It is used to guide decisions, including curricular activities, activities to promote partnerships with families, professional development, and hiring of staff.	Programs/organizations are guided by a written statement of philosophy that is shared with families and that feedback opportunities have been offered to families.	Programs/organizations begin to think and talk about their underlying philosophy and begin to draft a written statement expressing this.	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>Communication of curriculum</p>	<p>Families and care providers identify constructive ways to reflect home values, beliefs, experiences, and language to promote their children’s learning.</p> <p>Families and care providers express their desired method of communication about the program/ organization philosophy and curriculum objectives and programs/organizations reflect responsiveness.</p>	<p>Programs/organizations implement the curriculum in a manner that reflects responsiveness to families’ home values, beliefs, experiences, and language.</p>	<p>Program/organization uses a variety of formal and informal methods to communicate with families about the program/ organization philosophy and curriculum objectives, including the educational goals and effective strategies that can be used by families to promote their children’s learning (i.e. family handbooks, newsletters, orientation, and/or family meetings).</p>	<p>Program/organization uses inconsistent informal methods of communicating with families about the program philosophy and curriculum objectives (i.e. information at pick-up and drop-off, whiteboard with daily activities, announcement flyer).</p>	<p>Basic Emerging Developing Excelling</p>
<p>Establish effective communication skills including skills for effective verbal engagement, active listening, and empathetic responding</p>	<p>Most practitioners and families or care providers thoughtfully reflect on and identify constructive ways to apply the knowledge, values, attitudes and intentions of the message.</p> <p>Most practitioners and families or care providers effectively uses communication to inform, instruct, motivate and persuade on multiple occasions using both verbal and nonverbal communication.</p>	<p>Most practitioners and families or care providers effectively reflect on the meaning, values, attitudes and intentions of the message.</p> <p>Most practitioners and families or care providers use communication to inform, instruct, motivate and persuade.</p>	<p>Most practitioners attempt to listen to the message and reflect on the meaning of the message, but miss the key information, values, attitudes or intentions and miss the importance of the message.</p> <p>Most practitioners communicate only to inform or instruct.</p>	<p>Most practitioners demonstrate listening to the message but does not demonstrate understanding of the message by not reflecting on the meaning.</p> <p>Most practitioners communicate only to inform and does not demonstrate communicating for other purposes.</p>	<p>Basic Emerging Developing Excelling</p>

