Department of Human Services
State of Rhode Island
25 Howard Avenue, Cranston, RI, 02920

Building Rhode Island
State of Rhode Island Preschool Development Grant Birth-Five -- Grant Narrative

Note on Grant Narrative – February 2019:
The following document includes the full Preschool Development Grant B-5 grant narrative as submitted by the State of Rhode Island to the Administration for Children and Families (ACF) on November 5, 2018.

On December 31, 2018, the Department of Human Services as part of a cross-agency effort was awarded $4.19 million to implement the State's PDG B-5 objectives to strengthen Rhode Island's B-5 system. Similar to all States requesting more than $1 million in PDG B-5 funding, Rhode Island received a partial award from the ACF. The following grant narrative does not reflect adjustments made in response to ACF's requested submission of a modified budget.

A Request for Proposals for several of the activities outlined in this application was released by the Department of Human Services on February 4, 2019 and can be viewed at: http://www.purchasing.ri.gov/RIVIP/ExternalBids/Grants/RIDHSBids/PDGB52019.pdf.

For additional information on the Preschool Development Grant B-5, please contact Kayla Rosen, Policy Director for the RI Children's Cabinet, at kayla.rosen@ohhs.ri.gov.

Project Title: Building Rhode Island B-5   **Address**: 57 Howard Ave, Cranston, RI, 02920
Applicant Name: Rhode Island   **Website Address**: www.dhs.ri.gov

Project Abstract: Rhode Island (RI) proposes to use the PDG B-5 grant to propel our B-5 system into the next phase of development, building on a decade of focused state and community-wide collaboration supported by federal awards and state funding to support infrastructure. RI's progress related to outcomes for kids and families is impressive. Today, 98% of children are enrolled in health insurance, 64% of eligible families are enrolled in an evidence-based home visiting program, and approximately 23% of children (including 41% of low-income children) are enrolled in Head Start or State Pre-Kindergarten before entering Kindergarten. We have also implemented important policy changes, including a year of continuous eligibility and tiered rates of reimbursement for childcare providers.

Even as RI has made progress, many children continue to face gaps in supports and services. For example, only 12.4% of child care providers who accept Child Care Assistance Program vouchers for low-income children are rated high-quality and only 36% of children ages B-5 who are victims of abuse or neglect receive a comprehensive developmental screening. We seek to serve the children in RI who are at the highest risk of not being on a path to be ready for Kindergarten due to not receiving the supports they need. This target population includes: children of low-income families, children with developmental delays, children who have behavioral or mental health challenges, children facing trauma – particularly victims of child abuse or neglect, children in non-English speaking families, and children who have experienced homelessness.

To further improve the State's B-5 system and address needs, RI must establish a clear assessment of the current state of the workforce, early childhood care and education facilities, and family needs; develop a coordinated governance, data and funding strategy to address the needs; and support programs and providers operating collaboratively, efficiently, and at the scale to ensure that our most vulnerable children have the right supports at the right time through a seamless system of care, services and supports for children B-5 and their families.

We propose to use the PDG B-5 opportunity to direct and coordinate resources to better serve our target population groups by pursuing the following activities: (1) Conduct a comprehensive needs assessment by leveraging existing needs assessments and researching family demand, facilities, workforce, and funding needs across the system; (2) Develop a strategic plan that updates the vision for the B-5 system and makes recommendations about governance, data infrastructure, workforce, family engagement, funding streams, expansion of quality programs (including universal Pre-K), and transitions across the system; (3) Maximize target parent choice, knowledge, and engagement by supporting a media campaign, improving the B-5 website, enhancing referral services, piloting and evaluating parent programming, and engaging parents in system governance; (4) Support providers by sharing best practices, coordinating technical assistance and professional development supports across state agencies, piloting staffed family child care networks, and supporting transitions with coordinated data; (5) Improve overall quality by beginning to scale programs that have demonstrated success and supporting transitions; and (6) Conduct a performance evaluation to ensure that our work is leading toward improved child-level outcomes.

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Expected Outcomes: Over the course of the next year, RI will improve system-, family-, and provider-level outcomes for our most vulnerable populations. At the systems level, we will make progress towards informing and aligning B-5 systems to support improved coordination and transitional supports, to develop a more effective workforce, and to better optimize resources across agencies and programs. At the family level, we will engage families in B-5 governance and increase family knowledge through direct supports. At the provider level, we will increase coordination, efficiency, and quality to better serve target populations. Our performance will be measured and evaluated across all outcomes to determine effectiveness and support continuous improvement. **Approach:** In the following sections, we detail a plan of action that describes the scope and scale of RI's proposed PDG B-5 project. We will conduct a needs assessment, develop a strategic plan, maximize parent choice, knowledge and empowerment, support providers in sharing and implementing best practices, and make improvements in B-5 quality. We are confident in our ability to accomplish the proposed activities because of our history of successful system-wide collaboration to improve outcomes and our Governor and agency leadership's commitment to investing and supporting the B-5 system. While interagency collaboration and coordination can pose obstacles, RI will address these by building on existing collaborative structures that have proven effective. RI Department of Human Services (DHS) will be RI's lead entity and will work in partnership with the interagency Children's Cabinet, which oversees an interagency B-8 Third Grade Reading team that will serve as the PDG Project Team. These structures and teams will support RI in accomplishing the goals of this grant. RI will augment state capacity with expertise and capacity from consultants as described in Activities 1-5 and the Performance Evaluation (per RI's procurement rules, specific consultants or vendors cannot be named as these must go out to bid upon receipt of the grant to ensure a fair and competitive process.)

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RI B-5 Mixed Delivery System Description and Vision Statement: RI's Existing B-5 System:

System & Structure: RI has a long-held commitment to a collaborative, mixed-delivery, and data-driven B-5 system. In 2010, the state established an active State Advisory Council (RI Early Learning Council, "ELC") which has continued to play a vital role in promoting coordination, collaboration, and quality improvement among the B-5 programs in the state and has advised three different governor's administrations. The state has benefited from the State Advisory Council ARRA grants which supported the development of RI's first B-5 strategic plan. The ELC now advises Governor Raimondo's Children's Cabinet, which was convened in 2015, and brings together 11 state agency directors, five of whom have direct oversight for programs within RI's mixed-delivery B-5 system. The Children's Cabinet has led the Governor's B-8 Third Grade Reading Action Plan, an integrated plan that brings together staff of all B-5 agencies to collaborate to ensure children are educationally and developmentally ready for Kindergarten (K) and are reading proficiently by third grade. Through these existing governance structures, state leadership, state agency staff, providers, researchers, and community partners regularly convene to discuss progress on program implementation, performance metrics, strategy, and systems development. The Children's Cabinet and the ELC will be the key structures RI builds upon for PDG B-5.

B-5 Early Childhood Care and Education (ECE) Programs, Services, Policies & Funding:

Early Learning: RI's strategy for early learning has been to expand access and increase quality, with a focus on target populations. RI's mixed-delivery ECE system includes Early Head Start, Head Start, family-based child care (FCC), center-based child care & education, State Pre-K, Early Childhood IDEA programs (IDEA Part C/Early Intervention (EI) and IDEA Part B Section 619), and public full-day Kindergarten (K). Multiple funding streams support these programs, including Federal Head Start, the Child Care Development Fund, PDG Expansion grants, IDEA, private

paying families, and State general revenue (including having Pre-K in the education funding formula). To further integrate and improve this system, in 2011, RI applied for and won a first round $50 million Race to the Top – Early Learning Challenge (RTT-ELC) grant. RTT-ELC enabled RI to make significant system improvements which included developing and promoting use of cross-sector Early Learning & Development Standards, which set expectations from infancy through K entry, and to expand BrightStars, RI's cross-sector Quality Rating System (QRIS). Currently, 75% of licensed early learning centers, 76% of licensed FCCs, and 64% of public schools that have State Pre-K classrooms participate in the QRIS. In 2014, RI won a PDG Expansion Grant, which accelerated the expansion of State Pre-K, tripling the number of 4-year-olds served, from approximately 350 to 1,080. RI expanded State Pre-K through a mixed delivery system (currently, State Pre-K is 30% public schools and 70% community-based licensed child care/early learning centers – about half of which are also Head Start grantees) and continues to be one of only three states to meet all national quality standards and benchmarks. In 2018, to ensure that low-income families can access high-quality ECE and that more providers accept Child Care Assistance Program (CCAP) vouchers, RI passed legislation to pay tiered rates of reimbursement to CCAP providers based on their QRIS rating. Our IDEA Part B Section 619 also has strong participation (with 9% of preschool-age children enrolled, RI is among the top third of states) and has received recognition for increasing inclusion by increasing delivery of services in community-based programs through the RI Itinerant Early Childhood Special Education model. Policies that support a coordinated system include the enrolling all providers that accept CCAP into the QRIS system and prioritizing children in the child welfare system for State Pre-K participation.

Early Development & Health: RI's early development and health programs focus on timely and targeted services that meet individual families' needs. The system includes evidence-based family

home visiting (FHV) programs, Medicaid, Women, Infants and Children Special Supplemental Nutrition Program (WIC), and individualized supports for children who are victims of abuse and neglect and for their families (such as SafeCare and Triple P). Funding streams supporting this system include Medicaid, Children's Health Insurance Program, MIECHV, Family First, State Integration Model grant funds, and State general revenue. Since 1997, RI has screened all newborns for developmental risk factors at the time of birth and has a system to refer families to the needed supports through First Connections, a risk assessment and response program that is conducted primarily through home visits. Since 2011, RI has received MIECHV funding to expand access to expand evidence-based FHV programs. RI now implements three FHV models and has developed policies and protocols to coordinate referrals and enrollment statewide. RI also created a coordinated a professional development network across all programs that have home visiting as a component of service delivery, including Early Head Start and EI. These programs prioritize children at risk for poor health and developmental outcomes and are all developed and implemented to be accessible and targeted.

Collaborations & Private Funding: RI's collaborative approach to the B-5 system brings many different partners to the table and enhances its capacity to support program improvement. United Way of Rhode Island (UWRI) and RI KIDS COUNT co-lead the RI Reads collaboration, funded by UWRI, which incorporates businesses, non-profit organizations, advocates, and the State to promote third grade reading proficiency. The Kellogg Foundation supported efforts at the child welfare agency to support efforts to ensure that foster children are ready for K. The Hassenfeld Child Health Innovation Institute at Brown University supports the B-8 Third Grade Reading Action Plan by integrating and analyzing longitudinal child-level data from five state agencies and three school districts. The Alliance for Early Success provides funding to RI KIDS

COUNT to help support its policy/systems work and its work to manage the day-to day activities of the ELC, and Zero to Three provides support for a Think Babies Campaign focused on improving state policies for infants and toddlers. Other local non-profits volunteer their time, receive grants, and engage partners to promote education and health in all community settings (for example, Reach Out and Read RI promotes literacy through pediatric care). Higher education institutions are also strong partners, developing new programs and pipelines aligned to RI's early learning standards and B-5 workforce needs.

B-5 System Progress, Challenges, & Strategies: *Progress on Access, Quality, and Coordination in B-5*: RI's history of collaboration and focus on B-5 has made it a leader in access, quality, and coordination. Child health indicators continue to improve, with 98% of children enrolled in health care, 30% children visiting a dentist before age 2, and 75% of children receiving a lead screening before 18 months. More children are accessing quality ECE programs, with universal access to full day K (and 70 K classrooms use the high-quality Boston Public Schools curriculum to support transitions from ECE to K), increased capacity in State Pre-K, and increased Head Start hours. RI's investments in integrated data support a critical B-5 infrastructure that helps promote identification, timely intervention, and transitions across programs. For example, RI's Early Childhood Education Data System (ECEDS) allows RI to provide Local Education Agencies (LEAs) with information about many entering Kindergarteners.

