

USVI EARLY CHILDHOOD CARE AND EDUCATION STRATEGIC PLAN: 2021-2024

The Territory's Early Childhood Care and Education Strategic Plan lays out the Territory's strategic priorities and pathway to achieving those priorities to ensure thriving USVI children, birth – 5, instilled with a love for learning and ready to succeed academically.

Acknowledgements

This Early Childhood Care and Education Mixed Delivery System (ECE MDS) Strategic Plan for the U.S. Virgin Islands could not have been completed without the dedication, commitment, work, and contributions of several individuals across the Territory. First, given that the strategic plan is anchored in the Territory’s 2020 ECE MDS Needs Assessment, it is fitting and appropriate to acknowledge all who contributed to the completion of that document – parents, caregivers, owners/administrators of licensed childcare facilities, health care providers, and the team who worked on data collection, management, analysis, and the generation of the final ECE MDS Needs Assessment.

Other contributors to the development and completion of the Territory’s 2020 ECE MDS Strategic Plan include active members of the Core Strategic Planning Group (CSPG) who worked consistently over a nine-month period to help shape the plan, supported by the invaluable contributions of members of the State Advisory Council (SAC) representatives of Partner Agencies and Organizations (PAOS), and other stakeholders from across the Territory who provided verbal and written feedback during and following Virtual Town Hall meetings (facilitated by Marthious Clavier) held to present the draft strategic plan to the USVI community.

Active members of the CORE STRATEGIC PLANNING GROUP

Name	Agency	Role
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Letters to the USVI Community SAC [here](#)

Letters to the USVI Community – Governor here

Glossary of Terms

TERM	DEFINITION
Childcare provider	An individual who cares for and provides supervision to children from age six weeks to age thirteen.
Early childhood professional	An individual who has the personal characteristics, knowledge, and skills necessary to provide programs that facilitate children's learning
Culturally competent*	<p>An entity and/or professional that has:</p> <ul style="list-style-type: none"> ▪ a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally. ▪ the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) institutionalization of cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve. <p>Source: National Center for Cultural Competence, Georgetown University Center for Child and Human Development</p>
High quality programs	In a high-quality early childhood education and care program, teachers engage children with learning strategies that are tailored to the age of the child and use an appropriate curriculum to structure the learning experience. A variety of supports are needed to facilitate these interactions so that high-quality teaching and learning can occur.
School readiness	<p>For the purposes of this strategic plan, we adopt the following definition of school readiness. School readiness means children are ready for school, families are ready to support their children's learning, and schools are ready for children.</p> <p>Source: Early Childhood Learning & Knowledge Center, Office of Head Start, Administration for Children and Families, Department of Health and Human Services</p>

**Note: The definition relates to organizations but is also applicable to professionals. For the USVI ECE MDS Strategic Plan, it is the expectation that all professionals operating in the Territory's ECE MDS will meet the two elements of the definition and that the Territory's ECE MDS will be characterized as a culturally competent ECE MDS.*

Additional definitions associated with the Territory's ECE MDS can be found in the [here](#). (pp28-29).

Description of Strategic Plan Process

The Territory's ECE MDS strategic planning process was an inclusive process which began in February 2020 with a review of existing early childhood strategic plans in place across the U.S. as well as participation by members of the State Entity in professional development sessions supported by the Administration for Children and Families, the funding agency for the PDG B-5 Planning Grant. The work of the CSPG was grounded in the needs assessment of the Territory's ECE MDS, which was developed and finalized over a 15-month period and included a range of stakeholders across the Territory's ECE MDS.

A Core Strategic Planning Group (CSPG) was formed with membership from the key agencies across the Territory that provide programs and services to the B-5 population. Working meetings were held bi-weekly and outputs from the CSPG working sessions were presented to the SAC for review, input, and concurrence. This was an iterative process, with the SAC reviewing and supporting the various sections of the strategic plan, as it was developed, and then providing overall support and concurrence, as evidenced by the letter from the SAC that is a part of the strategic plan.