Essential Element: Parenting

I. Assessment of Efforts and Rating Rubric

For each indicator of family and community engagement, circle the level that most appropriately rates your current level of parenting efforts with families.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Indicators of Family Engagement	Excelling The program/organization embraces the importance of family engagement. It is making consistent and diverse attempts to effectively engage families in high-level ways incorporating current best practices. Practices are consistently initiated or organized by families.	Developing The program/organization understands the importance of family engagement. It is making organized and diverse attempts to effectively engage families through best practices. Some practices are initiated or organized by families.	Emerging The program/organization is aware of the importance of family engagement. It is making attempts to effectively engage families through inconsistent best practices. Few practices are initiated or organized by families.	Basic The program/organization is beginning to think about family engagement. It is making some initial attempts to effectively engage families. Little to no evidence supports are developed and implemented.	Your Current Stage (circle one)
Communicate information about parenting and child development	Most practitioners offer parenting and child development information through multiple avenues to meet diverse adult learning styles (i.e. written materials, verbal sharing, and informational events).	Most practitioners share information about community events with families or care providers and facilitates participation (practitioners attend as well, offer transportation, childcare).	Most practitioners provide families or care providers with parenting and child development information.	Most practitioners nurture children and models nurturing for family members.	Basic Emerging Developing Excelling
Recognize and support children and families experiencing stress	Most practitioners make a point of following up with families or care providers experiencing stress to find out if they need further referrals or assistance or to consider how best to help the child cope while in a classroom.	Most practitioners offer referral information to the family and care providers and helps the family access the referral information as needed.	Most practitioners talk with the family or care provider about their observations or concerns about a child who is experiencing stress and how they will respond appropriately.	Most practitioners recognize common signs of stress in children and families.	Basic Emerging Developing Excelling
Demonstrating a value for parenting skills that are related to health, safety, communication, and child development	Program/organization develops and implements workshops or family-led support groups that offer opportunities for families or care providers to share on best practices for nurturing, discipline, creating time for	Child development information related to health, safety, and communication is provided for specific issues of parenting children with disabilities (as necessary)	Families complete a survey once or twice a year to provide feedback on the information or workshops they feel would be most helpful. The program/organization offers a few workshops based on results	Families are offered little to no opportunity to provide feedback on the information or workshops they feel would be most helpful. Program/organization provides little to no child	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	play and reading, or other pertinent topics labeling successes and challenges and gain knowledge to enhance their parenting skills.	Development of workshops or family-led support groups offering opportunities for families or care providers to share success and challenges in parenting are attempted with leadership primarily from practitioners.	from the survey and child development information on what families or care providers can expect as their child moves through the program/organization is offered at intake or transition only.	development information on what families can expect as their child moves through the program/organization.	
Assisting families in learning how to create conditions that support learning at home	Most practitioners provide interactive family experiences to discuss planning for future home visit(s) or child care experiences as well as transition options.	Most practitioners provide multiple interactive family experiences (for both child and family) to learn about current Vermont Early Learning Standards (VELS) being addressed in the child’s developmental learning and well-being.	Program/organization provides an open house offering some written materials about Vermont Early Learning Standards (VELS) and expectations as well as the program/organization’s curriculum (as applicable), direct service methods, and children’s referral services.	Most practitioners provide family activities about healthy child development and well-being with general suggestions for helping child outcomes, including structures to implement at home.	Basic Emerging Developing Excelling
Help families develop more awareness of the need for literacy and learning in the home	<p>Families and care providers express the importance of reading by making a special place to store children’s books and they are accessible for the child to use independently.</p> <p>Storytelling is frequently used as a tool for sharing family history and older family members model various techniques for younger family members. Younger family members are encouraged to retell stories.</p> <p>Note writing is encouraged at every stage of</p>	<p>Families express the importance of reading by making a special place to store children’s books but they are not accessible for the child independently.</p> <p>Storytelling is infrequently used as a tool for sharing family history and typically used by older family members sharing a story with younger family members.</p> <p>Note writing is encouraged at some stages of development—when words</p>	<p>There is little importance of reading expressed by families and children’s books are sparse in the home.</p> <p>Storytelling is rarely used as a tool for sharing family history and typically used by older family members sharing a story with another adult.</p> <p>There is little encouragement of note writing and is used sparingly between older family members.</p>	<p>There is little importance of reading expressed by families and children’s literacy and learning occur in the home or at a child care setting with direct support and modeling from most practitioners.</p> <p>Storytelling is not used as a tool for sharing family history.</p> <p>Note writing is primarily used to express a thought and is used infrequently.</p> <p>Families are unaware of how to acquire a library card or</p>	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>development—from scribbles to sentences—and is used on a regular basis.</p> <p>Families own a library card and library visits are a family activity that occur on a weekly basis to connect with community literacy projects, storytelling, tutoring and reading clubs.</p>	<p>can be clearly deciphered—and used infrequently.</p> <p>Families own a library card and library visits occur several times a month to research children’s books or to check out and return books and/or media. Some participation in community projects and clubs occur.</p>	<p>Families own a library card and library visits occur infrequently to complete school assignments or check out and return books and/or media. Few opportunities of participation in community projects and clubs occur.</p>	<p>check out and return books and/or media. Little to no participation in community projects and clubs occur.</p>	
<p>Holding meetings at times and places that are convenient for families</p>	<p>Most practitioners demonstrate flexibility in holding meetings with families at times and places convenient to families.</p> <p>Programs/organizations utilize appropriate electronic media to encourage collaboration with community providers unable to make a face-to-face meeting.</p> <p>Most families initiate meetings with practitioners to address child problems.</p> <p>Most families call/email program/organization about child progress.</p>	<p>Most practitioners actively seek out families who do not contact program/organization.</p> <p>Most practitioners initiate communication with families for positive behavior or accomplishments.</p> <p>Program/organization collaborates with community partners when scheduling meetings to aid struggling families.</p>	<p>Most practitioners respond promptly and effectively to phone calls/emails maintaining open communication with families.</p> <p>Most practitioners initiate meetings with families to address child problems</p> <p>Most practitioners call/email families about child progress.</p>	<p>Inconsistent attempts support there was effort to:</p> <ul style="list-style-type: none"> - meet conveniently with families - reach out to families as is convenient for them - respond to phone calls/emails promptly or at all 	<p>Basic</p> <p>Emerging</p> <p>Developing</p> <p>Excelling</p>
<p>Respect and incorporate cultural diversity</p>	<p>Programs/organizations invite family members and care providers to share information about important traditions and cultures with the children and staff (i.e.</p>	<p>Most practitioners gather information when a child first enters the program/organization about family structure, favorite traditions, important cultural</p>	<p>Program/organization environment represents a multi-cultural approach to learning (i.e. diverse toys, posters, books, displays, dolls).</p>	<p>Most practitioners are responsive if families share information regarding their culture or traditions.</p>	<p>Basic</p> <p>Emerging</p> <p>Developing</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>cook recipes, send photographs, plan a social event); families are invited personally and in multiple ways.</p> <p>Program/organization orientation has training on cultural responsiveness and being aware of your own “cultural lens.”</p>	<p>information that the family would want the program/organization to understand and that information about the family and child is used to represent each child and family in the program/organization environment.</p> <p>There is a plan for training most practitioners on working collaboratively/respectfully with families and care providers.</p>			Excelling
--	---	---	--	--	------------------

Essential Element: Child Learning and Development

I. Assessment of Efforts and Rating Rubric

For each indicator of family and community engagement, circle the level that most appropriately rates your current level of empowering families to play an integral role in child learning and development.

Indicators of Family Engagement	Excelling The program/organization embraces the importance of family engagement. It is making consistent and diverse attempts to effectively engage families in high-level ways incorporating current best practices. Practices are consistently initiated or organized by families.	Developing The program/organization understands the importance of family engagement. It is making organized and diverse attempts to effectively engage families through best practices. Some practices are initiated or organized by families.	Emerging The program/organization is aware of the importance of family engagement. It is making attempts to effectively engage families through inconsistent best practices. Few practices are initiated or organized by families.	Basic The program/organization is beginning to think about family engagement. It is making some initial attempts to effectively engage families. Little to no evidence supports are developed and implemented.	Your Current Stage (circle one)
Communicate child concerns and issues	Most practitioners provide support and encourage families’ and care providers’ efforts to negotiate health, mental health, assessment,	Most practitioners incorporate family feedback into any plan developed to address a child concern or issue offering the family	Most practitioners always consult family members on decisions that have an impact on their child and family members have an	Most practitioners share any child concerns with the family in a timely manner.	Basic Emerging Developing

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	and educational services for their children.	frequent updates on implementation of the plan.	opportunity to develop a plan with the practitioner.		Excelling
Connect families with information and resources on child health and development	Programs/organizations maintain a current list of children and family support services available in the community based on the pattern of needs they observe among families and based on what families and care providers request sharing the list with families and assisting in locating, contacting, and using community resources that support children’s and families’ well-being and development.	Most practitioners maintain a current list of child and family support services available in the community, sharing the list with families and care providers as needed.	Most practitioners share information with families and care providers on an on-going basis on topics of interest to families regarding the health and development of their children.	Most practitioners provide information to families and care providers, at least once a year, on topics addressing health and child development.	Basic Emerging Developing Excelling
Communicate about developmental assessment	Most practitioners share the following assessment information with families and care providers: why the assessment method was chosen; how and when it will be used; how it is sensitive to issues of culture, language, disability, etc.; how families and care providers can contribute information from home to the assessment process; and next steps if the assessment reveals a cause for concern.	Most practitioners engage with families and care providers from the beginning by sharing information about the assessments being used as well as the results.	Most practitioners conduct developmental assessments and share results with families and care providers.	Most practitioners share information about the importance of developmental assessments with families and care providers and how to obtain such assessments.	Basic Emerging Developing Excelling
Utilizing family/program One Plan to support shared responsibility for child learning and	Goals and strategies are defined as specific measurable goals and strategies, detailed through	Goals and strategies are defined and met through a facilitated collaboration at some levels of care.	Goals and strategies are defined and facilitated collaboration occurred at a few levels of care, but not met.	Goals and strategies are incomplete with little to no collaboration at various levels of care.	Basic Emerging Developing