Challenges & Strategies in B-5 System: RI has a strong foundation for its B-5 system, but continues to face challenges that impact our mixed delivery system's ongoing development and implementation to achieve our vision of all RI children being educationally and developmentally ready for K. Our challenges and associated strategies include: *Access to Quality:* Many vulnerable children are not enrolled in quality programs due to lack of quality slots, driven by workforce,

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facility, funding, and accessibility challenges. For example, only 11% of children ages B-5 who receive CCAP – including low-income and foster children -- are enrolled in a high-quality ECE program (rated 4 or 5 on RI's QRIS). To expand access while increasing quality, our strategies include expanding facilities to add program slots, enhancing & expanding workforce pipelines to increase capacity and better prepare the ECE workforce, providing targeted technical assistance to programs to move along the quality continuum & optimize resources, and designing programs to meet the needs and preferences of the families that whom programs and services target. In addition, we will continue investments in tiered reimbursement and expand our high-quality State Pre-K program. (Activities 1, 2, and 4 will support these strategies). *Transitions Supported by Data & Technology:* RI has several different data systems that contain B-5 data, and each supports different research, policy, operational, and public information needs. While ECEDs provides information to support transitions to K, RI needs additional system integration to support provider coordination and smooth family transitions across all B-5 systems -- such as from a home-visitor to a Head Start provider -- to ensure that no families fall through the cracks. To sustain and drive further integration, we plan to enhance our existing systems and develop a clear data governance structure across all data systems to monitor performance and identify gaps as work progresses. An additional challenge related to transition is that RI does not have a state-level definition or state-wide measure of K readiness. Developing the definition, measure, and data-tracking system will be critical for RI's future B-5 system to ensure that children are receiving the supports they need to be ready for K. (Activity 1 and 2 will support these strategies). *Parent and Family Engagement & Empowerment*: Individual B-5 programs have worked to engage parents, but RI lacks a cohesive, integrated parent engagement and empowerment strategy. In the short-term, RI plans to expand parental choice, engagement, and empowerment through investment in a robust

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communications and outreach campaign, enhanced website and referral services, parent support programming, and involvement in B-5 governance. In the long-term, through the needs assessment and strategic planning process, we plan to identify and develop a comprehensive infrastructure for supporting families, with a focus on target populations, that is clear, targeted, and universal. (Activity 1, 2, and 3 will support these strategies). *B-5 System & Structure*: Currently, RI's system is managed by 5 separate state agencies. While the Children's Cabinet and ELC have provided essential structures for collaboration and coordination, RI needs a more fully integrated management system to achieve the seamless B-5 system we envision. RI is already looking into combining functions, and through the strategic planning process, will identify recommendations on governance and management to align and strengthen our mixed delivery system, support collaboration among existing and new B-5 programs, and more efficiently use resources (Activity 1, 2, and 5 will support these strategies).

Mixed Delivery Vision: Governor Raimondo is committed to ensuring all Rhode Islanders develop the skills they need to succeed in the 21st century economy, regardless of their zip code. Such development begins at birth, and an early, essential predictor of a bright and successful future is a child's ability to read proficiently in third grade. To support our children in reading proficiently, we know that we must focus not only on the first few years of school, but also on a child's education and development in their first five years and their effective transition to K. *Our vision is that all RI children B-5 have the services and supports they need to enter Kindergarten educationally and developmentally ready to succeed, putting them on a path to read proficiently by the end of 3rd grade.* This vision is founded on three integrated child-level outcome goals: (1) Families and children B-5 are empowered to lead healthy and engaged lives through timely,

targeted services, (2) Children B-5 equitably access high quality early childhood care and education, (3) 4-year-olds participate in high-quality Pre-K.

In reaffirming this vision, and with the support of PDG B-5, we will continue moving our system to a comprehensive family-centered approach, requiring a higher standard of quality, coordination, alignment, and efficiency to meet the individualized needs of each child and family across all B-5 programs. RI is focused on the target populations of children who are most at-risk of not being educationally and developmentally ready for K. Our target child populations – as defined in the ELC's strategic plan -- include children of low-income families (under 200% federal poverty level), infants & toddlers, children with developmental delays and disabilities, children who have behavioral or mental health challenges, children experiencing trauma – particularly victims of child abuse or neglect/foster children, children in non-English speaking families, and children who have experienced homelessness. According to the Health Resources and Services Administration (HRSA), RI does not have any communities that meet its definition of "rural." Our short-term goals for these target populations are to ensure they are enrolled in appropriate, high-quality B-5 programs and services. Our long-term goal is for children to be educationally and developmentally ready for K.

Key Partners & Stakeholders: RI will continue to use a collaborative approach with key partners and stakeholders. Key collaborators include: Parents & Families of target populations will be engaged in the family needs assessment (Activity 1), provide feedback and input in the strategic plan (Activity 2), participate in and help develop the education and referral services (Activity 3), and enroll their children and themselves in appropriate programming (Activity 3). To support the vision, they will be informed and aware of their options, knowledgeable about programs, and empowered to identify, access, and remain engaged in programming for their children and for

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themselves to support their role as an active and supportive caregiver. The Early Learning Council will serve as a core public-private advisory group to provide input and develop recommendations for the grant activities. To support the vision, the ELC will continue to serve in a key advisory capacity and support ongoing collaboration with community partners across the system, including FHV, Head Start, child care, and Pre-K providers, and researchers. B-5 Providers, LEAS, and other Child-Serving Programs will inform the needs assessment (Activity 1), collaborate on the strategic plan development (Activity 2) and will participate in sharing best practices (Activity 4). To support the vision, they will develop and implement consistently high-quality programming that is accessible, culturally competent, flexible to family needs, and evidence-based. They will support families in transitioning across programs and in accessing aligned services (if not co-located, have the data, knowledge, and connections to support a seamless referral & transition). Higher Education Institutions will play a key role in supporting workforce planning and pipeline development. To support the vision, they will work with state and community partners to align course development and will play a key role in ensuring that there are sufficient, aligned workforce pipelines so that providers can find and retain the quality workforce needed to provide high quality programming. Community Partners will provide input and feedback to ensure that activities align with family and community needs and will share information with families. To support the vision, they will support family empowerment in accessing information, services and activities for their children. Philanthropic Partners will participate in strategic planning and in engaging and empowering parents. To support the vision, they will make aligned investments to support a high-quality, coordinated system that supports target populations. Business Community will support efforts to increase parent knowledge and choice. To support the vision, they will help develop and

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support policies and programs that improve the B-5 system, as it is an essential system for supporting the current and future workforce.

Activity 1 – Conduct B-5 Needs Assessment: To achieve our expected outcomes, we propose to compile a comprehensive B-5 needs assessment, comprised of both new research and existing assessments. Through RTT-ELC, the PDG Expansion Grant, Head Start, FHV, and RI's B-8 Third Grade Reading Action Plan, RI has developed a strong needs assessment foundation regarding the quality and availability of programming and supports for children B-5. Other essential needs assessment components – including a family engagement study, facilities study, workforce study, and funding streams analysis – have not received the same level of analysis and need a full assessment. By leveraging existing needs assessments and conducting new analyses, we will have comprehensive information that is essential to the development of RI's B-5 Strategic Plan (discussed in Activity 2). The needs assessment will also provide important baseline data and allow RI to develop measurable, data-driven strategies to achieve our three system goals.

State Definitions of Key Terms: Definitions will carry throughout this grant application):

Quality Early Childhood Care & Education (ECE): For early learning programs, quality means programs rated 4 or 5 stars on BrightStars. For health and developmental services, quality is defined as programs meeting the key performance indicators that define success for each service. *Vulnerable or underserved children*: children at-risk of not being educationally or developmentally ready for K. *Availability & Children in Rural Areas*: RI does not have established definitions for "availability" or for children in rural areas. Through the strategic plan in Activity 2, we will develop a system-wide definition, based on family needs.

Needs Assessment Scope and Workplan: To understand the current state of the programming and supports, we will build on existing needs assessments that provide information

on availability and quality of existing programs and the number of children being served as well as the number of children awaiting access. We will also conduct new analyses to provide information in areas that have not been recently assessed. Activity 1 will consist of two parallel streams of work for the first 6 months of our project: ***Activity 1.1 (1.1)*** Engage consultants and researchers to conduct new needs assessments and ***Activity 1.2 (1.2):*** Leverage and update existing Federal and State needs assessments (Jan-June). After completing 1.1 and 1.2, we will pursue ***Activity 1.3 (1.3):*** Combine outputs of 1.1 and 1.2 into a single, comprehensive needs assessment *(July)*. We will incorporate needs assessment findings into our strategic planning process (see Activity 2.3) to build a data-driven B-5 strategic plan.

1.1*: Engage partners to conduct new needs assessments (Jan-June).* RI will engage expert consultants to complete new needs assessments which will fill existing gaps in data and research. The consultants will also identify regularly available indicators that RI can use to monitor and assess progress. The performance evaluation team will evaluate these potential indicators for inclusion in a revised evaluation plan. Consultants will have 6 months to complete analyses and share findings with the team conducting Activity 2, and 1 month to compile final reports.

1.1a Family Needs Assessment – To create a more accessible and connected system, we must consider the needs of parents and families of vulnerable children B-5, including working parents or parents seeking employment or job training. Anecdotal evidence and recent family focus groups (conducted during the 2018 FHV strategic planning process) demonstrate that RI's B-5 services can feel duplicative and confusing for families to navigate. To design a more family-centered system, we must understand families' barriers to accessing the mixed delivery system, such as affordability, transportation, hours of service, transitions across programs, access to information, and trust in the system. To understand how best to provide services that are relevant and accessible

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to families, we will engage a research consultant to analyze family needs, potentially through a sample survey and focus groups with families of vulnerable children. This assessment will analyze families' greatest concerns/barriers in accessing ECE programs and comprehensive services, as well as transitioning between home and school, across programs, and into elementary school.

1.1b. Facilities Assessment –In a state that is only 1,214 square miles, space is a precious commodity. To expand access and improve quality across programs, we must understand the current state, availability, and geographic distribution of facilities that are designed specifically for children B-5. Existing needs assessments demonstrate RI has insufficient capacity in key programs needed to achieve our system vision. RI lacks infant and toddler childcare slots (there are currently 3,199 licensed child care slots for children under age 3 for approximately 30,000 children under age 3) and slots for 4-year olds in our mixed delivery Pre-K system (there are currently 2,267 4-year olds enrolled in State Pre-K or Head Start, and approximately 10,000 children age 4). To expand access, we must understand facility issues and barriers to adding additional slots across all mixed-delivery providers. For 1.1b, we will engage consultant will prepare and administer a needs assessment, and aggregate data into a report for state agencies to inform our Activity 2 B-5 strategic plan. The consultant will work with current and potential providers – such as LEAs, community-based centers, FCC and Head Start providers– to analyze the current state of facilities and resources needed to improve, optimize, and expand facilities. The consultant will identify providers that would consider expansion, providers that need significant upgrades to facilities to meet system goals and improve quality, as well as ways to streamline permitting and licensing of new spaces to remove barriers to small businesses operating and expanding in the State. The consultant will leverage the 2014 Early Learning Facilities Needs Assessment and 2017 RI School Facilities Report to inform their analysis.

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1.1c. Workforce Study – High-quality programs rely upon and educated, trained, and continually supported workforce. However, RI faces workforce shortages and retention issues across the B-5 system. To understand the current state of the workforce to inform strategies to improve effectiveness and sustainability, we will conduct a workforce needs study. We will leverage the Early Learning Workforce Study (2014), which was led by ELC and funded by RTT-ELC and focused on FCCs and child care centers. We will engage a consultant to update and expand this study by collecting data on the current state of the workforce across all B-5 systems, including but not limited to child care, Pre-K, FHV, EI and IDEA Part B. The analysis will aggregate information about educational attainment, current employment trends, career pathways, and current enrollment in preparation programs. Via this analysis, we will identify existing barriers to recruiting and retaining a qualified workforce and opportunities to support the current workforce. The agency or consultant will prepare, administer, and aggregate data into a report for state agencies.

1.1d. Funding Streams Assessment – To maximize opportunities for our target populations, we must better align and optimize our funding streams to create efficiencies. RI has limited experience and success in braiding or blending funding from federal, state and local sources. We will engage a consultant to research other states' efforts to align and optimize funding to support the B-5 system. They will also facilitate a working group comprised of state agencies, community partners, and providers to identify barriers and opportunities for optimizing funding from diverse sources. The analysis will include but not be limited to Title I, Medicaid, CCDF/CCDBG, Early Head Start/Head Start, Pre-K, CHIP, WIC, Title V Maternal and Child Health Program, Family First, and IDEA Part B and C. An outside consultant will facilitate the working group – including managing meeting invitations, set-up, and agendas – and conduct research on best practices.

***1.2.** Leverage and update other Federal and State needs assessments (Jan-June).* RI benefits from several existing federal and State B-5 needs assessments. We will leverage and, where needed, update these needs assessments to provide more accurate and current information to better allocate resources and services for target populations of children and develop an equitable, high-quality system. These existing needs assessments are owned by different partners, who will be updating the assessments and sharing findings for Activity 1.

1.2a. RI Kids Count Factbook – Annually updated and released in the Spring, the RI Kids Count Factbook calculates the number of programs rated high quality on the QRIS, the number of available slots in ECE programs by age, and the number of children in B-5 programs (including EI, IDEA Part B, Head Start, State Pre-K, Early Head Start, FHV, and Medicaid). These counts – some of which include disaggregated data -- help us understand the state of access, quality, and availability we envision. The Factbook also includes data on the number of young children who are victims of child abuse and neglect and homeless children.

1.2b. Hassenfeld Child Health Innovation Institute at Brown University Longitudinal Study – As part of Governor Raimondo's B-8 Third Grade Reading Action Plan, RI partnered with Brown University to conduct a longitudinal cohort study of RI children. The researchers have integrated child-level data from the RI Department of Education (RIDE), Department of Human Services (DHS), Department of Children Youth and Families (DCYF), RI Department of Health (RIDOH), the Executive Office of Health and Human Services (EOHHS) and three urban school districts. This needs assessment allows us to understand how vulnerable children in each region have enrolled in current programs and services and where gaps may exist, such as resource deserts or disconnects with certain communities. This study also allows us to understand how engagement in various programs impacted a child's life course. From this analysis, we can better understand

how to link programs across the B-5 system to support a seamless transition across quality services and ensure that vulnerable children are engaged in the highest impact programming.

