

**Logic Model for ECCS Grant Program:
The Vermont Early Childhood Comprehensive Systems (ECCS) Statewide Plan/Building Bright Futures (BBF)**

| ORGANIZATIONAL STRUCTURE / ENVIRONMENT | INPUTS/RESOURCES | TARGET POPULATION | INTERVENTION | | EXPECTED CHANGE (Outcomes/Objectives) | EVIDENCE OF CHANGE (Indicators) | BARRIERS | FACILITATORS |
|---|---|--|-------------------------------|--|--|---|----------|--------------|
| | | | DESCRIPTION | ACTIVITIES | | | | |
| GRANTEE/ PROJECT CHARACTERISTICS (i.e., goals and description of the project, environment, description of population/case load and partner organizations): | TOTAL FUNDS REQUESTED: \$140,000 (for the first year of the project) TOTAL PROJECT BUDGET: \$140,000 (for the first year of the project) | | | | | | | |
| The lead organization (lead fiscal agency) for the implementation project is being jointly shared between the Vermont Department of Health (Health Improvement Division) and the Department for Children and Families (DCF) (Child Development Division (CDD)) . The Health Department focuses on prevention and prepares for and responds to public health emergencies and threats and provides the public with information to help them stay safe and healthy. The Department also provides education and information to Vermonters about eating a healthy diet, regular exercise and not smoking; promotes and improves access to immunizations, mammograms, HIV/AIDS testing and care, treatment for mental disorders, and prenatal care; and licenses physicians and hospitals; inspects food and lodging establishments; and enforces health regulations. | PROJECT INPUTS (i.e., personnel and non-personnel) | | | Work on passage of enabling legislation. | By May 2008, worked on passage of enabling legislation. | Legislation passed to create a governance structure for a comprehensive early care, health, and education system. | | |
| As part of the Agency of Human Services, the Health Department works in concert with the departments of Children and Families, Disabilities, Aging and Independent Living, Corrections, and the Office of Health Access to improve the health and well-being of Vermonters. The Department of Children and Families aims to promote the social, emotional, physical and economic well being and the safety of Vermont's children and families. This is accomplished by providing protective, developmental, therapeutic, probation, economic, and other support services for children and families in partnership with schools, businesses, community leaders, service providers, families, and youths statewide. | Personnel: | Local BBF Affiliates | Building Bright Futures (BBF) | Develop recommendations for integration of state departmental budgets. | Developed recommendations for integration of state departmental budgets. | State program budgets were better integrated. | | |
| | | | | Develop a common evaluation system for local BBF affiliates. | Developed a common evaluation system for local BBF affiliates. | A common evaluation system for local BBF affiliates was developed. | | |
| Early Childhood Comprehensive System (ECCS) Project: The State of Vermont has committed to developing a comprehensive early childhood system through the advancement of the Building Bright Futures (BBF) program. This program is a public/private partnership composed of state government decision makers, families, community members, private sector providers, and business leaders. The partnership is designed to create a unified, sustainable system of early care, health and education for young children and their families in order to ensure all children in the state will be healthy and ready for school. A local BBF affiliate office in each region of the state will bring together key stakeholders at the community level to develop their community plan for existing and new services. This plan will be used to inform funding decisions, and the local offices will make it easier for parents to find the help they need in their communities. | Health and Early Childhood Systems Coordinator/ECCS Project Director: 1 FTE | Early Care, Health, and Education System | | Develop a common system for reporting statewide outcomes. | Developed a common system for reporting statewide outcomes. | A common system of reporting statewide outcomes was developed. | | |

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| BBF's original Strategic Plan called for the formation of a Health Committee to ensure a focus and expertise in the health services arena. From this charge, a committee was formed through ECCS to bring together the expertise of health professionals and parents to BBF and to the larger early care, health and education system. | Fringe Benefit: \$22,700 (39% of the personnel cost) | Local BBF Coordinators | | Identify host agencies for local BBF coordinators. | Identified host agencies for local BBF coordinators. | Host agencies for local BBF coordinators were identified. | | |
| The five ECCS program goals are to: (1) Create an integrated and comprehensive system of early care, health and education that supports family strengths and meets their needs; (2) All children are routinely screened for strengths, resiliency, and needs in social, emotional, and behavioral development as part of an all-domain screening process; (3) Early care, health and education programs and providers are knowledgeable about and linked to the overall service system and community resources; (4) All pregnant women and children have a source of coordinated, comprehensive, family-centered medical and dental care; (5) All children have access to high quality, developmentally appropriate early care and education which integrates all health components. | Indirect Charges: \$5,800. The Agency of Human Services has no indirect rate. In the absence of an indirect rate, OMB has set a rate of 10%. | Local BBF Coordinators | Building Bright Futures (BBF) | Hire local BBF coordinators. | By July 1, 2007, hired local BBF coordinators. | Local BBF coordinators were hired. | | |