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

<p>development through goal-setting and planning for transition</p>	<p>a facilitated collaboration at all levels of care.</p> <p>Supports and services are flexible, accessible, and responsive to the family's interests recognizing the family's strengths, individuality, and methods of coping.</p> <p>The family is acknowledged as the constant in a child's life.</p>	<p>Supports and services are somewhat flexible, accessible, and at times responsive to the family's interests recognizing the family's strengths, individuality, and methods of coping.</p> <p>The family is sometimes acknowledged as the constant in the child's life.</p>	<p>Few supports and services were flexible, accessible, and at times responsive to the family's interests recognizing the family's strengths, individuality, and methods of coping.</p> <p>There is limited demonstration that the family is acknowledged as the constant in the child's life.</p>	<p>Supports and services are rarely flexible, accessible, and responsive to the family's interests recognizing the family's strengths, individuality, and methods of coping.</p>	<p style="text-align: center;">Excelling</p>
<p>Accommodating differences in learning at all times</p>	<p>Most families and care providers request adjustments/ extensions of meeting times and structure frequent breaks and variability of activities in facilitated collaboration with practitioners.</p> <p>Most families and care providers indicated preferred learning style (visual, auditory, tactile, multi) and the program/ organization reflects this learning style in all communications with the family or care provider at all times.</p> <p>Directions are always given in small, distinct steps using written back-up for oral</p>	<p>Most practitioners adjust/extend meeting times as needed and provide frequent breaks and variability of activities as needed for diverse families.</p> <p>Most practitioners emphasize individualized teaching approaches (visual, auditory, tactile, multi) regularly; frequent adaptation or simplifying of texts for lower level of understanding.</p> <p>Directions and instructions are given in small, distinct steps regularly using written back-up for oral directions; frequently</p>	<p>Most practitioners adjust meeting times and provide few breaks and variability of activities at times.</p> <p>Learning styles are addressed through two teaching approaches (visual, auditory, tactile, multi) as needed and sometimes adaptation or simplifying of texts for lower level of understanding occurs.</p> <p>Directions are given in large, distinct steps, sometimes using written back-up for oral directions; some tasks are broken into smaller steps.</p> <p>Positive and concrete reinforcement is used</p>	<p>Little to no evidence of flexibility in extending/ adjusting meeting time or breaks during visits. Limited varying of activities.</p> <p>Little to no evidence of learning styles addressed in presentation of materials or information through simplifying texts for lower level of understanding.</p> <p>Directions are given all at one time through only one teaching approach (verbal, written, visual).</p> <p>Reinforcement and follow-through is limited and infrequent. Little to no evidence of progress reporting or conferring and is infrequent.</p>	<p style="text-align: center;">Basic Emerging Developing Excelling</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>directions per family or care provider request.</p> <p>Positive and concrete reinforcement is always offered and checks for understanding/review reinforcing long-term goal and strategy timelines; progress reports are given by and with families at each meeting time or visit.</p>	<p>tasks are broken into a series of smaller steps.</p> <p>Regular use of positive and concrete reinforcement; most practitioners regularly check for understanding/review and reinforces long-term goal and strategy timelines; progress reports are regularly given and conferring with families occurs daily, biweekly, or weekly.</p>	<p>frequently; most practitioners often check for understanding/review for long-term goal and strategy timelines; progress reports are sometimes given and conferring with families occurs monthly.</p>		
--	---	---	---	--	--

Essential Element: Fostering Family Connections

I. Assessment of Efforts and Rating Rubric

For each indicator of family and community engagement, circle the level that most appropriately rates your current level of ensuring families are welcome and assist in a variety of ways.

Indicators of Family Engagement	Excelling The program/organization embraces the importance of family engagement. It is making consistent and diverse attempts to effectively engage families in high-level ways incorporating current best practices. Practices are consistently initiated or organized by families.	Developing The program/organization understands the importance of family engagement. It is making organized and diverse attempts to effectively engage families through best practices. Some practices are initiated or organized by families.	Emerging The program/organization is aware of the importance of family engagement. It is making attempts to effectively engage families through inconsistent best practices. Few practices are initiated or organized by families.	Basic The program/organization is beginning to think about family engagement. It is making some initial attempts to effectively engage families. Little to no evidence supports are developed and implemented.	Your Current Stage (circle one)
Facilitate family participation	Most practitioners invite families and care providers to engage in program activities and volunteer opportunities that fit their	Most practitioners provide diverse opportunities for families and care providers to engage in program/organization activities (i.e.	Most practitioners encourage families and care providers to visit and observe any time.	The program/organization is easy to navigate and welcoming to families and care providers.	Basic Emerging Developing