1.2c. EOHHS Data Ecosystem – Led by Kim Paull, who also will lead RI's PDG B-5 performance evaluation, the EOHHS Data Ecosystem compiles child level data from all EOHHS agencies (Medicaid, DHS, DCYF, RIDOH, and Behavioral Health) and provides information about enrollment, availability, and transitions. The most recent assessment examined the early experiences of children who had been involved with child welfare by analyzing data on children's doctor's visits and enrollment in B-5 programs such as FHV, EI, Medicaid, WIC. The study found that many children who become involved with child welfare often do not touch other systems – such as attending pediatric visits -- before the involvement. This information is vital in understanding which B-5 components need improvement, such as outreach to families of children who do not attend pediatric visits or transition supports for families who do not enroll in a referred service. Exploring how best to support families who may be disconnected from ECE programs will be a key priority for our strategic plan and for our work with providers.

_1.3__: Combine outputs of 1.1 and 1.2 into a single, comprehensive needs assessment (July)._ The Project Team will collaborate with the consultants and research partners to create a single, comprehensive needs assessment report with the outputs from 1.1 and 1.2. This report will inform Activity 2 and be submitted for federal review by September 2019.

Connection to Logic Model and Vision: By design, RI's needs assessment is aligned with the state's vision and logic model to ensure that we build the equitable, high-quality B-5 system we envision. Our four proposed new needs assessments in 1.1 will help drive progress under each of our three B-5 system goals (noted on p.9-10) by informing the creation of data-driven strategies in Activity 2. The facilities assessment (1.1b) will highlight the gaps that the State needs to address

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to build infrastructure and increase access to high quality ECE programs. The family needs assessment (1.1a) will provide information on how best to empower and engage families of our target populations and identify current barriers to access and availability. The workforce study (1.1c) will allow us to develop a plan to target and better coordinate professional development and workforce pathways to develop and sustain an effective workforce. The funding streams assessment (1.1d) will identify opportunities to optimize and align funding for targeted services and high-quality programs. By updating our existing needs assessments in 1.2, we will ensure that our B-5 Strategic Plan is data-driven and informed by the needs, issues, and concerns of the children and families we need to engage and empower to achieve our goals.

Description of the Populations of Children Who are Vulnerable and Underserved: For PDG B-5, we will focus on the children who are vulnerable and underserved, based on the target population groups identified in the RI's ELC strategic plan: **Children in low-income families (under 200% FPL**): Between 2012 and 2016, 43% (27,788) of RI children under age six lived in low-income families under 200% FPL. **Infants & toddlers**: Approximately 30,000 children are ages 0-3 in RI. **Children with developmental delays and disabilities**: Approximately 5,000 children are enrolled in early childhood special education (EI and IDEA Part B, Section 619). **Children who have behavioral or mental health (MH) challenges**: Approximately 100 children B-5 visited the emergency room with a primary diagnosis of a mental disorder in 2016. However, many more young children have MH challenges, and we are seeking additional data through our needs assessments (including 1.2c). **Children facing trauma** – **with a focus on victims of child abuse or neglect**: Approximately 1,500 children B-5 are victims of maltreatment. **Children in non-English speaking families** – Approximately 5,800 children B-5 were born to a mother who did not speak English. **Children who have experienced homelessness**: In 2017, 539

families with 998 children stayed at an emergency homeless shelter, domestic violence shelters or transitional housing facility in Rhode Island. Of those children, 51% were under the age of 5. **Rural children:** According to HRSA's List of Rural Communities and Designated Eligible Census Tracts in Metropolitan Counties -- Updated Census 2010, RI does not have any rural communities. However, we will be highly attentive in our needs assessments to transportation barriers or resource deserts that make programming unavailable.

Plan for Analysis of the Programming and Supports Serving Children B-5, and an Unduplicated Number of Children Being Served and Awaiting Service in Existing Programs*:* RI is in a unique position to capture unduplicated counts of children who are being served and those who are awaiting services. We will utilize existing data systems that provide regular, child-level data about enrollment and engagement in programming and supports, with a focus on quality and availability. As enrollment changes by the day, we will use tracking systems to monitor enrollment. These systems include ECEDS, which registers all ECE providers in the state who accept CCAP funds and all State Pre-K programs. ECEDS can track workforce information, including place of employment, education level, professional development attended and workforce demographics. Use of ECEDS tracks each provider's rating in the state's QRIS. KIDSNET, RI's Child Health Information System, monitors newborn screening and health information for all children born in RI, including engagement with services such as FHV, WIC, and EI. These systems, in conjunction with the Hassenfeld longitudinal study and the EOHHS Data Ecosystem, will also allow us to identify which eligible children are not engaged or are awaiting services.

Due to the capabilities of RI's data systems, RI can achieve an unduplicated count of children being served and awaiting service in existing programs by building upon the existing data systems and needs assessments. RI assigns children their K-12 student assigned school ID at birth,

which can be tracked in ECEDS, matched with health and development records in KIDSNET, and analyzed holistically by the EOHHS Data Ecosystem and the Hassenfeld longitudinal study. In this way -- supported by potential governance and management recommendations in Activity 2 -- RI will identify the unduplicated count of children in each program, as well as the unduplicated number of children who are eligible but not enrolled.

Activity 2 – Develop B-5 Strategic Plan: Over the past decade, RI has developed a multitude of plans relevant to specific sectors of the B-5 system all targeted at improving child outcomes. We propose to use PDG B-5 to build on and enhance our existing strategic plans to create a single, comprehensive, strategic and actionable B-5 plan that recommends collaboration, coordination, and quality improvement strategies and activities to achieve our three system goals through which we will better serve children and families in existing programs and will increase the overall participation of children B-5. We anticipate that our strategic plan will include recommendations in, but not limited to, the following areas: partnership opportunities among existing programs to increase coordination, quality, and service delivery; B-5 system governance structure and sustainability; data infrastructure; facilities; workforce development; parent and family engagement; resource alignment and efficiencies; expansion of quality ECE programs; and transitions from ECE programs into elementary school.

Strategic Planning Process: This will be modeled after RIDE's successful strategic planning process in 2015, which emphasized the importance of consistently engaging stakeholders. The strategic planning process will take 8 months and will be facilitated and led by a consultant in partnership with a stakeholder Ambassador Design Team. We will develop the strategic plan in three consecutive streams of work: *Activity 2.1 (2.1)*: Assembling Team & Vision Setting *(Jan-Feb)*; *Activity 2.2 (2.2):* Leveraging Existing Strategic Plans, Building on Existing Activities,

Identifying Opportunities for Collaboration, & Conducting Additional Research *(March-June)*; ***Activity 2.3 (2.3):*** Utilizing Needs Assessments (from Activity 1) to Drive Final Recommendations *(July-Sept)*.

2.3*: Assembling Team & Vision Setting (Jan-Feb)-* RI will engage an expert consultant to lead the strategic planning process. Once a consultant is selected via a competitive procurement process, they will be responsible for facilitating an Ambassador Design Team, which will serve as the strategic planning steering committee and will consist of the internal PDG Project Team and an extended team. RI is poised to accomplish this phase quickly because the Project Team will leverage the existing interagency B-8 Third Grade Reading Goal team that meets on a bi-weekly basis to coordinate early childhood initiatives. This Project Team contains a member from each of the state agencies that are essential in developing a comprehensive, coordinated B-5 system plan: EOHHS, DHS, RIDE, RIDOH, DCYF, Children's Cabinet, and the Governor's Office. The consultant will also assemble an extended team, consisting of members from the following essential stakeholder groups, many of which are on the ELC: families, Head Start agencies, FHV, community-based providers, private entities (including faith and community-based coalitions, such as the RI Coalition for Children and Families, RI Interfaith Coalition, and non-profits such as RI KIDS COUNT), the Narragansett Indian Tribe, local governments, and LEAs. The inclusion of these key partners is designed to ensure that the strategic plan will incorporate strategies and activities designed to foster better collaboration and coordination among existing ECE programs and between ECE programs and levels of government. The full Ambassador Design Team will review the 3 system goals, grant vision, and preliminary data available from Activity 1 to set core values to form the foundation of the strategic plan and drive towards recommendations.

2.2: Leveraging Existing Strategic Plans, Building on Existing Activities, & Conducting Additional

Research (March-June)- *2.2a: Leveraging Existing Strategic Plans-* Once we establish the overall vision, core values, and key areas, the consultant, in partnership with the Ambassador Design Team, will use these and the three system goals to complete a detailed review of existing relevant strategic plans to identify strategies and activities which are already aligned and can be expanded, as well as areas needing additional research and strategic planning. The following plans and statutory requirements will be cross-walked to identify goals, strategies, and collaborative activities to be used in the comprehensive B-5 strategic plan: ELC Strategic B-8 Advisory Plan 2016-2020; Governor's B-8 Third Grade Reading Action Plan; Children's Cabinet Strategic Plan; RIDE's Education Plan, Vision 2020; FHV Strategic Plan, 2018; RIDOH's Maternal and Child Health Strategic Plan; RI's Pediatric Patient Centered Medical Home Framework; CCDF Triennial Plan, 2018/CCDBG plan; BrightStars Think Tank Recommendations and DHS Response; and new or updated Federal and State Statutory Requirements.

2.2b: Building on Existing Relevant Activities and Opportunities to Better Serve Children and Increase Participation- We will ensure that the Ambassador Design Team will include representatives who are familiar and have responsibility for implementing each of the above strategic plans. The Design Team will play an essential role in providing feedback and ensuring collaboration is occurring among stakeholders throughout 2.2. The team will also provide guidance about building on existing activities which have shown success in supporting our three system goals. For example, under Goal 1: RIDOH and DCYF are currently working on systems changes to ensure that direct service staff from both agencies are able to identify which types of evidence-based programs are the best fit for a family's needs. Furthermore, early childhood state agency staff have been trained in Continuous Quality Improvement (CQI) activities and have used these

activities to support direct service providers to understand and adopt improved processes for referring families to services and supporting them to stay engaged in services. This work is particularly relevant for the vulnerable families we are targeting with this grant who may need additional supports to participate in programs. Our intention is to leverage this process to engage more vulnerable families in other services. Under Goal 2: work is already underway to build on the FY19 passage of legislation to implement tiered reimbursement rates to ensure that low-income families can access high-quality child care. In January 2018, DHS convened key ECE stakeholders– a 'Think Tank' - to solicit recommendations for strengthening BrightStars. The Think Tank met four times and in May 2018 developed key recommendations for the QRIS framework. These recommendations will be implemented over the next year to better support the early learning workforce and improve the quality services. Under Goal 3: we plan to expand our current high quality, mixed delivery state Pre-K system, which includes Head Start and State Pre-K, and is currently one of only three state that meet all 10 National Institute for Early Education Research quality standard benchmarks. To support the entire system across all three goals, we will also build on current efforts led by RI KIDS COUNT to convene stakeholders, conduct national research, and develop recommendations for B-5 workforce sustainability and effectiveness.

2.2c: Conducting Additional Research: Based on the cross-walk of the existing strategic plans and the feedback from stakeholders, we anticipate that there will be components of the strategic plan needing additional policy research to develop specific, actionable, and strategic recommendations for RI. We anticipate needing additional research on best practices for governance structures, data infrastructure, evaluation processes, transitions between programs, coordinated workforce development and technical assistance, and resource alignment and efficiency opportunities for all B-5. For governance structure and sustainability, we will research potential models for

coordinating or aligning governance across programs, allowing for increased collaboration, consistency, and efficiency across all initiatives and services at the state and local level. For data infrastructure, we will explore the best practices for governance, continuous improvement, and alignment across all ECE data systems. We anticipate that an integrated data plan and system will decrease duplicative efforts, and support comprehensive evaluation efforts, freeing up resources to invest in successful practices while better serving more families. For transitions from ECE programs into K, we will research best practices for K transition plans and develop a potential definition for K readiness at the State level. For the workforce, we will research best practices for career pathways, recruitment, and retention. The consultant will conduct all listed research and any other additional research needed for informing the comprehensive B-5 strategic plan.

2.3: *Utilizing Needs Assessments to Drive Final Recommendations on B-5 System, Opportunities* *for Partnerships, and Indicators (July-Sept)*

2.3a: Develop B-5 System Recommendations: The consultant, in partnership with the Ambassador Design Team, will combine the information from Activity 1 (completed June 2019) with the collaborative work and extensive research from 2.2 to create data-driven, actionable recommendations for B-5 partnership opportunities, governance structure and sustainability, data infrastructure, facilities, workforce development, family engagement, resource alignment and efficiencies, expansion of quality programs, and transitions from ECE into elementary school (including a state definition of K readiness and a statewide indicator to measure readiness) Together, recommendations in these areas will produce a comprehensive B-5 strategic plan with a vision, key strategies, and short and long-term goals that will improve coordination and collaboration, better serve children and families in existing programs, and increase overall

participation of vulnerable children in high quality ECE programs and comprehensive services in a mixed delivery system.