| The objectives to accomplish the above-mentioned goals include: (1a) Building Bright Futures Governing Council moves forward in it's work to create a comprehensive early care, health, and education system; (1b) Integrate prevention and early education services for all children and their families; (1c) Barriers to programs and services are reduced; (2a) Children are routinely screened in their medical home for development (all domains) using standardized tools; (2b) Primary care physicians have access to early childhood developmental and mental health consultation; (2c) Children and families identified through developmental screening are referred for assessment and follow-up to Family Infant and Toddler Program (Part C) and Early Essential Education (Part B) within a mandated timeframe; | Non-Personnel: | | | The CDD/DCF Children's Integrated Services Unit (HBKF, CUPS, and FITP) develops policies and procedures for the three services. | The CDD/DCF Children's Integrated Services Unit (HBKF, CUPS, and FITP) developed policies and procedures for the three services. | Policies and procedures for CIS programs were developed. | | |
| (3a) Links exist between early care, health and education providers and programs; (3b) Early care, health and education programs have a common referral system; (3c) All programs utilize consultants for health and social/emotional issues; (4a) Pregnant women and children have a medical home; (4b) Pregnant women and children have a dental home; (4c) Pregnant women and children are enrolled in a public or private health insurance program; (5a) Quality standards for early care and education programs and registered family health providers are raised, monitored, and financially supported; (5b) High quality programs are financially accessible to all Vermont families with young children; and (5c) Health, nutrition and safety promotion activities are integrated into early care and education settings. | Staff Travel: In-state mileage (\$3,700); 2 annual ECCS required meetings (4 x \$1,200) | | Integrated Prevention and Early Intervention Services | The CDD/DCF Children's Integrated Services Unit pilots the FITP/Part C data management system to include all three programs, and connect with the CDD web-based data management system. | The CDD/DCF Children's Integrated Services Unit piloted the FITP/Part C data management system to include all three programs, and connect with the CDD web-based data management system. | A supporting data management system was put in place. | | |

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| Evaluation: The Data and Evaluation standing committee under the BBF structure defines the need for standard data and methods for collecting, utilizing and disseminating the information. The ECCS' work is focused on BBF system development. The evaluation's main goals are to (1) ensure that the system works in a timely and adequate manner; (2) identify where changes may be necessary; (3) measure the efficiency, efficacy, and accountability of the system; and (4) provide decision-makers and stakeholders with data and reports that will support their abilities to make the best decisions possible for Vermont children and their families. The evaluation will also assure that the plan is relevant and useful for stakeholders; focuses on a small set of indicators, using currently collected data and standardizing data collection; creates a monitoring and reporting system that allows continuous feedback and focus on quality improvement; and that an independent and credible evaluation team reviews and evaluates the plan on an ongoing basis. | Equipment: \$0 | Integrated Services Unit Personnel | | The CDD/DCF Children's Integrated Services Unit develops competencies for personnel working in the integrated program, including building on the early childhood and family mental health competencies. | The CDD/DCF Children's Integrated Services Unit developed competencies for personnel working in the integrated program, including building on the early childhood and family mental health competencies. | Competencies were developed as part of the Professional Development Program. | | |
| ENVIRONMENT: | Supplies: \$1,000. Common office supplies (e.g., paper, pens) and materials directly related to developing the implementation plan. | Local Program Partners | | The CDD/DCF Children's Integrated Services Unit provides technical assistance to local program partners. | Throughout the implementation period, the CDD/DCF Children's Integrated Services Unit provided technical assistance to local program partners. | Technical assistance was provided by the CDD/DCF Children's Integrated Services Unit to local program partners. | | |