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	interests and skills and the needs of the program.	volunteering, sharing a tradition, planning an event).			Excelling
Facilitate family networking	Most practitioners facilitate opportunities for families and care providers to meet one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support from each other.	Most practitioners help families connect with one another using a variety of modes (i.e. social media, family directory, and/or caregiver’s night out events).	Most practitioners reach out to new families prior to the start of the school year (or as soon as the child enters the program/ organization) to offer opportunities to engage and to meet other families.	Most practitioners introduce families and care providers to one another at pick-up and drop-off facilitating conversations between family members as needed.	Basic Emerging Developing Excelling
Facilitate family events	Programs/organizations use family input to provide multiple opportunities for families and care providers to socialize fostering a sense of community by co-organizing or co-hosting with families.	Programs/organizations actively consider family and care provider schedules and availability when planning an event through direct conversation or survey.	Programs/organizations make it a priority to personally invite families and care providers to program-related functions and to show individualized interest in each family’s engagement.	Programs/organizations provide at least one opportunity a year for families and care providers to socialize.	Basic Emerging Developing Excelling
Facilitate connections for new and/or isolated families	Most practitioners encourage peer to peer connections by asking families to reach out and engage other families and care providers, particularly new families and more isolated families and care providers in the program community.	Most practitioners make an effort to talk with families during family conferences about what programs can do to make it easier for families and care providers to engage with other families in the program/organization.	Most practitioners identify families who are new or who have been less engaged making an effort to talk with them at pick-up and drop-off and introducing them to other families.	NONE	Basic Emerging Developing Excelling
Ensure the physical environment is welcoming to families and the community	The program/organization values, respects, and welcomes families and care providers and sees them as assets in supporting child development and wellness.	There is a core belief at the program/organization that all families and care providers want the best for their children and family and community engagement will help children reach their developmental outcomes	The program/organization site is maintained and includes a waiting area for families and care providers with some resources and information for families near the waiting area.	The program/organization site needs visible repairs to easily maintainable items. Customer service is often second priority to tasks that need to be completed	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>The program/organization site is well-maintained including a comfortable space for families and care providers with resources and information about the program/organization. There is clear signage in diverse languages spoken at the program/organization.</p> <p>Printed materials (posters, murals, flyers) reflect ethnically diverse families and the culture of families is represented in program/organization celebrations.</p> <p>There is a system of support and networking for families and care providers from diverse neighborhoods and backgrounds. Most practitioners reflect the family population when possible, and consideration of child and family demographics are considered when hiring new staff.</p>	<p>regardless of families' socioeconomic background or educational level.</p> <p>There are many signs that that designate certain locations and the climate is positive for all families.</p> <p>Diverse families are visible in many printed materials in the program/organization and a few events allow time for families to build relationships with each other.</p> <p>Most practitioners serving children and families reflect many in the program's diverse population.</p>	<p>There is one sign that designates the front entrance and the climate is positive for most families.</p> <p>Diverse families and care providers are visible in some printed materials in the program/organization and a minimum of one event allows time for families to build relationships with each other.</p> <p>Most practitioners reflect some of the program/organization's diverse population.</p>	<p>Murals and printed materials reflect one population and diverse families are not physically represented in the program/organization staff.</p> <p>Families and care providers are only allowed to visit classrooms or the program/organization when advance appointments are made and it has been cleared through several administrative levels.</p>	
<p>Ensuring practitioner has expertise in encouraging families to volunteer and that practitioner values family volunteers</p>	<p>Provide information and training for all practitioners, establish and provide training to a designated regional family and community engagement leadership team</p>	<p>Augment basic information and support with professional development in specific strategies for family engagement provided annually via</p> <ul style="list-style-type: none"> - Regular in-service days - Leadership days 	<p>Provide information, support, and professional development for most practitioners on family and community engagement including</p> <ul style="list-style-type: none"> - The value of family engagement 	<p>NONE</p>	<p>Basic</p> <p>Emerging</p> <p>Developing</p> <p>Excelling</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	<p>And/Or</p> <p>Consult families for input on training, utilizing family leaders as partners in the delivery of training.</p>	<p>And/Or</p> <p>Provide professional development, including strategies and resources for communicating with families and care providers about</p> <ul style="list-style-type: none"> - Content standards - Expectations for developmental growth and wellness - Strategies for families to support developmental health and wellness and learning at home 	<ul style="list-style-type: none"> - Outreach, communication, and partnering with families and care providers - Implementing family programs - Building ties between the home and the child care <p>And</p> <p>Utilize family input to design and deliver staff training on family engagement</p>		
<p>Providing training for program practitioners on vital elements of effective family and community engagement</p>	<p>Most practitioners are provided professional learning opportunities that foster the following skills, beliefs, and mindsets: Honor and recognize families' and care providers' funds of knowledge; creating welcoming inviting cultures, value and respect families and care providers and see them as assets in supporting child development and wellness; perceive engaging families as part of their core role and responsibility.</p> <p>Most practitioners that struggle with family and community engagement are provided individual coaching</p>	<p>Family engagement is fostered in professional learning opportunities and participation is expected in gathering documentation for the family engagement section of STARS, NAEYC, VELs, etc. (as applicable)</p> <p>Most practitioners that struggle with family engagement are provided directed and strategic approaches to improve their efforts.</p> <p>Program/organization leadership regularly communicates that family and community engagement is important and connected</p>	<p>Family engagement is mentioned in professional learning opportunities and some information is provided by practitioners on the family engagement section of STARS, NAEYC, VELs, etc. (as applicable)</p> <p>Most practitioners that struggle with family engagement are provided general strategies to improve their efforts.</p> <p>Program/organization leadership provides reminders that family and community engagement is important and connected to healthy child development and wellness.</p>	<p>Professional learning opportunities with program/organization staff do not include mention of family and community engagement or its tie to healthy child development and wellness.</p> <p>Program/organization leadership does not mention family and community engagement as an expectation for all practitioners.</p>	<p>Basic</p> <p>Emerging</p> <p>Developing</p> <p>Excelling</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	and support from program/organization leadership. Program/organization leadership continuously communicates expectations to practitioners to engage families and models this practice on an ongoing regular basis.	to healthy child development and wellness.			
Encouraging family participation in community-service, service-learning, and project-based learning types of activities	The program/organization organizes a data base of family and community skills, expertise, and backgrounds, through which practitioners can find resources (i.e. family member who is a writer invited to literacy night).	The program/organization implements strategies to overcome barriers to family and community engagement in program (i.e. interpreter services, transportation, childcare facilities for events/activities).	Most practitioners, families, and care providers work together to develop resources to support teaching and learning programs (i.e. resource kits to be utilized to support learning in the classroom and at home).	NONE	Basic Emerging Developing Excelling

Essential Element: Advocacy and Decision-Making

I. Assessment of Efforts and Rating Rubric

For each indicator of family and community engagement, circle the level that most appropriately rates your current level of ensuring families and the community are involved in decisions that affect children and their families.