Once the SAC had reviewed and provided support for the key elements of the strategic plan, four (4) virtual town hall meetings were convened between Thursday, November 5, 2020 and Tuesday, November 17, 2020, to provide other stakeholders across the Territory an opportunity to weigh in and provide feedback on the draft document. The final strategic plan reflects consideration of the feedback received from stakeholders who participated in the virtual town hall sessions.

Territory's Vision

Thriving U.S. Virgin Islands children, birth through five, instilled with a love for learning.

Territory's Mission

Providing early childhood care and education in an integrated, coordinated, collaborative and supportive mixed delivery system that nurtures, supports, and challenges every child to meet developmental milestones and achieve school readiness.

Stakeholder Members

CATEGORY	WHO SHOULD BE AND WILL BE ENGAGED?
Local, state, or federal government partners	Legislature of the U.S. Virgin Islands
	USVI Delegate to Congress
	V.I. Departments of Human Services; Health; Labor; Justice; Office of the Governor - USVI
	US Department of Health and Human Services
	USVI Representative – DOI OIA
Non-profit partners	Lutheran Social Services of the Virgin Islands
	Community Foundation of the Virgin Islands
	St. Croix Foundation
	St. John Foundation
	Virgin Islands Partners for Healthy Communities
Faith-based Community	Catholic Charities
	Ministerial Alliance
Grassroots Leaders	Home schooling advocates
	HS/EHS Parent Councils
	Parent-Teacher Organizations
Education partners	Virgin Islands Department of Education: Early Childhood Education; Office of Special Education Programs; Bilingual Education
	University of the Virgin Islands: School of Education; Early Childhood Centers; VIUCEDD
	Virgin Islands Board of Education
	Head Start; Early Head Start; HS/EHS Governing Boards
	Owners/operators of licensed childcare facilities
	Private/parochial preschools
	Home school leaders/teachers
Other	Professional organizations: Association of Virgin Islands Psychologists; Virgin Islands State Nurses Association; Virgin Islands Social Work Association
	Federally Qualified Health Centers – Frederiksted Health Care, Inc. (STX); St. Thomas East End Medical Center Corporation (STT)
	Virgin Islands Housing Authority
	Virgin Islands Housing Finance Authority
	Chambers of Commerce
	Pediatricians; pediatric dentists; child psychologists/psychiatrists; allied health professionals; UVI School of Nursing

Note: Adapted from Network Relationship Map – Organizations and Individuals, Advocacy & Communication Solutions, LLC, 2017

Core Values

Valued

- Respect the dignity, worth, uniqueness and contribution of each individual in achieving the best outcomes for every child.

Inclusion

- All children and families are welcomed and diversity is celebrated.

Cultural Competence

- All stakeholders strive to understand, communicate with, and effectively interact with people across all cultures.

Accessibility

- Accessibility, availability, and affordability are fundamental to the successful implementation of USVI ECE programs.

Respect

- Respect for the rights, cultures and feelings of children, staff and parents is critical to meaningful outcomes and achievements in USVI ECE programs.

Equity and Engagement

- All children, birth through five, in the USVI have the right to equitable, high quality early childhood care and education which engages families through effective communication.

Safety and Security

- Ensuring environments that are safe and secure from emotional, physical and other threats enhance children's prospects for reaching their highest learning potentials.

Core Beliefs

All children, regardless of socio-demographic status, deserve high-quality, nurturing care to reach developmental milestones and their highest potential.

Every child should have access to high-quality, innovative early care and education in a safe and supportive environment.

All children are capable of learning through stimulated, thought-provoking and engaging activities.

Parents should be empowered with culturally appropriate tools, supports, and skills to provide a home environment conducive to learning.

To optimize the integral role that family and community play in the success of every child, community systems must work collaboratively to assure that children's educational, social, emotional and health needs are met.

Early learning, foundational for productive citizenship, should be engaging, coordinated, integrative, and collaborative and delivered by culturally competent ECE providers.