| There are approximately 93,436 children aged birth through twelve in the state of Vermont. Of these, there are over 41,000 children under the age of six. Thirty-one percent of the state's children are classified as low-income (200% of the federal poverty level), with 12% of children living in poor families (below the federal poverty level). Estimates indicate that over 18,000 children under age 6 are in over 1,900 licensed or registered child care programs at least part-time. Over 80% of mothers of young children are in the workforce. The Vermont Child Development Division estimates overall capacity in regulated child care to only meet 50%-60% of the state's estimated need. Additionally, in 2005-2006, 44% of children were estimated to be ready for school; 9% of kindergarten children were receiving special education services. | OTHER INPUTS (contracts, other grant awards, matching funds): | Young Children and their Families | Integrated Prevention and Early Intervention Services | The CDD/DCF Children's Integrated Services Unit develops child and family outcomes for the integrated program. | The CDD/DCF Children's Integrated Services Unit developed child and family outcomes for the integrated program. | Child and family outcomes were developed by the CDD/DCF Children's Integrated Services Unit for the integrated program. | | |
| There is currently no entity in the state charged with creating a vision, developing policy, planning, and coordinating services and funding for children in this age range to assure that the needs of each child are supported prior to entering school. Additionally, service availability varies widely around the state and there is no way to address the identified gaps in resources or access to services. Families are also often faced with a confusing and disjointed system that requires multiple stops and inquiries to receive information and support. | Contractual: \$40,000. Consultant fee, travel and other expenses. The consultant will be hired to provide technical assistance to develop a common process for outcome evaluation, including methods of data collection, analysis of data, and reporting the analysis results. The consultant will also provide ongoing consultation as needed during the implementation of the plan, and will work closely with the ECCS Director and the AHS Senior Policy Analyst. | | | The CDD/DCF Children's Integrated Services Unit links this work with other programs in the state (e.g., WIC, TANF, Part B). | The CDD/DCF Children's Integrated Services Unit linked this work with other programs in the state (e.g., WIC, TANF, Part B). | The CDD/DCF Children's Integrated Services Unit linked this integrated prevention and early intervention services work with other programs in the state (e.g., WIC, TANF, Part B). | | |

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| PARTNERING ORGANIZATIONS: | Other: Parent and Provider stipends (\$2,000). These stipends will be given to parents and health, early care and education providers that need reimbursement for their time spent at meetings and on other planning activities. | | | Identify obstacles to blending funding streams for local programs. | Identified obstacles to blending funding streams for local programs. | Successfully blended local program funding streams. | | |
| Agency of Human Services: The Agency was created by the Vermont Legislature in 1969 to serve as the umbrella organization for all human service activities within state government. The Agency is led by the Secretary, who is appointed by the Governor. The Secretary's Office is responsible for strategically leading the agency and its departments and establishing and implementing agency-wide policies and practices that cross departmental boundaries. | Other: HCCNE Training (\$2,000). This is a contribution to an annual training as part of the Healthy Child Care New England Regional Training Collaborative. | Early Care, Health, and Education Community Partners | Reduced Program and Services Barriers | Revise state contracts to community partners to facilitate budgets and data and financing reporting. | Revised state contracts to community partners to facilitate budgets and data and financing reporting. | Contracts with local partners reflected revisions and changes in the program. | | |
| Department of Children and Families: The Department promotes the social, emotional, physical and economic well being and the safety of Vermont's children and families. This is accomplished by providing protective, developmental, therapeutic, probation, economic, and other support services for children and families in partnership with schools, businesses, community leaders, service providers, families, and youths statewide. | | Young Children and their Families | Standardized Screening Tools | Identify a list of screening tools which may be used to look at protective and risk factors for the child and family. | Identified a list of screening tools which may be used to look at protective and risk factors for the child and family. | Developmental screening was done in medical homes. | | |
| Department of Health: The Health Department focuses on prevention; preparation and response to public health emergencies and threats; provision of education and information to Vermonters; promotion and improvements to accessing immunizations, mammograms, HIV/AIDS testing and care, treatment for mental disorders, and prenatal care; and licensing physicians and hospitals, inspect food and lodging establishments, and enforce health regulations. | | Health, Early Care, and Education Providers | Access to Early Childhood Developmental and Mental Health Consultation | Regional CUPS teams provide training and consultation. | Regional CUPS teams provided training and consultation. | Increased the number of consultations provided by regional CUPS teams, including mental health. | | |