Indicators of Family Engagement	Excelling The program/organization embraces the importance of family engagement. It is making consistent and diverse attempts to effectively engage families in high-level ways incorporating current best practices. Practices are consistently initiated or organized by families.	Developing The program/organization understands the importance of family engagement. It is making organized and diverse attempts to effectively engage families through best practices. Some practices are initiated or organized by families.	Emerging The program/organization is aware of the importance of family engagement. It is making attempts to effectively engage families through inconsistent best practices. Few practices are initiated or organized by families.	Basic The program/organization is beginning to think about family engagement. It is making some initial attempts to effectively engage families. Little to no evidence supports are developed and implemented.	Your Current Stage (circle one)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Assessing and improving family engagement practices	<p>Programs/organizations use the data gathered from an evidence-based assessment tool to inform a broader discussion/process around improving family engagement (i.e. an action plan).</p>	<p>Programs/organizations use an evidence-based assessment tool to measure the quality of their current family and community engagement practices.</p>	<p>Programs/organizations investigate using a formal evidence-based process to assess the quality of their family and community engagement practices.</p>	<p>NONE</p>	<p>Basic Emerging Developing Excelling</p>
Supporting, assessing, and improving transition practices	<p>Programs/organizations establish linkages with other early education programs and local elementary schools to improve the quality of information and the ease of communication for families and care providers as they transition to other programs.</p> <p>Strategies for improvement of transition practices are based on the data collected from the formal model or process of assessment.</p>	<p>Programs/organizations have a formal process (i.e. written transition policies and procedures) for helping families and care providers with the transition to Preschool or Kindergarten</p> <p>A formal model or process to assess current transition practices is utilized.</p>	<p>Most practitioners provide informal and formal communications including written information to families and care providers about the programs or schools in the area that may include the mission, goals, organizational structure, best ways to communicate, and the role of family engagement.</p> <p>Investigation of options for a formal model or process to assess and improve the quality of transition practices occurs.</p>	<p>Most practitioners help families and care providers find information about transition through local agencies, if families request it.</p>	<p>Basic Emerging Developing Excelling</p>
Involve families and care providers in program and policy decisions	<p>Programs/organizations have a governing or advisory group that includes a substantial representation (ideally 50%) membership of families and care providers that are active participants; programs/organizations strongly encourage “Parent Leadership” courses as part of the orientation and</p>	<p>Programs/organizations have a governing or advisory group that includes families and care providers as members and active participants; programs offer “Parent Leadership” courses and regularly recruits for these opportunities.</p>	<p>Most practitioners provide opportunities and support for families and care providers to serve as leaders and decision-makers regarding issues and policies allowing programs/organizations to gain new insights and family voices to contribute to policy (i.e. focus groups, parent meetings).</p>	<p>Programs/organizations collect information from families on an on-going basis to make program and policy decisions and most practitioners are prepared to address suggestions constructively (i.e. survey, suggestion box).</p>	<p>Basic Emerging Developing Excelling</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	actively recruits for these opportunities.				
Support family opportunities for leadership	Most practitioners assist families and care providers to advocate publically for issues that affect the program and their child at the community or state level (i.e. education, child care, health care, tax bills, etc.)	Most practitioners help to support families' opportunities for leadership at the program or community level.	Most practitioners share information with families and care providers about opportunities for leadership at the program or community level.	NONE	Basic Emerging Developing Excelling
Incorporating leadership, problem-solving, conflict resolution, and decision-making skills in trainings for practitioners and families	<p>Programs/organizations effectively communicate and motivate others (practitioners and families) to solve group problems while accomplishing a goal.</p> <p>Programs/organizations consistently encourage and motivate others (practitioners and families) to use their strengths to contribute to and achieve a common goal.</p>	<p>Programs/organizations effectively communicate and motivate others (practitioners and families) to work towards a goal.</p> <p>Programs/organizations encourage others to use their strengths to contribute to and achieve a common goal.</p>	<p>Programs/organizations attempt to work with others to reach a goal, but fails to communicate effectively to solve a problem or motivate others.</p> <p>Programs/organizations show limited encouragement to others in achieving a common goal.</p>	NONE	Basic Emerging Developing Excelling
Involving family, care providers, and child advocates in program improvement efforts	<p>Families, care providers, and program/organization staff are equal partners in decisions that affect children and together inform, influence, and create policies, practices, and programs.</p> <p>The program/organization improvement team includes a substantial representation (ideally 50%) of families or care providers and hiring</p>	<p>Families and care providers are partners with the program in decisions that affect children and families by helping the program to create policies, practices, and programs.</p> <p>The program/organization improvement team includes several family representatives who occasionally attend the</p>	Program/organization uses a variety of strategies to seek input and engagement from families or care providers and community members around program improvement (i.e. focus groups and community discussions to identify issues).	Program/organization decisions are made solely by program/organization staff and program/organization improvement planning is done in isolation, by the program/organization's administration.	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	committees for all staff include a family representative.	program/organization planning meetings.			
Acting upon family and community input on all program-related issues	Programs/organizations incorporate measures of child learning/experiences outside home visits/child care setting to extend family experiences to help increase healthy development and wellness.	Programs/organizations measure and use pre- and post-comprehension of family's understanding of knowing their rights and how to help their child develop and learn.	Programs/organizations measure family engagement using satisfaction exit survey's at the end of family experiences.	Programs/organizations measure family engagement using participation at family activities and events.	Basic Emerging Developing Excelling
Using various data sources to identify information and learning needs for practitioners and families and care providers	Program/organization develops most practitioner's ability to share data with families in the context of the whole child with emphasis on reassuring the family that the child's progress is more than the sum of the One Plan evaluation scores.	Program/organization develops most practitioner's ability to share data directly with families, when appropriate, so families can take greater responsibility for their child's healthy development and wellness.	Program/organization develops most practitioners skills in how to clarify data information for families (including avoiding acronyms or unfamiliar data terms) focused on increasing families' understanding about their child's healthy development and wellness.	Program/organization administration strategizes with most practitioners about best ways to share different types of data with families; for example, which data to share in person, over phone, or online.	Basic Emerging Developing Excelling

Essential Element: Community Collaboration

I. Assessment of Efforts and Rating Rubric

For each indicator of family and community engagement, circle the level that most appropriately rates your current level of collaborating with the community agencies or organizations to strengthen your program's programs, families, and child learning and development.