SWOT Analysis

The SWOT analysis is based on the Territory's Early Childhood Care and Education Mixed Delivery System's (ECE MDS) Needs Assessment completed as part of the Territory's Preschool Development Grant Birth Through Five (PDG B-5). The Needs Assessment, which was completed over approximately 15-months, incorporated data collection from key stakeholders to include parents of children from birth to five years of age (B-5); caregivers in childcare facilities; kindergarten and first grade teachers from parochial, private, and public schools across the Territory, health care providers, administrators and policy makers from childcare facilities, and other entities that provide direct and/or support services to children B-5 and their families.

IDENTIFIED STRENGTHS

Strengths linked to *funding and support* [*Resources available to support ECE*]

- ✓ Large portions of public ECE MDS supported with federal funds
- ✓ Extensive technical assistance available at no cost for Early Head Start (EHS) and Head Start (HS)

Strengths linked to *professional development support*

- ✓ Significant investment in Professional Development/Training of HS/EHS staff
- ✓ Educational requirements for staff are in place
- ✓ ECE degree programs available at UVI

Strengths linked to *regulations and guidelines* [*Effective processes and coordination*]

- ✓ Stringent regulatory requirements that must be adhered to
- ✓ HS and EHS use research-based curriculums that meet most ACF requirements for high-quality, research-based, ECE curriculums.
- ✓ Owners/operators of licensed, private childcare facilities have required credentials to serve in their roles
- ✓ Transition from EHS to HS is well coordinated
- ✓ Part C services are available to eligible children birth to 3 across the Territory.
- ✓ MOA in place for transitioning of children from Part C to Part B and services are provided to children at childcare facilities (whether public, private, or parochial).
- ✓ Services to children with disabilities a priority for EHS/HS
- ✓ Development of quality standards initiated

Strengths linked to *positive attitude toward ECE*

- ✓ Majority of parents are positive about their child's childcare experience
- ✓ USVI ECE MDS has a SAC in its developmental state
- ✓ USVI PDG B-5 Needs Assessment completed
- ✓ EHS and HS long successful history

Strengths linked to *the general community context*

- ✓ PDG B-5 Needs Assessment provides a strong overview of data and issues associated with the current USVI ECE MDS
- ✓ Process for development of Needs Assessment provides effective template for future collaboration and cooperation
- ✓ ECE programs across the Territory serve as building blocks for K-3 Programs
- ✓ Dedicated staff
- ✓ Pediatricians and neonatologists highly regarded and respected by families of children who access health services.
- ✓ Relatively new 10-classroom Head Start facility on western end of St. Croix

IDENTIFIED WEAKNESSES

Weaknesses due to *insufficient support for staff and professional development* [Staffing challenges]

- ✓ Lack of adequate support for certification, training, and mentorship for ECE caregivers/providers
- ✓ Performance and retention incentives for staff
- ✓ Many licensed, private childcare facilities struggle to keep qualified staff due to fiscal challenges.
- ✓ Most caregivers in both public and private childcare facilities do not earn a living wage.
- ✓ Caregiver survey shows many caregivers/teachers in childcare settings are not versed in aspects of early literacy and language development.

Weaknesses due to *limited data systems* [Limited evidence-based decision-making capabilities]

- ✓ Lack of a comprehensive data sharing system
- ✓ Inadequate data collection across programs and services and lack of interoperability of systems across the MDS resulting in gaps in timeliness, completeness, and accuracy of data reported

Weaknesses due to *inadequate system connections, guidelines, and linkages*

- ✓ The transition process from HS to Kindergarten is not consistent or cohesive across centers and schools
- ✓ The Amended Interagency Agreement (AIA) and the VIDE procedures for transition of special needs children (Part C to Part B) are dated (between 5-11 years) and need to be updated.
- ✓ Inadequate formalization of agreements among partners and lack of coordination of agreements
- ✓ Limited collaboration across public, private, and parochial childcare facilities.