2.3b: Identifying Partnership Barriers and Opportunities for Leveraging Existing Resources: The consultant will use information surfaced from the cross-walk of strategic plans, best practices from the policy research, and the outcomes of Activity 1 (particularly 1.1d - funding analysis) to identify existing partnership barriers and recommend strategies to support partnerships that leverage resources. Partnership opportunities could include better aligning and coordinating governance and management across state agencies and aligning funding stream requirements and eligibility criteria. Other partnership opportunities could include strategies for networks of providers – including Head Start, child care, FCCs, LEAS, and others -- to share resources, develop economics of scale, or share expertise to increase overall efficiency. (These opportunities will be shared with the technical assistance partners selected to support providers in 4.3.). This will position RI to immediately implement opportunities to maximize existing resources to improve collaboration, coordination, policy alignment, program quality, service delivery, and transition supports upon completion of the strategic plan.

A2.3c: Recommendations on Indicator Data to Assess Progress and Outcomes - As the consultant and Ambassador Design Team establishes final recommendations for RI's B-5 system, they will work with the PDG evaluation team to identify the key indicators for assessing progress and outcomes at the systems, provider, family, and child levels using criteria such as the ability to disaggregate data, the frequency of data availability, and the research literature on predictive indicators. A starting point could be the Governor's B-8 Third Grade Reading Action Plan which collects data on over 18 B-5 metrics at the agency level on a yearly basis and tracks over 30 associated action items on a quarterly basis. The team will leverage the outcomes from Activity 1

as well as existing data systems to identify regularly available data, as well as recommend new data collection methods to assess progress and inform needed revisions to the strategic plan over time. Existing data sources include ECEDS, KIDSNET, EOHHS Data Ecosystem, Brown University's Hassenfeld longitudinal study, and the *RI Kids Count Factbook*.

Engaging a Full Range of Stakeholders in Activity 2*: We are dedicated to engaging a full range of stakeholders who will be meaningfully impacted -- especially families, providers, and agencies -- in the development and implementation processes of the strategic plan. Stakeholders will be part of the extended Ambassador Design Team. In addition, there are many existing structures through which we will support ongoing collaboration, including the monthly public Children's Cabinet meetings, quarterly public ELC meetings, and ongoing meetings of the Successful Start Steering Committee, Local Implementation Teams for FHV, and the Interagency Coordination Council for EI. Through these existing venues, the Ambassador Design Team will include a broad range of voices (such as parent voices, building on 3.5) and regularly share iterations of the strategic plan for discussion and feedback. The Ambassador Design Team and consultant will also convene opportunities for families of target populations to provide feedback and will design these opportunities to meet family needs (i.e. at times, locations, and formats that serve target populations). We want to ensure that all stakeholder groups' perspectives, especially those of vulnerable families, are incorporated in every phase of Activity 2 so the final plan reflects the experiences and needs those most impacted.

By developing the comprehensive B-5 Strategic Plan in partnership with the community and building on recent efforts and strategic plans, national best practices, and Activity 1, RI will have a actionable roadmap to achieve our B-5 system vision of an equitable, family-centered system that serves children and families by improving program quality, increasing access to quality

programs, and ensuring timely, targeted services and transition supports for all children ages birth to five. RI will submit our comprehensive B-5 Strategic Plan to the federal government for review and approval by September 1, 2019 along with the Activity 1 B-5 Needs Assessment.

Activity 3 - Maximize Parent Choice and Knowledge: RI is dedicated to supporting families through timely, targeted, and quality supports and information. Parents are the first – and often most important – educator in a child's early life. Yet vulnerable families face significant economic and socioemotional barriers to fulfilling that role. Given these challenges, RI has worked to maximize the accessibility, choice, affordability, and intensity of programs that are available at the local level. We have developed an online portal to make navigating ECE choices accessible for parents; funded specific supports for foster parents to best support for children who are victims of maltreatment; and built FHV and parent education programs and partnered with local nonprofits, such as Reach Out and Read RI, to coach families in best practices for early literacy development. RI has a proven track record of collaboration across programs and agencies to support parents – for example, programs such as WIC, Medicaid Primary Care, and child care providers collaborate with IDEA programs and are trained and expected to talk with parents about their child's development and to make a referral to IDEA programs if families have concerns.

Our proposed Activity 3 initiatives will continue and build on the successes of these existing, coordinated efforts to further maximize parent choice and access to the mixed delivery system for children B-5 and to engage families in the education and development of their children, with an emphasis on including fathers, parents who speak a home language other than English, and vulnerable families. In particular, we propose five complementary activities: *Activity 3.1 (3.1):* implement a robust outreach campaign to raise awareness of early education and care and maximize knowledge and choice; *Activity 3.2 (3.2):* enhance the existing parent website to be more

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accessible and further consolidate information about B-5; *Activity 3.3 (3.3):* conduct a landscape analysis and enhance referral services that support vulnerable families in navigating the system; *Activity 3.4 (3.4):* pilot and evaluate programs that empower and educate our most vulnerable families; and *Activity 3.5 (3.5):* incorporate family voice into B-5 governance to ensure that programs meet the needs and preferences of the families they serve. These investments will support all three of our core vision goals.

Providing Families with Timely, Accurate Information Through Key Entity Collaboration: Through 3.1, 3.2, and 3.3 below, RI's key B-5 entities will collaborate to ensure that parents and families are provided timely, accurate information in a culturally and linguistically sensitive manner about the range of B-5 programs available for children. ELC and the Children's Cabinet will support coordination among providers and state agencies for these activities via a standing agenda item at the regular meetings. Collectively, these groups include the leaders of State Head Start Collaboration Office, Medicaid, CHIP, MIECHV, CACFP, WIC, CCAP, Head Start, EI, IDEA Part B, Section 619, State Pre-K, and QRIS.

3.1: Implement a robust media and outreach campaign to maximize knowledge and choice: Many parents are not aware of the full range of options available in RI's mixed delivery system or how to navigate the B-5 system. Through a robust, targeted, multi-channel and multilingual media and outreach campaign, RI will proactively engage parents in identifying options for their young children. This campaign will build upon the efforts of the state, philanthropic, business, and advocacy collaboration – RI Reads – that is leading a public campaign to increase early literacy awareness. In the B-5 campaign, we will emphasize messages to increase parent knowledge, such as key child development milestones to track and the associated IDEA program contact information, and messages to increase parent choice, such as directing parents to our website (3.2).

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We will also use the campaign to promote timely information about enrollment deadlines, such as entering children in the State Pre-K Lottery, and promote knowledge about the importance of using the QRIS to identify quality options to increase enrollment in quality programs. We will engage a vendor to develop and manage the campaign, who will be responsible for including parent voice in co-designing the campaign, developing messaging with a focus on target families, and developing materials that can be used in future years after PDG B-5.

3.2: Enhance the public-facing website (Exceed.RI.gov) to make information about B-5 programs and services more accessible: Originally funded by RTT-ELC, Exceed.RI.Gov offers parents information about available programs – including Head Start, State Pre-K, Child Care, EI, IDEA Part B, WIC, FHV, and more – and has a user-friendly interface and easy search functions. We propose funding additional enhancements to increase functionality, such as allowing a user to search by a provider's hours, transit options, and program cost -- key data points for working parents. Further enhancements will be included based on feedback from the family needs assessment in Activity 1.1a and user testing and surveys. We also propose to add information to this site, including the direct contact information for key programs and the State Pre-K enrollment lottery to advance our goal of 4-year olds accessing high-quality Pre-Kindergarten. The site will also connect families to the referral services in 3.3. With these enhancements, parents will have better information to make choices, identify contacts for resources such as IDEA programs, and ensure smooth transitions by finding programs aligned with their needs.

3.3: Align and enhance referral services to provide vulnerable families with on-call support to navigate the B-5 system: As noted in RI's CCDBG plan, RI does not currently have a traditional Child Care Resource & Referral (CCR&R) service, but does have a variety of on-call supports, including a strong, multilingual 211 program at the United Way of Rhode Island (UWRI), a call

line at BrightStars, and a special education support resource number at the RI Parent Information Network (RIPIN). With PDG B-5, we propose to engage a consultant to do a landscape analysis of existing referral services and recommend alignment opportunities and potential innovations for the system, such as new technology to meet families' needs. We anticipate that there is duplication of expertise in the field, as well as gaps in knowledge and service. This landscape analysis will be incorporated into the Activity 2 strategic planning, but also will drive short-term actions, such as sharing results of the landscape analysis, convening existing referral service partners, and collaborating on how best to ensure that there are clear hand-offs and referrals for parents to get needed information and connections to services.

Increasing Parent Engagement in Children's Education, Development, and Transitions:

*3.4: Piloting and evaluating innovative programs to empower parents in children's education, development, and transitions***:** RI benefits from having many parent-focused community-based programs that seek to increase parent involvement and engagement through coaching, trainings, and material supports. For example, the Autism Project conducts parent education classes across RI to support parents whose children have developmental delays and disabilities and Providence Talks coaches low-income and non-English speaking mothers and fathers in increasing talking turns at home to accelerate language development. However, not every target parent or family has been reached or has a program specifically targeted for their needs. We propose to pilot and/or evaluate programs that support parent involvement and engagement in target children's development and education, as well as transitions into elementary school. We will seek proposals from (1) community-based organizations that seek to pilot and evaluate a program serving families of a target population, if the organization can demonstrate a need and a lack of existing programs and (2) existing programs empowering parents in their child's education that have not yet

conducted a thorough, third-party evaluation of their program's effectiveness. We anticipate making up to 10 awards to support piloting and evaluating a number of different initiatives across the state that serve several of our target populations. After the PDG B-5 grant, more parents will have received direct supports from a variety of targeted programming, and RI will have a clear understanding of which programs demonstrate effectiveness and should be scaled in future years.

3.5: Incorporate family voice into B-5 governance to ensure that programs meet the needs and preferences of the families around whom programs are designed and coordinated. While RI's B-5 governance structure includes input from many key stakeholders, parent voice is not always consistently represented. We propose develop parent representation in the decision-making process by funding a community-based parent facilitator who will identify and prepare parents for meetings. This may include briefing parents on the agenda, familiarizing them with meeting protocols, and debriefing post-meeting, as well as providing child care, transportation, and an honorarium to make meetings accessible. Key meetings include, but are not limited to, the ELC, Children's Cabinet, FHV Local Implementation Team meetings, and the 3.4 governance board. After piloting, we will amend this engagement plan based on the feedback from parents involved and from the Activity 1.1a family needs assessment

Activity 4 - Sharing Best Practices: RI has a long history of developing and implementing strong ECE programs and working together across sectors to promote coordination, collaboration, efficiency, and transitions. We have had success in coordinated professional development (PD) and shared best practices as it relates to FHV, child welfare and EI, such as implementing joint training around trauma informed care and early childhood social emotional health. While specific disciplines will always require some individualized training, RI seeks to better coordinate provider technical assistance (TA) and workforce PD to create a stronger, more cohesive system for

providers and families. Under this funding, the state will build upon its successes as well as develop new processes for sharing best practices across providers.

Plan for Supporting Providers and Sharing Best Practices**:** RI is committed to improving and better coordinating sharing best practices by improving PD opportunities for the B-5 workforce and TA for providers and programs. In the short-term, we plan to conduct the following five activities: *Activity 4.1 (4.1):* Piloting best practices from other states: developing a staffed family child care network model, *Activity 4.2 (4.2):* providing TA to providers needing differentiated support to increase quality and access, *Activity 4.3 (4.3):* scaling PD to share best practices in serving our target populations, *Activity 4.4 (4.4)*: develop better coordination across data systems to support transitions, and *Activity 4.5 (4.5):* Supporting transitions to Kindergarten. In the long-term, coordination of the state's investment in PD and performance management of key outcomes related to indicators of school readiness is a critical next step to ensuring a strong B-5 system. We will address these longer-term goals in Activity 2.

4.1: Piloting best practices from other states: developing a staffed family child care network model. In RI, many of our target populations, including low-income and non-English speaking children are served by FCCs, yet on average FCCs are rated at a lower quality than center-based child care programs. Furthermore, the PD and TA opportunities that would help FCC providers improve quality are often inaccessible due to time or location constraints. We seek to pilot a staffed family child care network model that is designed specifically to meet FCC providers' needs. Such models have shown success in Connecticut, using the "All Our Kin" model. In RI, we envision that the staffed FCC network for early learning programs will 1) share best practices among peer providers (including opportunities to leverage funding); 2) Develop new partnerships to reduce duplication and develop local economies of scale; 3) Collaborate on the creation of PD; and 4)

Create "lab experiences" for the entering workforce. The outcomes of participating in these collaborations will include providers having increased knowledge and connections with B-5 partnerships to reduce duplication of efforts and increased ability to leverage funding, such as applying for Child and Adult Care Food Program, which is underutilized in RI. In year 1, we will pilot this staffed FCC network in our most underserved communities with up to 20 FCC providers, with plans to scale state-wide once best practices are determined.