Indicators of Family Engagement	Excelling The program/organization embraces the importance of family engagement. It is making consistent and diverse attempts to effectively engage families in high-level ways incorporating current best	Developing The program/organization understands the importance of family engagement. It is making organized and diverse attempts to effectively engage families through best practices. Some	Emerging The program/organization is aware of the importance of family engagement. It is making attempts to effectively engage families through inconsistent best practices. Few practices	Basic The program/organization is beginning to think about family engagement. It is making some initial attempts to effectively engage families. Little to no evidence supports are	Your Current Stage (circle one)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	practices. Practices are consistently initiated or organized by families.	practices are initiated or organized by families.	are initiated or organized by families.	developed and implemented.	
Connect families and care providers with relevant resources	Most practitioners develop partnerships and professional relationships with other agencies and organizations in the community helping to further the program's/ organization's capacity to meet the needs and interests of the children and families that they serve and improve communication across agencies to achieve mutually desired family outcomes.	Most practitioners help families find information about community resources when needed (i.e. invite families to help locate resources to support program activities).	Most practitioners have knowledge of 3-4 critical community resources.	NONE	Basic Emerging Developing Excelling
Working with local businesses, industries, and community organizations on programs to enhance children's skills and family engagement	Program/organization seeks alternative learning opportunities beyond the program/organization to meet children's needs not currently addressed by the program/organization.	Program/organization increases family awareness of community-based learning opportunities linked to child specific learning needs by individualizing support resources given the population being served.	Program/organization publicizes and/or posts community-based learning activities (i.e. summer camps, story hours, playgroups, etc.) and/or online resource tools to support learning in a publically viewed space.	Program/organization provides list of updated community or online resources to support learning when requested by families or care providers.	Basic Emerging Developing Excelling
Partnering with families and community-based entities to identify ways to achieve reciprocal benefit	Program/organization systematically develops family and community leaders who contribute to and advocate for families and care providers understanding of how to support learning beyond the program.	Program/organization partners with community agencies/programs to build family understanding of child healthy development and wellness expectations, especially those related to current evidence-based instructional strategies/practices being	Program/organization involves community agencies/programs in the process of informing families about supported learning services available through the program/ organization.	Program/organization communicates regularly with community agencies/ programs to update on child healthy development and wellness changes.	Basic Emerging Developing Excelling

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

		implemented in the program/organization.			
Involving businesses, industries, community-based groups and faith-based organizations and agencies in the development of program improvement plans	<p>Form a partnership with community-based organizations and other public agencies to: plan or coordinate family engagement activities and programs; obtain or provide technical assistance; establish effective channels for communicating with families and care providers; obtain or provide training for families and care providers; disseminate resources and information on an ongoing basis</p> <p>And/Or</p> <p>Support the establishment of a comprehensive, collaborative family resource center to meet the needs of all families.</p>	<p>Providing practitioners with lists of available community resources and/or; provide presentations for, attend functions of, and maintain communications with community organizations to cultivate relationships in support of healthy development and wellness; and/or collaborate with other public agencies providing services to families to support parent/family engagement in healthy development and wellness</p> <p>And/Or</p> <p>Encourage family resource centers to collaborate to provide services and support for all families.</p>	<p>Utilize one-way communication outlets (mailers, brochures, public service announcements) to community agencies to: provide information about developmental and wellness services; solicit support for developmental and wellness programs</p> <p>And</p> <p>Ensure that family engagement activities address the needs of and are available to families with children: across developmental and wellness programs and in public preschool</p> <p>And</p> <p>Work with family resource centers to implement family engagement activities</p>	<p>NONE</p>	<p>Basic</p> <p>Emerging</p> <p>Developing</p> <p>Excelling</p>

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

*Family and Community Engagement Practices Self-Assessment Summary
Worksheet*

Essential Element	# of Ratings From Rubric	Action(s) Needed	Next Steps
Communication	Excelling _____ Developing _____ Emerging _____ Basic _____		
Parenting	Excelling _____ Developing _____ Emerging _____ Basic _____		
Child Learning and Development	Excelling _____ Developing _____ Emerging _____ Basic _____		
Fostering Family Connections	Excelling _____ Developing _____ Emerging _____ Basic _____		
Advocacy and Decision-Making	Excelling _____ Developing _____ Emerging _____ Basic _____		
Training	Excelling _____ Developing _____ Emerging _____ Basic _____		



Part C State Systemic Improvement Plan (SSIP)

Phase III: Implementation and Evaluation

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Community Collaboration	Excelling _____ Developing _____ Emerging _____ Basic _____		
------------------------------------	--	--	--

[\(Return to Appendix 6 citation in narrative\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 7
September 14, 2016 Debrief about the Early Intervention Certificate

Participants:

27 participant names removed for public reporting

Feedback

- a. Based on your role during the certificate launch:
- i. What worked well?
 - ii. What could have been better and why?