IDENTIFIED OPPORTUNITIES

Opportunities to *expand relationships and support* [Facilitate collaboration & cooperation]

- ✓ Collaborate across public, private, and parochial childcare facilities Territory-wide
- ✓ Cultivate affiliations with national early childhood organizations
- ✓ Access national support and technical assistance
- ✓ Formalize collaborative agreements with agencies and CBOs
- ✓ Seek funding from foundations, donors, and other funding agencies to address specific gap areas delineated in the NA.
- ✓ Block grant program to expand/increase number of qualified children receiving ECE services

- ✓ Identify executive and legislative initiatives and prioritize funding to strengthen/improve/expand the USVI ECE MDS.
- ✓ Expand relationships with FQHCs to address critical healthcare needs

Opportunities to *make improvements in quality and data of ECE MDS*

- ✓ Develop a comprehensive ECE data system (ECIDS and VIVIS).
- ✓ Facilitate the implementation of the Territory's QRIS – VIS2Q.
- ✓ Upgrade technology infrastructure to support ECE program

Opportunities to support *advancement of professional quality in providers*

- ✓ Recruit HS graduates for enrollment in ECE program at UVI
- ✓ Infuse professional excellence and cultural relevance in providers, policies, and training opportunities that support ECE programs and services in the USVI MDS
- ✓ Build leadership capacity at the local level
- ✓ Establish USVI professional organization for all ECE providers (public and private)
- ✓ Encourage and support participation for options for PD in ECE

Opportunities to expand *outreach and communications with stakeholders*

- ✓ Communicate NA findings to the public, parents, policy makers and community stakeholders.
- ✓ Utilize completed NA as a springboard from which to expand the engagement of parents and family members of children B-5 years of age.

IDENTIFIED THREATS

Threats driven by *insufficient funding and support [Funding]*

- ✓ Insufficient funding at the local level to adequately support key elements/components of the Territory's ECE MDS
- ✓ Funding uncertainties due to economic shifts associated with disruptions

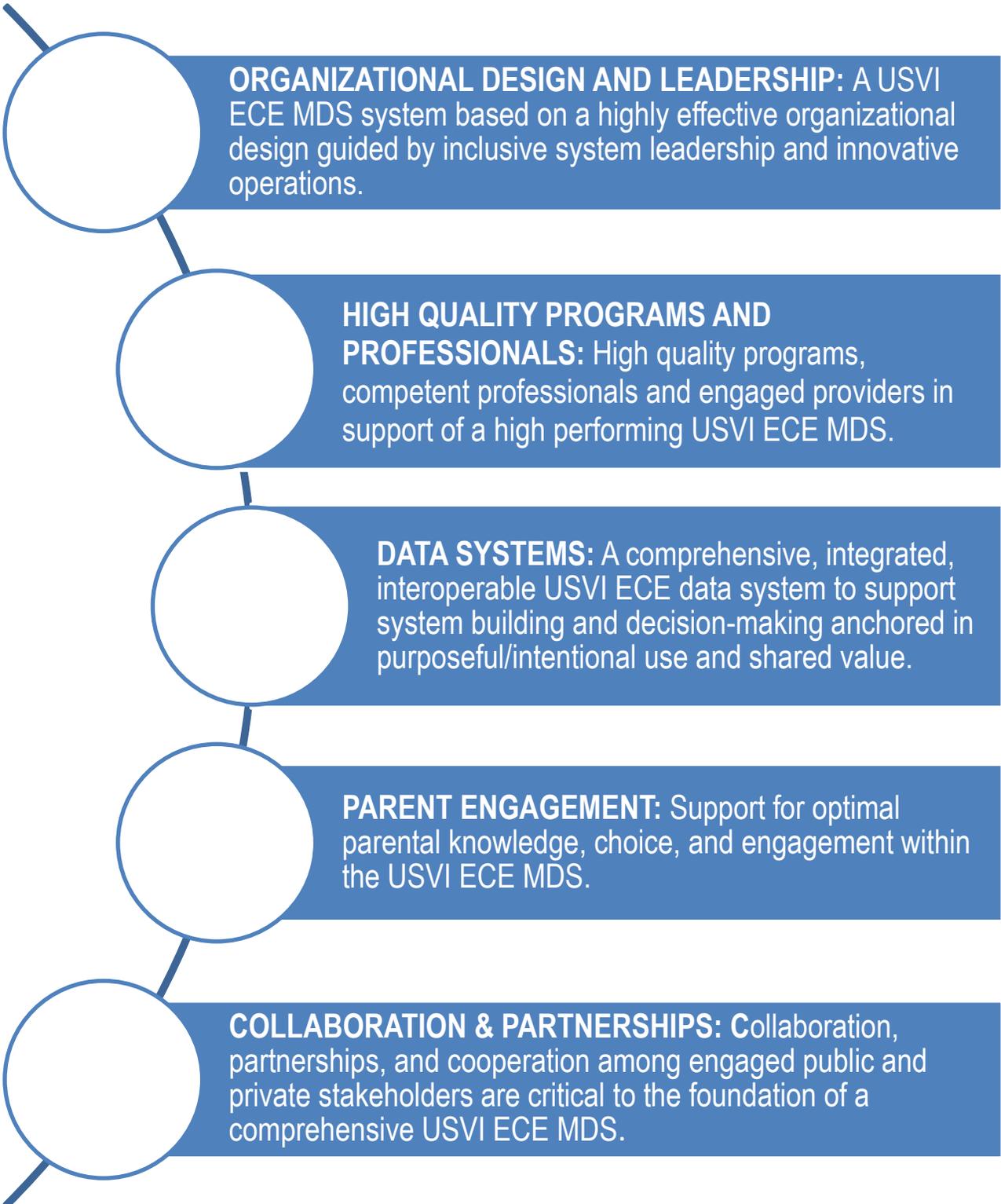
Threats driven by *potential hazards and disruptions [Economic, labor & environmental impact]*