4.2: Provide systematic TA to providers who need differentiated support to improve quality and increase access: In conjunction with the staffed FCC network model, we propose to offer systematic, differentiated TA delivered by experienced professionals to providers (with a focus on center-based providers). RI has supported limited TA opportunities for providers but has not offered TA using a comprehensive, individualized approach. RI will seek organizations and/or experienced professionals to provide individualized support to providers to help them identify ways to improve quality, leverage existing funding streams, and better engage and meet family needs to sustainably add capacity to serve more children. For example, the TA could support providers in assessing facilities, identifying funding opportunities to add needed infant/toddler classrooms and/or Pre-K classrooms, and increasing their QRIS rating. TA could also address licensing challenges or support providers to implement and engage in ongoing CQI.

4.3: Scale best practices to serve target populations by offering professional development (PD): RI benefits from several nationally recognized PD partners that have demonstrated success in their pilot phases, such as Conscious Discipline/Pyramid Model and Spanish-language Child Development Associate classes at Rhode Island College. With PDG B-5, we propose to train more of the workforce to implement proven practices. RI will increase collaboration, efficiency, and quality by funding interdisciplinary trainings, coaching opportunities, and modules on proven

programming. Trainings will be offered to cross disciplinary providers and will include, but not be limited to, workforce in FHV, EI, Head Start, child care, State Pre-K, and preventative services for families involved with the child welfare agency, DCYF. By implementing these system enhancements to support its workforce, RI will support early childhood providers and PD experts to share best practices across the B-5 system.

4.4: Enhancing data systems to centralize enrollment and facilitate transitions across programs: With the help of a consultant, we propose to develop and begin to implement a plan to better connect our early childhood and education data systems – including ECEDS, KIDSNET, and the EOHHS Ecosystem -- to centralize enrollment information, and link data between systems so that programs and the State are able to understand on a regular basis, at the child level, details of how children are accessing programs including by attendance hours and locations. This plan would include strategies for centralizing enrollment data to support efforts to understand gaps in access and improve transitions across programs by: (1) identifying challenges for children transitioning from B-5 programs during the day, such as gaps in B-5 offerings by time, location, transportation, and more, (2) tracking whether children screened into services are engaged and transitioned to appropriate interventions in a timely manner, and (3) supporting coordinated transition planning for children approaching elementary grades by enhancing the information ECEDS provides to LEAs about incoming Kindergarteners. This will support LEAs to be better prepared and be able to tailor instruction for the incoming K class based on the comprehensive picture of the class's B-5 experiences. Additionally, we will plan to enhance the three data systems to support data interfaces between adult providers and services and child-providers and services such as FHV, primary care providers, substance use rehabilitation programs, which will support providers in

meeting family needs and implementing whole family approaches. This plan will be developed in coordination with Activity 2.

4.5: Supporting transitions to Kindergarten: In addition to the data system development and PD work around transitions, we want to develop new strategies to better connect the ECE/Pre-K mixed delivery system to RI's universal, full-day Kindergarten system to support seamless transitions. Currently, State Pre-K uses the Teaching Strategies Gold (TSG) model to support transitions to Kindergarten. As part of Activity 2, we will assess whether this should be expanded statewide for all mixed delivery programs, or if an alternative model would be more appropriate.

Partnerships and Opportunities for Collaboration in Sharing Best Practices: RI will leverage several existing partnerships to support collaboration, coordination, and share best practices from researchers, national technical assistance centers, as well as from RI B-5 programs. *Governance Structures and Public Meetings:* The Children's Cabinet will provide a venue for sharing successful practices. The ELC will facilitate ongoing engagement with a broad range of B-5 stakeholders to review cross-agency PD metrics and to discuss interim reports on newly piloted or scaled efforts. The Children's Cabinet and the ELC both include broad representation from a variety of state and community-based organizations, and with the support of PDG, will include parent voice as well. *Advocacy Groups and Partnerships:* RI will continue and build upon existing partnerships with the non-profits and advocacy groups to support collaboration, coordination, and sharing best practices. Some examples of these partnerships include the Think Babies Campaign, Moving the Needle on Early Childhood Workforce Compensation, and RI Reads, which are working closely with the state to implement better supports for improving parent/family engagement, increase wages for the early learning workforce, and implementation of a public action campaign to improve policies for children B-8. These groups include advocates, non-profits,

philanthropic partners, direct providers, and community members. *Community Based Partnerships:* The state currently funds its PD and TA through strong partnerships with community-based organizations. Head Start, BrightStars (QRIS,) SEIU199 family child care union and Ready to Learn Providence all serve as instrumental partners in developing an integrated PD model to better serve, support and refer families receiving comprehensive birth-five services.

In the longer term, we anticipate the strategic planning process in Activity 2 will result in recommendations and strategies for shared governance, management, and funding for ongoing promotion and implementation of best practices. Within this shared structure, we will integrate ongoing PD and TA across B-5, sustain programs demonstrating success in year 1 of PDG, and develop a dashboard of key performance metrics to track and measure how PD and TA impact a program's growth on the QRIS (for ECE) or increased effectiveness based on key performance indicators (for B-5 services). We anticipate that the shared governance team will be responsible for reducing duplication of efforts and for identifying potential gaps of service which would benefit from added support/intervention. An example outcome we expect from this shared governance is that best practices for serving our target populations – such as using trauma-informed approaches and inclusionary classroom management – will be appropriately prioritized and resourced.

Activity 5 - Improve Overall Quality: Timeline: We anticipate that Activities 1 and 2 will be completed and submitted by September 1, 2019. Once approved, this will leave at least 3-4 months for the following proposed activities to improve overall quality. We are committed to being responsive to Activities 1 and 2 and will adjust this plan according to the outcomes and recommendations of those activities. **Activities:** With 3-4 months remaining for Activity 5, we will ensure that we make targeted and timely investments to improve overall B-5 quality based on needs assessment findings and strategic plan recommendations. We propose investments in 3 areas

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that will support overall quality by supporting transitions and developing the workforce; *Activity 5.1 (5.1)*: a series of trainings focused on sharing best practices for transitions into elementary school, *Activity 5.2 (5.2)*: convening higher education partners to discuss B-5 workforce strategies, and *Activity 5.3 (5.3)*: specialized PD offerings based on gaps identified in Activities 1 and 2. October will be used to engage consultants, plan meetings, and send out invitations. The meetings and trainings will be held in Nov-Dec.

5.1: A series of trainings focused on sharing best practices for transitions into elementary school- A key part of Activity 2 will be defining a comprehensive strategy for programs and parents to effectively transition young children to K. Based on the recommendations, we will provide a series of trainings for B-5 providers, LEAs, and families to make sure essential stakeholders are involved in improving the quality of transitions into elementary school. Meeting 1 will provide TA at a summit focused on training mixed delivery providers and teachers to use the Teaching Strategies Gold (TSG) tool and/or other ECE/Pre-K to K transition strategies recommended in Activity 2. Child care, Pre-K and Kindergarten teachers as well as leadership (i.e. principals and child care center directors) will attend to discuss best practices and communication strategies to improve transitions from ECE to elementary school. Invites will be targeted at the full range of mixed-delivery providers in the 11 communities that already offer State Pre-K since they contain the highest proportion of vulnerable children and already have access to the TSG tool through the PDG Expansion Grant. Meeting 2 will focus on family engagement in the transition to K process and include families and LEAs to discuss strategies and develop action plans. This training will use lessons learned from the family engagement survey (1.1a) as well as recommendations from the strategic plan. At this training, LEAs will develop plans to support and engage families in the

upcoming school year. We will engage a consultant to plan, develop materials, manage invites, secure the meeting space, and facilitate the discussion and meeting follow-up items.

5.2: *Convening higher education partners to discuss B-5 workforce strategies-* We anticipate that the workforce needs assessment (1.1c) and the strategies in the strategic plan will include specific recommendations for developing and sustaining an effective B-5 workforce for serving target populations. Higher education partners will be key partners in implementing these recommendations and are committed to building needed programs. We plan to convene these higher education partners, including the Office of Post-Secondary Commissioner (a member of the Children's Cabinet), Rhode Island College, University of Rhode Island, Community College of RI, Brown University, Roger Williams University, and others, to discuss plans to implement workforce-specific recommendations. This consultant-led, facilitated series of discussions will lead to specific actions for each higher education institution to implement strategies to create and support successful pathways into the B-5 workforce. We will engage a consultant to develop materials, manage invites, and facilitate discussions at up to 4 meetings.

5.3: *Specialized workforce trainings based on gaps identified in Activities 1 and 2-* While we will scale best practices across programs in 4.3, we will respond to the specific PD needs highlighted in Activities 1 and 2 during the 4 months of Activity 5. The following proposed trainings are based on known existing gaps about current workforce needs and will be revisited and refined after Activity 2 is complete. To support workforce knowledge in infant mental health, RI will support providers to complete online modules, developed in 2008 by experts, to help ECE providers understand infant/toddler development, relationships as the context for development, and supporting infant toddler development/approaches to individualization. RI anticipates that 15 cohorts of 10 to 15 teachers from a site (child care, FHV, or EI agency) could complete the course

and then be provided a 2-hour guided discussion with an expert. To support training in trauma-informed practices, we will scale Adoption RI's evidence-based curriculum to support providers caring for children who have experienced trauma. Implementing the training with a group of B-5 providers by locality will support a community in offering all services using a trauma-informed approach. We will invest in 4 series of 2-day training sessions to train a total of 80 teachers.
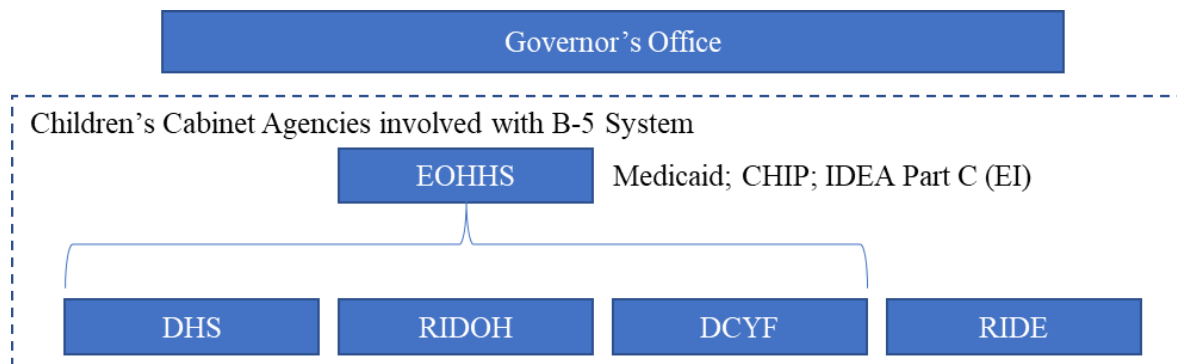
Organizational Capacity & Management: Responsibilities & Roles of Lead Entity and Partners: The Department of Human Services (DHS) – which manages CCDBG and the State Head Start Collaboration, oversees the QRIS, supports PD and TA for early learning programs, sits on the Children's Cabinet, and is part of the Health and Human Services Secretariat – will serve as the lead entity for this grant. DHS will partner with the Governor's Office and fellow Children's Cabinet agencies, including the Department of Education (RIDE), the Department of Health (RIDOH), the Department of Children Youth and Families (DCYF), and the Executive Office of Health and Human Services (EOHHS). This structure will ensure that the PDG work is aligned with other federal, state, and local ECE initiatives.

DHS will be responsible for project oversight, management, and fiscal management of grant activities. DHS Director **Courtney Hawkins** will oversee staff with primary grant management and implementation responsibilities. DHS Assistant Director for Child Care **Caitlin Molina** will have day-to-day oversight of the PDG project manager and compliance officer (positions to be posted and filled upon receipt of the grant). Assistant Director Molina will also implement grant workstreams that align with the ongoing CCDBG strategies that she oversees, including developing PD and TA opportunities for B-5 providers (Activity 4). The **PDG project manager** will be responsible for meeting all project milestones and deliverables, including completing procurement processes, overseeing consultants, and communicating with key staff &

directors across agencies about project progress. The **PDG compliance officer** will work with all partners and vendors to ensure that PDG measures, quarterly reports, and financial reports are recorded and reported accurately and on time. DHS CFO **Janice Cataldo** will oversee PDG financial management. **Kim Paull**, Director of Data and Analytics at EOHHS – the agency that oversees DHS -- will be responsible for program evaluation.