| Department of Education: The Department of Education offers a wide variety of programs and services in support of Vermont's students, teachers, educators, administrators, families, and community members. | | Health, Early Care, and Education Providers | | Design and deliver education and training opportunities that build upon knowledge bases of different disciplines at different levels. | Designed and delivered education and training opportunities that build upon knowledge bases of different disciplines at different levels. | Coordinated with HCCVT to design and deliver education and training opportunities that build upon knowledge bases of different disciplines at different levels. | | |
| Agency of Commerce and Community Development: The Agency encompasses three major state departments (Departments of Economic Development, Tourism and Marketing, and Housing and Community Affairs) and many programs that serve the Vermont public by enhancing the Vermont business climate, marketing Vermont to tourists and others, and strengthening Vermont communities in a wide variety of ways. | | Local Schools and Early Education Providers | Developmental Screening Assessment and Follow-Up | Continue outreach through local schools and early education providers. | Continued outreach through local schools and early education providers. | Improved coordination between medical providers, schools, and FITP, EEE. | | |
| American Academy of Pediatrics - Vermont Chapter (AAP-VT): The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents and young adults. | | CDD CIS Programs | | Coordinate with CDD CIS programs. | Coordinated with CDD CIS programs. | Improved coordination between medical providers, schools, and FITP, EEE. | | |

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| Vermont Children's Health Improvement Project (VCHIP): VCHIP is a population-based child and adolescent health services research and quality improvement program of the University of Vermont. VCHIP provides an established mechanism for Vermont's clinicians to continually improve the care they offer children and families throughout Vermont. VCHIP supports clinicians in their efforts to improve care by providing the tested tools and techniques of quality improvement. | | Medical Providers | Developmental Screening Assessment and Follow-Up | Conduct outreach to medical providers. | Conducted outreach to medical providers. | Improved coordination between medical providers, schools, and FITP, EEE. | | |
| Head Start/Early Head Start Programs: The Head Start program provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. | | All State of Vermont Districts | Existing Early Care, Health and Education Provider and Program Links | Assure all districts have an ongoing Healthy Child Care Vermont health and safety team. | Assured all districts have an ongoing Healthy Child Care Vermont health and safety team. | Local HCCVT health and safety teams were operating in all districts. | | |
| Children with Special Health Care Needs: This program provides a large selection of services to children (birth through age 21) who have complex health conditions and to their families. CSHN works very closely with Parent to Parent of Vermont to help match parents of children with special health needs to other experienced, trained, volunteer Supporting Parents throughout Vermont and to encourage other mutual parent support activities. | | Early Care, Health, and Education Community Programs | | Link community programs through more integrated planning. | By July 1, 2007, linked community programs through more integrated planning. | BBF affiliates were in place in all districts. | | |
| Parent to Parent of Vermont: This organization aims to nurture and support families whose children have a chronic illness or disability, and/or have been born prematurely; to encourage the implementation of family-centered policies and practices at all levels. | | Local Communities | | Work with Community Child Care Support Agencies (CCCSA) to coordinate and broaden the referral system in local communities. | Worked with Community Child Care Support Agencies (CCCSA) to coordinate and broaden the referral system in local communities. | CCCSAs were linked to local providers. | | |
| Family, Infant, and Toddler Program (Part C): The Individuals with Disabilities Education Act (IDEA) - Part C - provides for early intervention services for infants and toddlers with disabilities and their families. Implementation of early intervention services in Vermont is through the Family, Infant and Toddler Program of Vermont, a family-centered coordinated system of early intervention services for infants and toddlers with disabilities and their families. | | | | | | Referral systems were coordinated through local BBF plans. | | |
| Children's Upstream Services (CUPS): The CUPS Project aims to expand community-based mental health services to enhance the well-being of young children who are experiencing a severe emotional disturbance and their families. Services being implemented by regions through the CUPS Project include: intervention services; consultation for child care and other direct service providers; training across agencies; flexible funding; and, parent peer support. | | General Public | Common Referral System | Monitor the number of inquiries at the AHS Screen Door website. | Monitored the number of inquiries at the AHS Screen Door website. | Monitored the number of inquiries at the AHS Screen Door website. | | |