- ✓ Disruptions due to natural disasters, climate change issues, COVID-19, and other potential public health challenges slow down, or erase advancements made through collaboration due to loss of facilities and/or ECE staff.
- ✓ Out migration of health professionals due to the impact of natural disasters and economic downturn
- ✓ Changes in administrations at local and national levels, as well as changes in political leadership, may disrupt or mitigate collaboration among partners and stakeholders.

Threats driven by *social determinants of health [Barriers to access to timely, quality care]*

- ✓ High levels of poverty, uninsured, and underinsured children and families coupled with limited availability of needed services and programs
- ✓ Insufficient health providers, particularly in the areas of pediatric dental and behavioral health

Strategic Priorities



ORGANIZATIONAL DESIGN AND LEADERSHIP: A USVI ECE MDS system based on a highly effective organizational design guided by inclusive system leadership and innovative operations.

HIGH QUALITY PROGRAMS AND PROFESSIONALS: High quality programs, competent professionals and engaged providers in support of a high performing USVI ECE MDS.

DATA SYSTEMS: A comprehensive, integrated, interoperable USVI ECE data system to support system building and decision-making anchored in purposeful/intentional use and shared value.

PARENT ENGAGEMENT: Support for optimal parental knowledge, choice, and engagement within the USVI ECE MDS.

COLLABORATION & PARTNERSHIPS: Collaboration, partnerships, and cooperation among engaged public and private stakeholders are critical to the foundation of a comprehensive USVI ECE MDS.

Strategic Goals

Organizational Design and Leadership

- Establish a culturally responsive, inclusive USVI ECE MDS grounded in best practices to inform priorities, organizational structure, leadership, and implementation.

High Quality Programs and Professionals

- Develop innovative, inclusive, high quality ECE programs and services delivered by professionals that demonstrate competence, cultural sensitivity and caring to meet the diverse needs of the USVI B-5 population.

Data Systems

- Establish an integrated Early Childhood Care and Education data system with a clear governance structure that promotes data-driven decision-making, informs policy, program planning, development, and improvement, evaluation, and measurement of child outcomes.

Parent Engagement

- Establish mechanisms that engage parents and provide opportunities for them to easily access information and make informed choices.

Collaboration and Partnerships

- Establish agreed upon guidelines and protocols that support optimal communication, engagement, and accountability among involved stakeholders to enhance responsiveness, effectiveness, and efficiency within the USVI ECE MDS.