The Children's Cabinet's B-8 Third Grade Reading Team, which includes DHS, RIDE, RIDOH, DCYF, EOHHS, and the Governor's Office, will drive coordination between agencies and serve as the interagency Project Team for PDG B-5. This interagency team already meets every other week, and once a month with Children's Cabinet leadership, to direct all work related to the B-8 Third Grade Reading Action and to review progress indicators. By design, the team includes key staff who oversee the B-5 programs and services that support vulnerable children and families. We will use this existing structure to coordinate the grant, with the PDG Project Manager joining the team to drive collaboration, coordination, and action items across departments. Team members will serve as liaisons to their respective departments and be responsible for ensuring coordination with various department units as needed. Team members include **Kirtley Fisher**, Associate Chief of Staff at RIDE, **Blythe Berger**, Chief, Perinatal and Early Childhood Health, Division of Community Health and Equity, RIDOH, **Joseph Carr,** Project Director, RI Getting to Kindergarten Initiative at DCYF, **Veronica Davis**, Chief of Licensing at DCYF, **Cara Harrison**, Policy Analyst at the Governor's Office, **Kayla Rosen**, Policy Director for the Children's Cabinet, and **Ashley O'Shea,** Director of Community Investments at EOHHS. RI's B-5 programs are organized by department in the graphic below and are supported by the State's higher education pipelines and the workforce pipelines at the Department of Labor and Training.

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                    │              Governor's Office               │
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  Children's Cabinet Agencies involved with B-5 System
│              ┌─────────────────┐                                    │
               │      EOHHS       │   Medicaid; CHIP; IDEA Part C (EI)
│              └─────────────────┘                                    │

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    │    DHS    │  │   RIDOH   │  │   DCYF    │  │   RIDE    │
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- CCDBG   - MIECHV   - ECE Licensing   - State Pre-K

- QRIS   - WIC   - Child Welfare   - IDEA Part B

- Head Start   Supports   - Kindergarten

                                      - Foster Parent

                                        Supports

Experience to Ensure Project Success: DHS staff and its partners have sufficient experience, knowledge, and capabilities to successfully complete the proposed project. Key individuals include: **DHS**: **Courtney Hawkins** is the Director of DHS, the State agency administering CCDF and the Child Care Assistance Program that gives child care subsidies to low-income families and leads the push for high-quality child care for all. Hawkins has 18 years of social work service and grant management experience, most recently as Providence's Chief Policy Officer. | **Caitlin Molina**: Assistant Director of Child Care and Acting Administrator for the CCDF, Child Care Assistance Program at the state's lead entity, DHS. Molina oversees all early childhood programs within DHS. Molina is a former home visitor, ECE teacher and Executive Director of a Bloomberg Foundation-funded early childhood initiative, Providence Talks, serving B-3 at city-wide scale. | **Janice Cataldo**, Chief Financial Officer, DHS, is responsible for Budget, Finance and Purchasing. She oversees the financial administration, expenditure controls and financial planning of the $600 million state agency serving families, the elderly, disabled adults and veterans. | **EOHHS**: **Kim**

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Paull, Director of Analytics for EOHHS, coordinates analytic and evaluation efforts across health and human services agencies and ensures that agencies have the resources and data they need, when they need it, to execute on their strategic priorities. Previously, Paull served in analytic leadership roles for RI's largest primary care group, the state's health insurance and health system regulator, and health policy organizations. | **Ashley O'Shea**, MBA, is the Director of Community Investments at EOHHS. In this role, she strengthens cross-agency community partnerships throughout the Secretariat. Previously, O'Shea was the Communications Director at EOHHS and Governor Raimondo's Deputy Communications Director. Prior to joining state government, she was an Assistant Vice President of Public Affairs at Citizens Bank. She is the mother of a preschooler and toddler who attend a BrightStars rated quality early childhood education program. | **RIDE**: **Kirtley Fisher**: Ed.M., is the Associate Chief of Staff at RIDE and works to improve RIDE's efficiency and effectiveness in meeting strategic priorities and provides direction on the development and implementation of specific project plans – including the B-8 Third Grade Reading Action Plan. Prior to joining RIDE, Kirtley worked to support organizations in implementing design-thinking and systems change approaches. | **Lisa Nugent**, Coordinator, Early Learning at RIDE, oversees all aspects of RIDE's State Pre-Kindergarten program and PK - 3rd grade initiatives. Lisa is a former District Manager of Private Early Learning Programs and is the Chairperson of the Early Learning Program at Bristol-Plymouth Regional Technical High School. | **RIDOH**: **Blythe Berger**, ScD, Chief of Perinatal and Early Childhood Health at RIDOH, worked for two decades in ECE systems-building work, and currently focuses on interdepartmental initiatives to improve outcomes for vulnerable children birth to age 8 years and their families. Dr. Berger also has evaluation and research experience which will support the work of the grant. Dr. Berger coordinated RIDOH work on the RTT-ELC, serves as the RIDOH representative for Third

Grade Reading, sits on a number of B-5 advisory bodies including the ELC. | **DCYF**: **Joseph Carr,** LICSW, Project Director- Rhode Island Getting to Kindergarten Initiative, DCYF, directs a grant initiative funded by the W.K. Kellogg Foundation which seeks to increase focus on the developmental and educational well-being of young children birth to 5 years old involved in the RI child welfare system. Over the past five years, Carr has directed a series of grants at DCYF.| **Veronica Davis,** Chief of Licensing and Regulation, DCYF, oversees all Child Care Licensing operations, as well as work related to Foster Care for Rhode Island, and formerly was an ECE curriculum consultant, and program leader. | **Governor's Office**: **Cara Harrison**, M.Ed, Policy Analyst at the Rhode Island Governor's Office. Harrison advises the Governor and her team on early childhood care and education initiatives. She also serves as the project manager for the Governor's B-8 Third Grade Reading Goal. Previously, Harrison was a Kindergarten, 1st, and 2nd grade elementary school teacher for 5 years. | **Children's Cabinet: Kayla Rosen** is the Policy Director for the RI Children's Cabinet. Rosen manages strategy, coordination, and alignment on key collaborative youth-focused initiatives across eleven state agencies to support the Children's Cabinet strategic outcome areas. Rosen previously worked at the Commerce Corporation for Rhode Island and as a strategy consultant for school district superintendents across the country.

Experience & Expertise in Program Areas: *Sufficient experience and expertise in the program areas of this FOA*: The proposed project team includes experts in the fields of public health, education, early childhood development, trauma-informed approaches, program evaluation, data and analytics, systems alignment, and community engagement. The RI team includes a former Kindergarten teacher, a former family home visitor, two former Executive Directors of a Bloomberg Foundation-funded ECE non-profit, and a former consultant for K-12 superintendents. Several team members are parents of young children. This team brings not only

experience in their current roles, but also experience in the field and as RI parents & residents. *Experience in collaboration with partner organizations*: The team described above already meets and collaborates regularly to pursue the Governor's Third Grade Reading Goal. The PDG opportunity will enhance and accelerate these ongoing efforts and will have a smooth implementation in RI due to the existing relationships and partnerships across partner organizations. The State team will collaborate frequently with the ELC, which has convened statewide partners across the B-5 system for almost a decade. *Experience in culturally and linguistically competent service delivery*: State agencies are required to provide services in multiple languages. RI also has existing master purchasing agreements with several translation services and will furnish language support as needed. RI also has taken a proactive approach to cultural and linguistic competence, such as by creating Spanish-language ECE workforce development programming in higher education. Many agencies also require their community partners to be trained in CLAS standards. *Experience in administration, development, implementation, management, and evaluation of similar projects*: RI has deep experience managing multi-partner projects that support the B-5 system, including the RTT-ELC grant, the MIECHV long-term FHV programs, the PDG Expansion Grant, and the CCDBG. We will build on these experiences and lessons learned to ensure smooth and successful administration, development, implementation, management, and evaluation of the PDG B-5 opportunity. *Fiscal and administrative capacity*: With the range of services and programs it administers and the wide network of community partnerships it enjoys, DHS is uniquely positioned to administer and manage this grant successfully. DHS successfully manages the finances and administration for several federal programs, including RIWorks (TANF), Child Care Assistance Program, Head Start Collaboration, Supplemental Nutrition Assistance (SNAP), Medicaid Long-Term Care, General

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Public Assistance, SSI State Supplemental Payment, and Low-Income Home Energy Assistance, among others. DHS's support service units include Financial Management, Contract Management, Program Integrity, IT, and Staff Development. DHS works regularly with a wide range of contractors, vendors, and partner state agencies to achieve its mission, and will leverage this experience and capacity to manage the components of the proposed PDG B-5 grant. The activities supported by this grant will be set in this broad and deep programmatic and fiscal context, allowing DHS to leverage resources and expertise across the missions of many programs. *Performance management capacity:* RI has strong performance management expertise and systems to manage the grant activities. DHS is part of the EOHHS performance management system, which requires monthly, in-depth data reviews of key indicators across the entire department and are supported by Kim Paull, the performance evaluation lead for PDG B-5. These meetings include agency directors and unit leadership to determine performance management findings translate into action at the department. The PDG evaluation plan will become a regular part of these meetings.

RI B-5 Mixed Delivery System Description and Vision Statement (Pages 4-12)

Timeline: *Timeline and Data Management*: The PDG Project Manager, in partnership with the B-8 Third Grade Reading Team, will be responsible for ensuring project timelines and milestones are met. The Evaluation Team will be responsible for tracking progress towards milestones and performance indicators as well as recommend refinements as needed. *Factors accelerating or decelerating the project*: There are several factors that may impact timelines, such as changes in the economy or departure of key staff. However, given the strong nature of RI's interagency team, we are organized to ensure that workstreams will be easily adjusted and supported. Another factor is that Activity 2 and 5 depend on Activity 1's completion date. If Activity 1 is finalized ahead or

behind schedule, that will impact the strategic planning teams' ability to incorporate findings and finalize the strategic plan. This will impact federal submission and the start date of Activity 5.

Project time for Activity 5: RI anticipates that Activities 1 and 2 will be completed by September 1, 2019 for submission to the federal government, that Activity 5 can begin by October 1, 2019. Activities 3 and 4 will occur for the duration of the grant timeline.

PDG Management	Q1	Q2	Q3	Q4	Milestones/Accomplishments by Quarter
Project Team Convened	■				Q1: Procurements complete and consultants engaged
Grant Project Manager Onboarded	■				Dec 20, 2018: Opening Posted Jan 15, 2019: PDG Project Manager Onboarded
Grant Compliance Officer Onboarded	■				Dec 20, 2018: Opening Posted Jan 15, 2019: Compliance Manager Onboarded
Performance Evaluation Consultant	■	■	■		Jan 2019: RFP posted Feb 2019: Consultant/TA partner selected
Logic Model Reviewed & Revised	■	■	■		Logic Model Reviewed monthly by Project Team and Evaluation Team; Monthly by Leadership
Project Data Reviewed	■	■	■		Data reviewed bi-weekly by Project Team Data reviewed monthly by Leadership Data reviewed quarterly at CC and ELC

Activity 1	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Conduct Procurements	■											
Engage consultants		■										
1.1 Conduct Needs Assessments			■	■	■	■						
1.2 Analyze existing data			■	■	■	■						
Write needs assessment analyses							■	■				
Submit for Fed. review by 9/1/19									■			

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Disseminate information										▓	▓	▓
Projected Accomplishments (Quarterly)	Consultants selected			- 4 interim 1.1 reports delivered			- Final reports delivered - Activity 1 delivered to Fed.			- 2 meetings with stakeholders to share results		

Activity 2	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Conduct Procurements	▓											
Engage consultants		▓										
2.1 Set Vision & Goals with ADT		▓	▓	▓								
2.2 Research, Leverage Plans				▓	▓	▓						
2.3 Incorporate Activity 1							▓	▓				
Write Strategic Plan								▓				
Submit for Fed Review 9/1/19									▓			
Disseminate Plan										▓	▓	▓
Projected Accomplishments (Quarterly)	- ADT assembled -Consultant selected and onboarded			- Held 4 meetings with stakeholders -Research report finalized			- Completed B-5 Strategic Plan submitted for Federal Review			- 2 meetings with stakeholders to share results		

Activity 3	Q1	Q2	Q3	Q4	Milestones/Accomplishments by Quarter
Conduct procurements	▓				Q1: 5 consultants engaged
3.1: Develop Media Campaign		▓	▓	▓	Q2: Campaign Plan Delivered Q3-Q4: Marketing campaign implemented; # Media spots; # click throughs
3.2 Enhance public-facing website		▓	▓	▓	Q2: Plan for enhancements completed Q3-Q4: Plan implemented; # new features and hits
3.3 Enhance referral services		▓	▓	▓	Q2: Interim findings shared Q3: Final report released and shared w/ Activity 2 Q4: Recommendations implemented
3.4 Pilot/evaluate parent engagement programming		▓	▓	▓	Q1: Request for pilot proposals released Q2: 7-9 pilots/programs selected Q4: # of parents served by pilot programs