	What worked well	What could be better
1	Liked the process – helped us learn more because we had to sit down together to see what people had strong knowledge of and what they need more knowledge about or that they are interested in.	<p>Challenging as a supervisor to get people to think of this as a self-assessment vs. an application.</p> <ul style="list-style-type: none"> - It seemed many people don't understand what a self-assessment is. - It was concerning how many people did this without a supervisor. <p>As a supervisor – had no way to know the quality of the courses people have taken if they were outside of a university.</p> <ul style="list-style-type: none"> - Would be good if there were standards for what 'quality' training was.
2	Would be good to see the IPDP (Individual Professional Development Plan) document be used routinely. These should be part of the development plans done by the agency.	IPDP's were generally weak. Especially writing clear, measurable goals, with appropriate timelines. If this were strengthened, this could really support regions and practitioners.
3	A certification is important to support professionalize the field.	However, increasing pay would do far more to professionalize the field. We can't recruit and retain good people if we can't pay them better. People are leaving to be para-educator in the schools because they can make more money.
4	Some people took the process as a way to inform their professional development.	Without the State providing foundational training for the Standards, regional agencies have to absorb the burden.
5	Having more than one person in an office doing this, especially when done as a joint dialog with support and as a learning process, worked best.	<p>Hard to get time to complete the packet</p> <ul style="list-style-type: none"> - Staff were supported to prioritize time for this, but it took away from other pieces of work that they would have been doing.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	What worked well	What could be better
		<ul style="list-style-type: none"> - Advocate for no more frequent renewing than every 3 years and develop a way to support those who have the certificate early to make it easy for renewal - As an administrator, helping staff find the time took away from the field work <p>The pressure of NEEDING to do this, being the only one in their region doing it, finding and documenting everything, was hard.</p>
6	This validated all the work that these people are doing. If we can use the standards as a way to advocate for all the skills and competencies that people need to perform the work would be helpful.	<p>Staff didn't feel there was any credit given to someone with a Masters degree and they wondered why that was.</p> <p>We focused on Spec. Ed. endorsement and didn't consider Masters or Ph.D. levels. And even with a Spec. Ed. endorsement, we still required them to do something.</p>
7	Sheri was very available for TA throughout the process. In the ongoing process it will be very important to have that type of resource available for sustainability.	<p>Some people found the self-assessment didn't illuminate anything. They found they could get to the certification without it leading to a real 'ah ha' moment. Is this under the certification process, or is this more under the CSPD work?</p> <ul style="list-style-type: none"> - Consider asking: "how are you applying that in your work." "So you took the training. Where is the evidence that you applied what you learned in your work?" - How do we help people provide evidence that they took knowledge and applied it to your work?
8	How can the certification work be used as part of agencies orientation processes?	<p>Those practicing in the field for a while who had BA's in early childhood education or Masters in Special Ed., it was hard for them to feel motivated to have to do this: to value this credential.</p> <p>Those with Spec. Ed. licenses were frustrated to have to show competency again.</p>
9		<p>If having this tied to Medicaid billing doesn't bring more money to the field then it is hard to convince people as something they need to do.</p> <ul style="list-style-type: none"> - Having certification tied to eval billing is limiting. - If billing Medicaid was put forward as the reason for this by itself, it would have looked very different. All people who currently perform

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

	What worked well	What could be better
		<p>eligibility evaluations should have been those targeted for the first roll-out of the certification.</p> <ul style="list-style-type: none"> - Rolling this out to developmental educators/early interventionists only caused some regions to have to change their practice. - We need to better guidance – review the guidance from the June call – because BOTH sets of eyes don’t need the certification. Only one. But then you need to pay the second person from the \$700. - This process has added to capacity issues for the field, when they have new staff hired, they can’t do initial evaluations and bill – so they have to have 2 developmental educators assigned on a new case.
10		<p>We are putting the burden on the field to prove what they learned. But the State should be looking at standardizing what people learned (right now people are coming from all educational background. We should standardize some foundational things that everyone must know/learn).</p>
11		<p>Teachers have summers off, health benefits and better pay – so using them to show a correlation is wrong.</p>
12		<p>Not sure how a new person fresh out of college will be able to show evidence required for the certification.</p>
13		<p>Because the turnover rate is so high, regional agencies can’t move forward with best practices (like transdisciplinary practices).</p>
14		<p>Quizzes on the modules are more focused on case management and regulations rather than on best practices or new guidance like the DEC recommended practices.</p> <ul style="list-style-type: none"> - People wanted more on practices or skills. <p>The quizzes on line not working caused a lot of stress for those who didn’t pass.</p>

Other Questions:

1. Where is the billing at? Information will go out to the field, on Friday as there was agreement on the specifics for how Early Intervention bills for the initial evaluation under Medicaid.
2. How many people have done the certificate process and subsequently left? Sheri will gather this. She knows of 2 staff. Other regions shared they have also lost staff

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

3. Have you seen any common themes that emerged for training? Natalie invites you to be on a work-group. We have not looked at the individual professional development plans but will do so to see what areas may be needed.

Proposals: Strategies for EI Certification Improvements

- A. For new people, having them receive a provisional certificate for one year, so they have that time to complete the certification process without the pressure.
 - a. Also should be the case for people who are currently in the field who have not applied for the EI Certificate yet?
 - b. Keep a Technical Assistance representative as a point person to support credentialing efforts. This person needs to be readily available and responsive!
 - c. Toolkit
 - d. Revise the self-assessment - the competencies: For example consider degree coursework as primary evidence and training is secondary evidence.
 - e. Provide comprehensive list of evidence – improve this including that the 16 competencies of 16 evidence (put it in the self-assessment)
- B. For new people, look at doing an orientation like the 4-day EI Orientation from Rhode Island... Natalie is looking into this.
 - a. Orientation should be supported.
 - b. Perhaps people take the on-line modules and then have a support group to review what they learned.
- C. Look at what else might be available for early childhood trainings...
 - a. Quality: ECTA provided a list of the on-line trainings...? How do we know a training is 'quality'... Create criteria that equates to a quality training and a method for validating a training as meeting the quality training.
 - b. Vt Higher Ed collab could offer a birth to five series (Patty Morgan is the head. Nancy will get Natalie to the Higher Ed meeting)
 - c. List-serve of credentialed people or people pursuing the credential- share training info but there will need to be someone to correct the information. Do not duplicate the CIS BLOG – is this where we get this?
 - d. Consider how professional development budget can be used differently for trainings, or stipends, etc.
- D. Have a framework for supervisors to help them support staff through this process.
 - a. Have something structured to help supervisors understand how to translate assessment results into ongoing instruction, PD and supervision. Consider adding supervisor evaluations to the packet.
 - b. Reflective supervision needs to be incorporated into new practitioner orientation.
 - c. Support supervisors to review evidence of application of knowledge, and how can you use the IPDP to support ongoing practitioner development.
- E. Consider how wages might be able to be increased.
- F. Add consideration for Masters and Ph.D like for Special Education (informed by the field as to which degrees equate to the competencies). Also look at other license individual (Speech Language Pathologist, Occupational Therapist, and Physical Therapist).