GOAL 1, RELATED OBJECTIVES, ACTIVITIES, PERFORMANCE MEASURES AND INDICATORS OF SUCCESS

Goal 1: Establish a culturally responsive, inclusive USVI ECE MDS grounded in best practices to inform priorities, organizational structure, leadership, and implementation

Objectives

- 1.1. Establish and sustain a formalized structure within the GVI Executive Branch to coordinate planning, financing, delivery, and evaluation of the ECE MDS and initiatives.**

Activities

- 1.1.1. Identify funding and support and convene appropriate stakeholder-leadership.
- 1.1.2. Determine legal mechanism for establishing governance structure and approach.
- 1.1.3. Map existing governance and management structures, including their functions and level of authority to identify opportunities to connect people, policies, and programs across sectors.
- 1.1.4. Identify appropriate “home” for ECE MDS governing body.
- 1.1.5. Build organizational structures, rules, guidelines, or policies that can be a foundation for ongoing collaboration and coordination across sectors, including establishment of support staff structure.
- 1.1.6. Set outcomes and benchmarks across sectors for what the comprehensive early childhood system delivers.

- 1.2. Identify cross sector leadership (sectors of health, early learning and development, and family leadership and support), with clear authority to modify existing cross sector relationships, establish priorities, leverage fiscal and human resources, and implement system change.**

Activities

- 1.2.1. Develop a mandatory, professional development module for ECE MDS leadership and other stakeholder-leaders designed to orient decision-makers to the framework and guidelines associated with collaboration and partnerships.
- 1.2.2. Governing body advances the USVI ECE MDS commitment to inclusive leadership and implements the agreed on operational policies and procedures, including facilitation of agreements and coordination of ECE activities with Territory-wide initiatives that include effective communication among stakeholders and the public.

Performance Measures that will indicate that the goal has been achieved:

- ✓ Formalization of appointments and establishment of functional committees/teams
- ✓ Identification of funding sources and necessary resources
- ✓ Executed legal instrument
- ✓ Stakeholder consensus on and execution of collaborative agreement
- ✓ The drafted policies, guidelines, and operating procedures for the ECE MDS are under review

- ✓ Establish the support staff structure for the ECE MDS
- ✓ Outcomes and benchmarks drafted, reviewed, and finalized
- ✓ Professional development module draft circulated and piloted
- ✓ Guidance framework for ECE MDS reviewed and accepted by key stakeholders in MDS
- ✓ Draft elements for MOA/MOU developed and circulated outlining due diligence, regulatory compliance, privacy, data sharing and security access levels
- ✓ Draft agreements include input from appropriate partners, emphasize reporting and communications responsibilities and have opportunities for review and improvement as needed
- ✓ Executed MOA/MOU addressing ECE MDS governance structure
- ✓ Development and implementation of public awareness and engagement campaign on USVI ECE MDS.

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> • Public and other stakeholders in ECE MDS are more involved in engagement activities and provide feedback or ideas as appropriate. • Multi-dimensional/multi-media community-wide public relations campaign that socially connects families with ECE MDS. • Number of stakeholders participating/engaging in activities increases. 	<ul style="list-style-type: none"> • Members of governing body and other stakeholder leaders are familiar with and in agreement with the guidelines of working collaboratively. • Territory-wide initiatives and improvements in ECE communication and engagement in the USVI are approved and implemented. 	<ul style="list-style-type: none"> • Number of stakeholders participating/engaging in activities increases.
<ul style="list-style-type: none"> • Review existing instruments and draft appropriate legal documents. • Signed instrument distributed to key stakeholders. • Organizational chart and responsibilities documented. • Legal indication of agreement 	<ul style="list-style-type: none"> • Inclusive process develops goals and guidance framework for ECE MDS, including leadership responsibilities. 	<ul style="list-style-type: none"> • Governing body oversees and facilitates coordination of agreements among stakeholders, collaboration on funding of cross- sector initiatives, and provides leadership regarding policy development and Territorial engagement in the ECE Mixed - Delivery System.
<ul style="list-style-type: none"> • Governing body with the support of staff develops a data-driven and evidence- based approach through the accompaniment of supportive, local research and VI data for each recommendation. • All policies and recommendations from SAC/governing entity are forwarded to the Governor and public with appropriate supporting data and research outputs. 	<ul style="list-style-type: none"> • Proposals for Territory-wide or multi-sectoral initiatives are developed under formalized agreements. • Territory-wide initiatives and improvements in ECE communication and engagement in the USVI are approved and implemented. • Parties finalize and sign agreements. 	<ul style="list-style-type: none"> • Multi-dimensional/multi-media community-wide public relations campaign that socially connects families with ECE MDS