| Healthy Babies, Kids and Families: Healthy Babies, Kids & Families is a benefit of the Medicaid program, and helps connect families with high quality health care and support services in your community. Nurses or family support workers assist families in areas such as pregnancy planning; finding medical and dental care; answering questions about health risks, infant care, child development, and safety; locating community resources for families; and, finding parent-child education, child care and early education opportunities. | | | | | | Increased the number of hits to the AHS Screen Door website | | |

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| Parent Child Centers: These are a network of community-based non-profit organizations, serving all of Vermont.. The focus of each Center is to provide support and education to families with very young children. The goal is helping all families to get off to a healthy start; to promote well-being, build on family strengths, and to prevent the problems (e.g., illiteracy; poor health; welfare dependence) that have proved to be so costly to society in human and financial terms. | | Child Care Providers | Healthy Child Care Vermont (HCCVT) Consultants | Increase the number of consultants to child care and education programs, including linking with CDD/CIS. | Increased the number of consultants to child care and education programs, including linking with CDD/CIS. | Ensured the sustainability of the HCCVT program through the increased number of consultants to child care and education programs. | | |
| | | | | | | Provided training for the consultants to child care and education programs through NTI and NLCDC. | | |
| Success by Six: The program helps families provide their children with a healthy beginning and success upon entry to school. Local communities throughout Vermont design projects, plan events and coordinate resources to address needs of families in their towns. Schools, churches and businesses pitch in to help get projects and special events off the ground. | | | | | | | | |
| Visiting Nurses Association: VNA programs and services span from care for young families to rehabilitation, long-term care, adult day services and end-of-life care. The VNA cares for individuals and families through health and related services in homes and other community settings. The VNA is able to serve clients who need medically necessary care but do not have the ability to pay full fee through support from the United Way, cities and towns, and grants and contributions from individuals, companies and foundations. | | Health Practices | | Establish standards for the medical home, including for obstetric providers. | Established standards for the medical home, including for obstetric providers. | Accepted the established standards for the medical home, including for obstetric providers. | | |
| Vermont Campaign to End Childhood Hunger: VTCECH is a nonprofit, member-supported organization that develops programs and advocates policies to prevent hunger and promote good nutrition for Vermont's families. VTCECH advocates for sound, effective, and appropriate nutrition-assistance policy and offers a broad array of educational and informational services. In addition, VTCECH continues to identify gaps in community nutrition services and respond with creative education and enrichment programs. | | Health Practices | Medical Homes | Increase the number of practices that meet the definition of a medical home. | Increased the number of practices that meet the definition of a medical home. | Increased the number of medical homes in the state. | | |
| Vermont Refugee Resettlement Program: VRRP is a field office of the U.S. Committee for Refugees and Immigrants (USCRI). VRRP is the only refugee resettlement agency in Vermont. VRRP helps refugees and immigrants gain personal independence and economic self-sufficiency, become contributing members of their new communities, and able participants in all aspects of American life. | | Health Practices | | Ensure that health care coverage includes reimbursements for medical homes. | Throughout the implementation period, ensured that health care coverage includes reimbursements for medical homes. | Collaborated with VCHIP and VTAAP (American Academy of Pediatrics) to ensure that health care coverage includes a reimbursement for medical homes. | | |
| Voices for Vermont's Children (formerly Vermont Children's Forum): a statewide membership organization of several hundred individuals and organizations. Voices addresses the full spectrum of child, youth and family issues - from child care and access to health care coverage for children and youth to juvenile justice and child welfare. | | Schools | | Collaborate with local Tooth Tutor programs in schools. | Collaborated with local Tooth Tutor programs in schools. | The dental home was promoted through HBKF, CIS and other early childhood programs. | | |
| Pediatricians and Other Health Care Providers | | Child Care Providers | Dental Homes | Provide oral health consultation for child care providers through the HCCVT program. | Provided oral health consultation for child care providers through the HCCVT program. | Community and regional trainings were held through HCCVT. | | |
| State Legislators | | Child Care Providers | | Provide oral health training curriculums at NLCDC. | Provided oral health training curriculums at NLCDC. | An oral health module was included in the curriculum at NLCDC. | | |