	Q1	Q2	Q3	Q4	Milestones/Accomplishments by Quarter
3.5 Parent leadership		▓	▓	▓	Q2: Parent leaders identified Q3-Q4: 4 governance meetings with parent leaders
Activity 4	**Q1**	**Q2**	**Q3**	**Q4**	**Milestones/Accomplishments by Quarter**
Conduct procurements	▓				4 consultants engaged
4.1 Develop FCC network model		▓	▓	▓	Q2: 20-40 FCC providers engaged Q3-Q4: # FCCs satisfied; # of site visits
4.2 Provide differentiated TA		▓	▓	▓	Q2: Individual providers signed up for TA Q2-Q4: Consultant(s) supported up to 70 providers
4.3 Scale best practices in PD		▓	▓	▓	Q2-Q3: PD trainings conducted Q4: Up to 400 B-5 workforce trained
4.4 Data System Enhancements		▓	▓	▓	Q2: Interim findings reported Q3: Data system enhancement plan delivered Q4: # recommendations implemented
Activity 5	**Sept**	**Oct**	**Nov**	**Dec**	**Milestones/Accomplishments by Quarter**
Engage consultants	▓				Oct 1: Consultants engaged after Federal approval of the 9/1/19 submission of Activities 1 and 2
5.1 Transitions into Elementary Convenings		▓	▓	▓	Oct: Plan trainings and send invites Nov-Dec: 2 meetings conducted, serving at least 11 communities
5.2: Convening of Higher Ed Partners		▓	▓	▓	Oct: Plan meetings and send invites Nov- Dec: 4 meetings conducted and workforce work plans developed
5.3: Specialized teacher trainings		▓	▓	▓	Oct: Trainings planned and invites sent Nov-Dec: Trainings implemented trainings for up to 270 teachers

Program Performance Evaluation: RI will implement an evaluation strategy that ensures the state executes the signature initiatives of each Activity with excellence and that children B-5 have the services and supports they need to enter school educationally and developmentally ready to succeed. Key elements of the evaluation strategy will include frequent - up to bi-weekly - briefings and input sessions on progress to a variety of stakeholders at both the tactical and strategic level; clearly defined process, cost, and outcomes measures for each activity that leverage new and existing data resources; and close collaboration with a tight community of child development practitioners who have programmatic and analytic expertise to guide the evaluation.

Input: Staffing for performance evaluation: Guiding the evaluation and the input from these groups will be a focused evaluation team led by Kim Paull, EOHHS Director of Analytics, at 15% FTE. She will oversee the Deputy Director of Analytics who manages the operations of the EOHHS Data Ecosystem and a performance evaluation technical assistance partner. Consultants/vendors for each grant activity will also have specific data reporting, evaluation and analysis responsibilities that Kim Paull, Caitlin Molina and the Project Manager will ensure are specified in contract and accomplished. Paull will also convene a mixed internal/external evaluation stewards group to guide the work and pull information from other systems as needed, such as from KIDSNET and ECEDS. This team will have a regular cadence of meetings, anticipated to be bi-weekly and readjusted based on progress and need.

Input: Organization & Feedback We have an established organizational structure that we will build upon for this grant. Specifically, our B-8 Third Grade Reading Team, which the evaluation lead will join, will meet bi-weekly to review metric development and progress from the evaluation stewards group, coordinate activities, and ensure incorporation of the lessons from the Needs Assessment and Strategic Plan into the evaluation and other activities. The bi-weekly evaluation stewards group will focus on implementation, refinement to both the evaluation plan and logic model, and key messages we need to share with project and state leadership. The Children's Cabinet (which meets monthly) and the ELC (which meets quarterly) will review progress and consider strategic recommendations from the Project Team and Activity 2 Strategic Plan to continually refine the performance evaluation analysis, the logic model, and the target populations.

Input: Infrastructure: The State has developed - and will use this grant opportunity to enhance - data infrastructure assets that will provide the routinized, organized, self-service data to both the formal evaluations and for ad hoc agency needs so they can continue data-driven development on

their own. The key programs are described on p.19 and include ECEDS; KIDSNET; the EOHHS Data Ecosystem; and the Hassenfeld Institute among others. Through this grant, we will both leverage these assets and enhance them to meet activity goals and to ensure long-term success. Specifically, we will enhance the Exceed website to serve as a more reliable and informative hub for parent information and will use backend site statistics to measure engagement. We will add data from outside EOHHS - RIDE, Head Start, BrightStars - to the Data Ecosystem to more holistically and accurately track outcomes and achieve the unduplicated count of children B-5 in services or awaiting services. Consultants will be responsible for reporting data to the state team, who will own the data and evaluation. This infrastructure will support in-depth analysis of progress, cost, and outcome indicators and refinement of the logic model and target populations.

Input: Collaborative partners to support analyzing results: The analysis will be supported and continually refined by collaborative partners and technical assistance partners. Through years of consistent focus on the B-5 system, the state has cultivated a community of in-state and external practitioners with both programmatic and analytic expertise who are deeply knowledgeable about the subject, have successfully measured progress and held each other accountable in aligned areas, and are already organized to guide the work. These groups are described elsewhere in this application and include the Children's Cabinet, the ELC the B-8 Third Grade Reading team, the Hassenfeld team, and the EOHHS Data Ecosystem Child Maltreatment Prevention Project Advisory Group who guided a study of whole-family factors that contribute to maltreatment.

Metrics, Data Sources, and Methodological Approach: The metrics for the proposed process, cost, and program implementation which will guide the evaluation are in the tables below. The tables are organized by their alignment to the logic model Activities and outcomes at the system, provider, and family level. Existing data sources, gaps in data, and new data sources to be

developed to complement as needed are noted throughout. The tables demonstrate our methodology for the program analysis and for refining the logic model and target populations.

Year 1 PDG B-5 Project Evaluation Metrics, Processes, and Data Sources/Systems:

Aligned Activity	What metrics will determine process, cost, and project implementation towards the outcome?	Quarter	Data Source/System & Owner
All	- Cost of overall activity by month - Overall cost and cost by total users (parents, children, teachers)	Q1-Q4	<u>Owner</u>: Janice Cataldo <u>Source</u>: Staff time allocation + vendor billing; Grant management / Finance office
All	● # procurement processes initiated ● # consultants selected ● # workplans produced and approved	Q1	Caitlin Molina / Project Manager
Activity 1: Conduct B-5 Needs Assessment			
Outcomes at the systems level: ↑ systems aligned (1.1, 1.2), ↑ workforce effectiveness (1.1c), ↑ resources optimized (1.1d)			
1.1	● Interim deliverable report shared with Children's Cabinet and ELC	Q2	1.1 consultants
1.1	● Final report shared with Children's Cabinet, oversight bodies and Activity 2 strategic planning leads	Q3	1.1 consultants
1.2	● KidsCount 2019 Factbook issued ● Ecosystem & Hassenfeld data leveraged	Q2-Q3	KIDSCOUNT Ecosystem; Hassenfeld
1.3	● Research combined into comprehensive report and submitted for Federal Review	Sept 1	PDG Grant Manager
Activity 2: Develop B-5 Strategic Plan			
Outcomes at the systems level: ↑ Systems aligned, ↑ workforce effectiveness, ↑ resources optimized, ↑ families engaged and empowered, ↑ program quality (2.1, 2.2, 2.3).			
2.1	● Ambassador Design Team established ● # of visioning meetings ● Vision developed	Q2	Activity 2 Consultant to track and provide metrics
2.2	● Existing strategic plans cross-walked ● Literature and local review complete ● # stakeholders engaged	Q3	Activity 2 Consultant to track and provide metrics
2.3	● # revisions or additions to plan based Activity 1 findings ● # of recommendations developed ● # stakeholders engaged	Q3	Activity 2 Consultant to track and provide metrics

2.3	● B-5 Strategic plan submitted to Children's Cabinet and then for Federal Review	Sept 1	PDG Grant Manager to submit
Activity 3: Maximize Parent Involvement			
Outcomes at the family level: ↑ Families engaged and empowered (3.1-3.5)			
3.1	● Public engagement campaign plan developed, reviewed and approved by Project Team o # of audience focus groups, # key messages developed, # of unique pieces of collateral, # of interim 1.1a findings included	Q2	<u>Owner</u>: 3.1 consultant <u>New data sources</u>: 3.1 consultant to provide metrics

	● Public engagement campaign implemented
	   o # media spots, earned and paid
	
	● Parent engagement increased
	   o # click throughs on Exceed.ri.gov increased from baseline in Q2
	   o # enrollments in key services (including # of Pre-K lottery entries)
		Q3-Q4, monthly	<u>Owner</u>: 3.1 Consultant
			<u>New data sources</u>:
			3.1 consultant to provide earned and paid media metrics
			<u>Existing data sources</u>:
			● Exceed.ri.gov website analytics (RIDE or 3.2 consultant)
			● ECEDS, KIDSNET
			● Pre-K lottery program manager (Lisa Nugent)

3.2	● Develop plan for enhancing website, in coordination with key audience members and state users o # of requirements identified, # improvements planned, # responses to baseline user survey	Q2	<u>Owner</u>: 3.2 consultant <u>New Data Sources</u>: 3.2 consultant to develop and implement user survey
	● Add key elements, based on plan and updated with Activity 1.1a findings o # new features by which to search, # of pages visited, Average time on website, by page, % repeat visitors, % increase in user satisfaction	Q3-Q4, monthly	<u>Owner</u>: 3.2 consultant <u>New Data Sources</u>: User survey <u>Existing data source</u>: Exceed.ri.gov website analytics
3.3	● Landscape analysis completed and shared with Project Team and Activity 2 consultant o # of referral services identified, # of gaps identified, # of duplications identified, # of recommendations	Q3	<u>Owner</u>: 3.3 Consultant to track and provide metrics
	● Work with partners to implement recommendations	Q4	<u>Owner</u>: 3.3 Consultant to track and provide metrics

	o # recommendations implemented		
3.4	● Select programs for piloting or evaluation o # of awardees selected, # of parents proposed to receive supports, # of different target populations anticipated to be supported	Q2	<u>Owner</u>: Project Manager <u>New Data Sources</u>: Awardees to estimate impact at beginning of project timeline
	● Awardees complete projects and report results o # of parents supported, # of different target populations supported, # and % of awardees proving success in program model	Q4	<u>Owner</u>: Project Manager <u>New Data Sources</u>: Awardees to report outcomes at end of project timeline
3.5	● Partner selected and facilitating parent involvement in B-5 governance o # unique parents involved, # unique governance meetings including a parent representative, # and cost of supports provided to parents (transportation, child care), Parent satisfaction survey results	Q2-Q4	<u>Owner</u>: 3.5 consultant <u>New Data Sources</u>: 3.5 consultant responsible for developing a parent satisfaction survey and tracking and reporting metrics
Activity 4: Share Best Practices			
Outcomes at the provider level: ↑ Improved program quality (4.1-4.4); ↑ Resources optimized (4.1, 4.2); ↑ Workforce effectiveness (4.3); ↑ Systems aligned (4.4)			
4.1	● Establish a staffed FCC network o Lead assigned, Proposed implementation plan developed, # of FCCs participating	Q2	<u>Owner</u>: 4.1 consultant to track and provide metrics
	● Staffed FCC network implemented o # of piloted supports for FCCs, # of site visits to FCCS, # of engagement opportunities provided, # of FCCs leveraging new resources (e.g. CACFP), FCC satisfaction survey results, # of best practices identified to scale statewide	Q3-Q4	<u>Owner</u>: 4.1 consultant to track and provide metrics, and develop FCC survey

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4.2	● Individualized TA offered to B-5 providers ○ # of providers receiving TA, # of provider-identified goals completed by end of 1 year to leverage resources or increase coordination	Q2-Q4	<u>Owner:</u> 4.2 consultant(s) to track and provide interim and end of year metrics
4.3	● PD offerings in best practices ○ # of sessions held, by community, # of workforce trained, % workforce and providers reporting satisfaction	Q2-Q4	<u>Owner:</u> 4.3 consultant(s) to track and provide interim and end of year metrics

4.4	● Plan developed to enhance data systems
	   ○ # of stakeholders engaged, # of enhancements recommended, Plan delivered and approved by Project Team, Children's Cabinet, and ELC and coordinated with Activity 2
	● Enhance systems
	   ○ # of recommended enhancements built, # programs included in the centralized enrollment information, # of providers using provider-to-provider interfaces to support coordination
		Q3
		
		Q4
			<u>Owner:</u> 4.4 consultants Data Sources: ECEDS, KIDSNET, EOHHS Data Ecosystem, ad hoc program data as needed

Activity 5: Improve Overall Quality, based on Activity 1 and Activity 2 Outcomes			
Outcomes at the systems level: ↑ Improved program quality (5.1, 5.3); ↑ Workforce effectiveness (5.2, 5.3)			
5.1	● Meetings held to discuss transitions to Kindergarten, based on Activity 2 recommendations ○ # of meetings held, # of stakeholders engaged, % participant satisfaction	Q4	<u>Owner:</u> 5.1 consultant to track and provide metrics
5.2	● Higher education partners convened to implement Activity 2 recommendations on workforce ○ # of meetings held, # of stakeholders engaged, # of action plans developed	Q4	<u>Owner:</u> 5.2 consultant to track and provide metrics