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- G. Also consider those who have an early childhood special education endorsement should be just awarded the credential.
- H. BFIS account – update IPDP form to be relevant. But could track the training; Certificate at the CIS conference needs to be revised
- I. Online platform for the process- depends (options)
- J. Cost to the administration

What are the guiding principles or guidelines to prioritize changes and to develop an action plan over the next 3 – 6 months out to year? With the greatest impact based on what we learned from applicants and today's discussion?

- 1. Survey results – make sure the voices are heard from that – buy in
- 2. Amount of time and support of it in the work place –
- 3. Capacity based on existing resources viewed as under sources/underfunded) - Provisional certificate is an example of a strategy that spreads process to address capacity. Also where work does not need to be duplicate because the competencies are covered (i.e. masters or Special Education endorsement) is another example
- 4. Supervision support to understand and help staff understand to do the process (time) - training meaningful supervision.
- 5. Orientation based on competencies and unified (instead of just doing it).
- 6. Increases competency (professionalization) make a difference in people's skill.
- 7. Humanize the process and validating.
- 8. Consider the impact on CIS as a whole.

Messaging moving forward:

- Could be worse and the applicants voices are being heard
- It is evolving, those applicants' voices
- This is significant effort and shows the extensive professional skill set of Early Intervention.

Next Steps:

- 1. Part C Coordinator will convene a meeting internally to look at the option of a provisional certificate moving forward and other guiding principles for change.
- 2. A memo will go out to the field about the billing piece on Friday.
- 3. We will communicate back to this group within a month.

[\(Return to Appendix 7 citation in evaluation\)](#)

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Appendix 8

Program Managers (PM)/Technical Assistant (TA) Message Points for Recruitment and Retention Survey and Strategy Discussions:

Background: The state and its community partners are engaged in the development, enhancement, and implementation of a **comprehensive system of personnel development or CSPD**. The purpose of the system is to find and keep employees; train and continuously grow these professionals; and establish standards that qualify them for their role in the service system. The system's components are: retention and recruitment; in service and preservice, personnel standards, evaluation, and leadership.

Timeline: January - March 2017. Each PM/TA will work with their region to get the topic on the agenda. The PM/TA will schedule a 30 minute debrief with the entire PM/TA team to discuss what happened during discussion, build ongoing guidance, and consistent responses to questions that come up. If the debrief cannot be scheduled one day after the backup is to discuss it at the weekly Thursday PM meeting (time will be set aside at each meeting for TA).

- I. *How does retention fit into the comprehensive system of personnel development (CSPD)?*
 - To meet the demand for services in the state, we need to have recruitment and retention strategies to have enough, highly qualified, confident, and competent personnel.

- II. *Why are we focusing on retention now?*
 - a. The survey results show there is room to improve it. Retention strategies look at wages, supervision, and workloads (e.g., paperwork, caseloads, etc.).
 - b. Employee retention saves **16% to 20%** of the annual salary of an employee **or \$3000 – \$8000 annually**.¹⁰
 - c. The cost of hiring a new employee includes the advertising, interviewing, screening, and hiring.
 - d. The cost of orientation and bringing up to speed a new person includes training cost and additional management time dedicated to the new person. Over 2-3 years, a business is likely to invest 10-20% of an employee's salary or more in training.
 - e. Lost productivity... It may take a new employee 1-2 years to reach the productivity of an existing person.

¹⁰ This is based on salaries ranging from less than 30,000 up to 50,000 per year.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- f. Lost engagement...Other employees who see high turnover tend to disengage and lose productivity themselves.
 - g. Client service and errors happen. A new employee takes longer to perform work and are often less adept at solving problems.
 - h. Cultural impact... Whenever someone leaves others take time to ask "why?" (Source for b-h, Congress of American Progress <https://www.americanprogress.org/wp-content/uploads/2012/11/CostofTurnover.pdf> .¹¹
 - i. Low retention in the child care workforce is a persistent challenge that has been associated with negative outcomes for children, staff, and centers. (Source: Retaining Early Childhood Education Workers: A Review of the Empirical Literature from the Journal of Research in Early Childhood, <http://www.tandfonline.com/doi/abs/10.1080/02568543.2016.1214652?src=recsys&journalCode=ujrc20&>).
- III. *Guidance to discuss survey and potential retention strategies with each regional team:*
- a. Start where the region is already strong.
 - b. Questions to start with are on slide #75 of the PowerPoint. Strategies are on slides #72-74.
 - i. *Initial questions:*
 - 1. After reviewing all the data, what are your thoughts on these conclusions? (e.g., do you agree with these priorities or is there something else?)
 - 2. What are you currently doing that is working for retention?
 - 3. What are your recommendations for priorities for retention strategies?
 - 4. How can we partner together to implement these priorities?
 - 5. Who else needs to be at the table?
 - ii. *Deeper questions or prompts:*
 - 1. Do you have a co-created implemented policy of supervision?
 - 2. Is this policy across agencies?
 - 3. How do you know it's being implemented consistently?
 - 4. Do you prioritize supervision in the face of work pressures?
 - 5. Do you see the parallel process supervision plays?
 - c. Tips:
 - i. The most important thing is to be engaged in the discussion.

¹¹ The Center for American Progress is an independent nonpartisan policy institute that is dedicated to improving the lives of all Americans, through bold, progressive ideas, as well as strong leadership and concerted action.

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

- ii. We care that all families get the best quality services and retaining highly qualified practitioners will provide this.
- iii. We care that each region decides what is in their control and what they believe is most effective.
- iv. Increased retention empowers everyone at low or no cost.
- v. Bottom line: keeping staff longer saves money.

[\(Return to Appendix 8 citation in narrative\)](#)