| Business Representatives | | Physicians and their Staff | | Collaborate with Head Start on their Oral Health Action Plan to provide training for physicians and their staff for oral health risk assessments. | Collaborated with Head Start on their Oral Health Action Plan to provide training for physicians and their staff for oral health risk assessments. | Collaborated with Head Start on their Oral Health Action Plan to provide training for physicians and their staff for oral health risk assessments. | | |

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| School Board Members | | Dentists Treating the 0-3 Year-Old Population | Dental Homes | Collaborate with Head Start on their Oral Health Action Plan to identify dentists who treat the 0-3 year-old population. | Collaborated with Head Start on their Oral Health Action Plan to identify dentists who treat the 0-3 year-old population. | Collaborated with Head Start on their Oral Health Action Plan to identify dentists who treat the 0-3 year-old population. | | |
| Public School Teachers | | Women and Young Children | Public/Private Health Insurance Program | Continue to enroll women and children in Medicaid, including the new Catamount Health Plan. | Continued to enroll women and children in Medicaid, including the new Catamount Health Plan. | Increased the enrollment of women and children in public and private health insurance programs. | | |
| Parents | | Early Care and Education Programs; Registered Family Home Providers | Early Care and Education Programs/Provider Quality Standards | Conduct ongoing, monitoring and revisions of standards (e.g., linking licensing and Vermont Early Learning Standards). | Conducted ongoing, monitoring and revisions of standards (e.g., linking licensing and Vermont Early Learning Standards). | Ensured that ongoing, monitoring and revisions of standards (e.g., linking licensing and Vermont Early Learning Standards) were conducted. | | |
| Home Health Agencies | | Early Care and Education Programs | | Review and revise health standards and policies for early care and education programs. | Reviewed and revised health standards and policies for early care and education programs. | Reviewed and revised licensing standards for early care and education programs, as necessary. | | |
| Community Mental Health Agencies | | Child Care Providers; Health Consultants | | Increase health and safety training for providers and health consultants. | Increased health and safety training for providers and health consultants. | Developed a plan for increased training and sustainability of the HCCVT program. | | |
| | | Child Care Programs | | Improve the quality of care through such state and national quality enhancement and recognition efforts (e.g., STARS, NAEYC, NAFCC, and NAA accreditation programs). | Improved the quality of care through such state and national quality enhancement and recognition efforts (e.g., STARS, NAEYC, NAFCC, and NAA accreditation programs). | Improved the quality of care through such state and national quality enhancement and recognition efforts (e.g., STARS, NAEYC, NAFCC, and NAA accreditation programs). | | |
| | | Consumers | | Increase consumer education about quality child care. | Increased consumer education about quality child care. | A consumer education plan was provided through CCCSAs and child care providers. | | |
| | | General Public; State Policymakers and Legislators | Financially Accessible, High Quality Programs | Conduct an annual state and regional market rate study. | Throughout the implementation phase, conducted an annual state and regional market rate study. | Completed the annual state and regional market rate study. | | |
| | | State Policymakers and Legislators | | Address the gap between subsidy rates, provider rates, and market rates. | Addressed the gap between subsidy rates, provider rates, and market rates. | Reviewed the data on the gap between subsidy rates, provider rates, and market rates. | | |
| | | Families of Young Children Meeting Child Care Eligibility Criteria | | Increase the fee scale for family eligibility for child care to meet the current FPG and state median income levels. | Increased the fee scale for family eligibility for child care to meet the current FPG and state median income levels. | The fee scale proposal was submitted to the legislature regarding meeting the current FPG and state median income levels for family eligibility for child care. | | |
| | | State Policymakers and Legislators | | Obtain data to ascertain if families had access to quality child care. | Obtained data to ascertain if families had access to quality child care. | Reviewed the data on whether families had access to quality child care. | | |
| | | Early Care and Education Programs | Early Care and Education Promotion Activities | Adapt Fit & Healthy Kids tracking for levels of physical activity and nutrition components for use in early care and education programs. | By March 2007, adapted Fit & Healthy Kids tracking for levels of physical activity and nutrition components for use in early care and education programs. | Completed the survey on physical activity in child care settings (UVM). | | |
| | | Early Child Care Providers | | Promote oral health in early child care settings. | Promoted oral health in early child care settings. | Developed a plan for oral health in child care settings. | | |