5.3	● PD offerings based on gaps identified for target populations in Activity 1 and 2
	   ○ # of sessions held, by community
	   ○ # of workforce trained
	● % workforce and providers reporting satisfaction
		Q4	<u>Owner:</u> 5.3 consultant(s) to track and provide metrics

Revise logic model, performance evaluation plan, and target populations			
Outcomes at the systems level: ↑ use of data to measure performance and progress			
Eval. Plan	Evaluation plan provides a feedback loop ● Frequency of meetings with Project Team ● # of public presentations ● # of metrics tracked ● # of revisions made to performance evaluation plan ● # of project plan refinements, based on progress, cost, and outcome indicators ● # of refinements to the logic model and target populations, based on indicators and Activities 1 and 2 recommendations ● # of system indicators identified	Q1-Q4	Owner: Kim Paull with technical assistance from project evaluation consultant Data Sources: Kim Paull and TA provider to collect and share data at bi-weekly Project Team meetings

Aligned Activity	What metrics will determine process, cost, and project implementation towards the outcome?	Data Source/System & Owner
Years 2-3 Anticipated Outcomes and Potential Metrics (to be refined in project evaluation)		
Expand access to high quality programs	● # slots in ECE rated 4-5 stars on QRIS ● # slots Early Head Start ● Head Start, State Pre-K	Program enrollment information (Ecosystem, KIDSNET, ECEDS)
Increase target population enrollment in high quality ECE	● Enrollment in quality educational program by target population	Program enrollment information (Ecosystem, KIDSNET, ECEDS)
Increase target population engagement and retention in B-5 development services	● Enrollment of family-based programming by length of time ● % comprehensive developmental screenings of target populations ● % enrollment in IDEA programs	Program enrollment information (Ecosystem, KIDSNET, ECEDS); lottery and pre-K enrollment
Baseline established for % of children ready for K (to be defined in A2)	● % of children ready for Kindergarten	Pre-K Assessment
Years 3-5 Anticipated Outcomes and Potential Metrics (to be refined in project evaluation)		
Increase families engaged in services	● # of families enrolled in key family-based services for B-5 population	Program enrollment data (Ecosystem, KIDSNET, ECEDS)
More target population children enroll in high-quality ECE	● ↑Enrollment in high quality ECE by vulnerable population type	Program enrollment data (Ecosystem, KIDSNET, ECEDS)

More target population children enroll in Pre-K	● ↑ State Pre-K and Head Start enrollment by community and vulnerable population type	Program enrollment data (Ecosystem, KIDSNET, ECEDS); lottery & pre-K enrollment
More children are ready for Kindergarten	● ↑ in % of children ready for K, based on indicator identified in Activity 2	Pre-K Assessment/TBD based on Activity 2

Logic Model: The logic model for RI's project summarizes our PDG B-5 proposals' goals, objectives, inputs, activities (including an evaluation plan), outputs, intended short- and long-term outcomes, and procedures in a graphic. Following, we describe the logic model development process, embedded assumptions, and overview of the graphic (which is on the following page).

Logic Model Development, Use and Refinements: The RI PDG B-5 logic model reflects the collaboration and engagement that drives RI's B-5 system. As we prepared this application, stakeholders – including RI KIDS COUNT, co-chair of the ELC, academic partners at Brown University, the Children's Cabinet directors, and others –co-created and used the logic model to frame the scale and scope of RI's PDG project. It reflects our goals, strategies, activities, and outcomes that are written into existing B-5 strategic plans, including the ELC's 2016-2020 strategic plan and the interagency FY19 Third Grade Reading Plan for B-8. Thus, our PDG B-5 application represents our plans to continue and accelerate RI's work to achieve our collaborative vision for B-5. The logic model will guide our performance evaluation and ongoing management approach for our PDG B5 activities. We will use our needs assessment, strategic plan, and performance evaluation to refine the model based on new data. **Embedded Assumptions:** The logic model includes embedded assumptions about the B-5 system and broader factors impacting RI. We assume that the next governor will continue to prioritize B-5 system development and be supportive of our PDG B-5 project because of the broad stakeholder support which is bi-partisan.

Goal: RI children B-5 have the needed services and supports to enter school ready to succeed; **Objective:** RI children access targeted & timely services, high quality ECE, and high quality Pre-K in order to be developmentally & educationally ready for K; **PDG B-5 Goal:** RI has the necessary systems and structures in place to implement a robust, equitable B-5 system that serves our target populations. **Procedures:** DHS will manage the project, coordinating with 4 other state agencies in the Children's Cabinet.

Target Populations: Children ages B-5 who are (1) in poverty (2) infants & toddlers (3) have developmental delays (4) have behavioral or mental health challenges (5) victims of abuse or neglect (6) in non-English speaking families children (7) homeless

INPUTS		ACTIVITIES	OUTPUTS	OUTCOMES
- Cross-Sector B-5 Approach, Governance & Staffing	**Systems**	**1. Conduct B-5 Needs Assessments**	**Systems:** - Comprehensive needs assessment - Comprehensive B-5 strategic plan - Revised logic model for PDG B-5 - Quality improvements	**Year 1:** **Systems** - ↑ systems aligned - ↑ workforce effectiveness - ↑ resources leveraged - ↑ use of data to measure performance **Family:** - ↑ parents engaged and empowered **Providers:** - ↑ Improved program quality
- Investment - QRIS - RI Early Learning & Development Standards - Data-driven performance management - Research and planning - Workforce knowledge & competencies - Family centered models	**Families**	**2. Develop a B-5 Strategic Plan** **3. Maximize Parent Choice & Knowledge** • Develop media campaign, improve B-5 website, and enhance referral services • Pilot and evaluate parent programming for target populations and engage parents in governance	**Family:** - Media and outreach campaign - Parent referral services - Improved B-5 website - Parent education opportunities	**Years 2-3:** - ↑ access to high quality programs - ↑ target population enrollment in high quality ECE - ↑ target population engagement and retention in B-5 services - Establish baseline of children ready for K (to be defined in A2)
	Providers	**4. Share Best Practices:** • Pilot staffed peer-to-peer networks • Provide TA and PD to improve quality and collaboration • Enhance data systems to facilitate transitions, enrollment, and improvement	**Providers:** - TA opportunities - PD opportunities - Improved data coordination	**Years 3-5:** - ↑ families engaged in services - ↑ target population children enroll in high-quality ECE - More children are ready for K
- Community engagement	**Systems**	**5. Improve Overall Quality** • Respond to A2; scale proven programs **Conduct a Performance Evaluation** • Track progress and revise the logic model		

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We assume that local and national vendors with the relevant expertise and capacity will be positioned to conduct the contractual services to complete Activities 1-5 based on our experiences successfully engaging vendors for our current PDG grant and previous RTT-ELC grant. We also assume that, even in the event of an economic downturn, we will have sustained public and private support because the proposed activities will be collaborative and co-owned with the community. **Goals, Objectives, Target Population, and Procedures**: The top of the logic model shows RI's goals for our B-5 system and for PDG B-5, our objectives, our target populations, and our procedures. Our PDG B-5 goal – aligned to the scope of our proposed project – is to put implement a robust, equitable B-5 system that serves our target populations. The B-5 Mixed Delivery System Overview & Vision further describes the vision, goals, objective, and target population. As described in Organizational Capacity & Management, DHS will manage the proposed project with the support of a dedicated project manager, grant compliance officer, and contracted services, in partnership with the Children's Cabinet B-8 Third Grade Reading Team. **Inputs**: On the left-hand side of the logic model, we show the resources we will leverage to support the PDG B-5 project. Note that our Cross-Sector B-5 Approach, Governance & Staffing include each of the stakeholder groups required in the FOA. We considered the resources in scoping and identifying proposed PDG B5 activities. RI has a robust B-5 system that we are building upon to create efficiencies, improve service delivery, and better support and involve families. The System Overview & Vision details the inputs. **Activities, Outputs, and Outcomes**: All columns to the right of the inputs (such as, the activities, outputs, and outcomes) are organized by their impact on the different aspects of B-5: systems, providers, and families. At the **systems** level we propose to leverage our aligned governance, management, and data systems to create more effective and sustained workforce and support high- quality, mixed-delivery **providers,** who in turn are better able to meet and respond

to the specific needs of **families,** who make enrollment decisions for children and are children's most important influences. These three levels all interact and drive child-level outcomes by identifying, engaging, supporting, and transitioning children effectively in the right programs and services at the right times to be educationally and developmentally ready for K. RI's proposed PDG B-5 project will lead to outputs and outcomes at all three levels, with more systems-level outcomes in the short-term that will drive further provider and family- and child- level outcomes in long-term. Our proposed Activities are described in detail in the Project Approach sections.

Sustainability Plan If awarded, RI's PDG B-5 project will build upon a decade of focused state and community-wide collaboration for the B-5 system supported by several federal awards and dedicated state funds. RI has successfully sustained many of the efforts that developed out of ARRA and RTT-ELC – among others – and will similarly sustain key, proven elements of PDG B-5. *Identifying effective program elements to sustain:* We anticipate that Activities 1 and 2 will provide a clear path for the development of RI's B-5 system and will recommend activities and investments for the future. We also anticipate that pilot programs may have varying levels of success, and we will use our project performance evaluation to understand which elements should continue. We are committed to not carrying forward practices which prove to be ineffective. *Methods and Alternative Supports for sustaining effective project elements***:** We will sustain effective elements of the project by building sustainability into vendor contracts and working with partners to identify resources. In our contracts, we will focus on sustainability from the outset -- for example, in the proposed marketing campaign in A3.1, we will require the consultant to build collateral and materials that the state and partners can use going forward, to ensure that the campaign is not limited to one year. Similarly, many of our proposed activities will support capacity building on existing platforms - such as 3.2 parent website and 4.4 data systems -- that

will continue after the grant period by utilizing existing resources. To fund piloted programs that have shown success and invest in the recommendations from Activity 2 strategic plan, we will leverage the 1.1d finance streams analysis to realize efficiencies and reinvest in strategically aligned B-5 areas. We also will seek State general revenue funding to scale initiatives showing success in meeting state goals, as well as engage with philanthropic partners to support ongoing efforts in the community. *Partnerships and Collaboration for Sustainability:* Existing state personnel and governance structures -- such as the B-8 Third Grade Reading Team, the Children's Cabinet, and the ELC -- will be core participants in all grant activities and will remain in place after the grant period has ended. They will have helped define the strategies in Activity 2 and supported the efforts in Activity 3 and Activity 4, so will have the knowledge, experience, and buy-in to carry forward the strategies and activities following the grant period. The Children's Cabinet and state agencies will be responsible for implementing recommendations from Activity 2 and identifying funding and resourcing opportunities to sustain successful activities from 3, 4, and 5. The ELC will support ongoing coordination and engagement with a range of stakeholders to carry forward the strategic plan recommendations. Community partners - such as RI - will support ongoing advocacy and community investment in successful PDG B-5 activities. Governor Raimondo is another key partner, and she is committed to prioritizing the B-5 system and will use PDG B-5 to determine strategic investments. With Activity 2 finalized in Sept, the Governor can immediately use the plan to develop the Recommended FY21 Budget, submitted January 2020.

Dissemination Plan: We will disseminate project updates, project interim reports, final reports, and outputs through several channels to ensure that all stakeholders have access. PDG B-5 updates will be a regular agenda item at the public meetings of the Children's Cabinet and the ELC. The Project Team will also post information on the Children's Cabinet website to ensure that

information is easily accessible for all stakeholders and will track site visits and downloads to understand how widely the outputs are being reviewed and used. We will also use the stakeholder engagement sessions proposed in the PDG B-5 to share broader updates about the project.

Plan for Oversight of Federal Funds- DHS ensures that grant activities and partners will adhere to applicable federal and programmatic regulations through its selection of contractors, composition of the contracts, and management of the contracts. The selection of solid partners is the foundation of proper oversight. This is overseen by Janice Cataldo, CFO for DHS. In the past several years, DHS has identified key personnel and units within state agencies, as well as a growing list of colleges and universities, non-profit organizations, and early childhood care providers, who have been involved with DHS in strengthening ECE and promoting parent agency in the child care network. DHS is well-positioned to select partners for PDG B-5 who are experienced, reliable, and equipped to meet timelines and deliver products. This will reduce the risk of wasteful spending and increase the likelihood of effective use of federal funds. DHS prepares contracts with detailed and specific Scopes of Work that clearly state program objectives and performance benchmarks. In the Scopes of Work, reference is made to the federal laws and regulations with which contracted activities must comply, along with expectations for the collection and analysis of data related to the goals set out in the contract. Funds are expended on a reimbursement basis through monthly invoicing. Invoices must be accompanied by detailed documentation of expenditures. As a matter of department practice, invoices and documentation must be approved by both program and fiscal staff before processing. In addition, if payments to agencies exceed $25,000 in the most recently completed fiscal year, they are required to send the department financial statements within nine months after the end of their fiscal year for review.