| | | Child and Adult Care Food Program Participants | | Increase utilization of the Child and Adult Care Food programs by simplifying the required record keeping. | Increased utilization of the Child and Adult Care Food programs by simplifying the required record keeping. | Linked with Child and Adult Care Food programs and increased the programs' utilization rates. | | |
| | | Building Bright Futures | Sustainability | Use the Kids Are Priority One Program's Finance Project to complement the work of Building Bright Futures. | Used the Kids Are Priority One Program's Finance Project to complement the work of Building Bright Futures. | Used the Kids Are Priority One Program's Finance Project to complement the work of Building Bright Futures. | | |
| | | Diverse Early Childhood Groups | | Conduct the necessary research through the Finance Project to stimulate and advance discussions among diverse groups regarding the long-term financing of Vermont's early childhood system. | Conducted the necessary research through the Finance Project to stimulate and advance discussions among diverse groups regarding the long-term financing of Vermont's early childhood system. | Conducted the necessary research through the Finance Project to stimulate and advance discussions among diverse groups regarding the long-term financing of Vermont's early childhood system. | | |
| | | Early Childhood Stakeholders | | Develop a report through the Finance Project that will recommend ways to use existing funds most efficiently and to generate new revenues with the goal of ensuring the long-term financial sustainability of Vermont's early childhood system. | Developed a report through the Finance Project that will recommend ways to use existing funds most efficiently and to generate new revenues with the goal of ensuring the long-term financial sustainability of Vermont's early childhood system. | Developed a report through the Finance Project that will recommend ways to use existing funds most efficiently and to generate new revenues with the goal of ensuring the long-term financial sustainability of Vermont's early childhood system. | | |
| | | Early Childhood Stakeholders | | Conduct statewide organization and advocacy in support of the Finance Project's recommendations. | Conducted statewide organization and advocacy in support of the Finance Project's recommendations. | Conducted statewide organization and advocacy in support of the Finance Project's recommendations. | | |

**Logic Model for ECCS Grant Program:
The Vermont Early Childhood Comprehensive Systems (ECCS) Statewide Plan/Building Bright Futures (BBF)**

| ORGANIZATIONAL STRUCTURE / ENVIRONMENT | INPUTS/RESOURCES | TARGET POPULATION | INTERVENTION | | EXPECTED CHANGE (Outcomes/Objectives) | EVIDENCE OF CHANGE (Indicators) | BARRIERS | FACILITATORS |
|--|------------------|------------------------------|-----------------------|---|--|--|----------|--------------|
| | | | DESCRIPTION | ACTIVITIES | | | | |
| | | | | Ensure that the system works in a timely and adequate manner. | Ensured that the system works in a timely and adequate manner. | Ensured that the system works in a timely and adequate manner. | | |
| | | | | Identify where changes may be necessary. | Identified where changes may be necessary. | Identified where changes may be necessary. | | |
| | | | | Measure the efficiency, efficacy, and accountability of the system. | Measured the efficiency, efficacy, and accountability of the system. | Measured the efficiency, efficacy, and accountability of the system. | | |
| | | Early Childhood Stakeholders | | Provide decision-makers and stakeholders with data and reports that will support their abilities to make the best decisions possible for Vermont children and their families. | Provided decision-makers and stakeholders with data and reports that will support their abilities to make the best decisions possible for Vermont children and their families. | Provided decision-makers and stakeholders with data and reports that will support their abilities to make the best decisions possible for Vermont children and their families. | | |
| | | Early Childhood Stakeholders | BBF Evaluation System | Ensure that the evaluation plan is relevant and useful for stakeholders. | Ensured that the evaluation plan is relevant and useful for stakeholders. | Ensured that the evaluation plan is relevant and useful for stakeholders. | | |
| | | | | Ensure that the evaluation focuses on a small set of indicators. | Ensured that the evaluation focuses on a small set of indicators. | Ensured that the evaluation focuses on a small set of indicators. | | |
| | | | | Ensure that the evaluation uses currently collected data and standardizes data collection. | Ensured that the evaluation uses currently collected data and standardizes data collection. | Ensured that the evaluation uses currently collected data and standardizes data collection. | | |
| | | | | Ensure that the evaluation creates a monitoring and reporting system that allows continuous feedback and focus on quality improvement. | Ensured that the evaluation creates a monitoring and reporting system that allows continuous feedback and focus on quality improvement. | Ensured that the evaluation creates a monitoring and reporting system that allows continuous feedback and focus on quality improvement. | | |
| | | | | Ensure that an independent and credible evaluation team reviews and evaluates the plan on an ongoing basis. | Ensured that an independent and credible evaluation team reviews and evaluates the plan on an ongoing basis. | Ensured that an independent and credible evaluation team reviews and evaluates the plan on an ongoing basis. | | |