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> • Governing body members attend meetings and participate in official activities. • Inclusive process develops goals and guidance framework for ECE MDS, including leadership responsibilities that may require approval by the Governor. • Proposals for Territory-wide or multi-sectoral initiatives are developed under formalized agreements. • Public and other stakeholders in ECE MDS are more involved in engagement activities and provide feedback or ideas as appropriate 	<ul style="list-style-type: none"> • Public and other stakeholders in the ECE MDS are more involved in engagement activities and provide feedback or ideas as appropriate. • Multi-dimensional/multi-media community-wide public relations campaign that socially connects families with ECE MDS. • Number of stakeholders participating/engaging in activities increases. 	

Desired Outcomes that we will realize to indicate that the goal has been achieved:

- ✓ The governing body representing public and private sector members receive orientation regarding responsible engagement in collaboration and partnerships and convene first meetings to begin policy and guidelines development.
- ✓ Stakeholders are aware of the mode of operating, advantages, and value of the mixed-delivery structure and support it through appropriate engagement in MDS initiatives and activities.
- ✓ The USVI ECE MDS, through its organizational design and leadership approach provides the framework and support for realization of the Strategic Plan.

Resources Needed to support achievement of strategic goal, objectives, and related activities:

- ✓ Legal counsel for drafting and reviewing organizational structure and policy documents
- ✓ Data collection and analysis personnel
- ✓ Consultants and professionals with media, communications, and public relations expertise and experience
- ✓ Data collection tools and platforms in support of stakeholder involvement and engagement
- ✓ Professionals with expertise and experience developing and implementing effective mechanisms for stakeholder involvement
- ✓ Funding in support of community forums, town halls, media outreach and information campaigns

GOAL 2, RELATED OBJECTIVES, ACTIVITIES, PERFORMANCE MEASURES AND INDICATORS OF SUCCESS

Goal 2: Develop innovative, inclusive, high quality ECE programs and services delivered by professionals that demonstrate competence, cultural sensitivity and caring to meet the diverse needs of the USVI B-5 population.

Objectives

2.1. To fully implement the VIS2Q.

Activities

- 2.1.1. Update rules and regulations for QRIS based on recommendations from 2016 pilot.
- 2.1.2. Select (X) standards for phased implementation of VIS2Q.
- 2.1.3. Share information about VIS2Q/QRIS with stakeholders.
- 2.1.4. Provide training and counselling for VIS2Q/QRIS and incentivize achievement to promote high quality programs.
- 2.1.5. Collect data to evaluate level of uptake and compliance based on training and implementation.

2.2. To provide comprehensive ECE programs that meet industry standards.

Activities

- 2.2.1. Identify existing and new resources for program support.
- 2.2.2. Implement guidelines /best practices.
- 2.2.3. Implement mechanisms to interface with parents of children with special needs.
- 2.2.4. Identify funding streams for blending/braiding for ECE related programs.

2.3. To provide ECE personnel with support needed for financial security and high-quality education program development.

Activities

- 2.3.1. Advocate for ECE program care providers to receive a living wage.
- 2.3.2. Establish channels for home and school communication for improving students' learning.
- 2.3.3. Advocate for small class sizes (1: 6-8 in ECE).

2.4. To ensure access to training and utilization of knowledge by ECE professionals and staff in program delivery.

Activities

- 2.4.1. Provide multiple levels of training using different formats (online; on-the-job; distance- learning; short term modules).
- 2.4.2. Facilitate certification for all ECE staff.
- 2.4.3. Provide monitoring of program quality.
- 2.4.4. Provide mentoring support for ECE staff.

2.5. Determine the efficacy of VIS2Q phased implementation.

Activities

- 2.5.1. Evaluate first and second phases of VIS2Q implementation.
- 2.5.2. Utilize findings to refine processes and quality standards.

Performance Measures that will indicate that the goal has been achieved:

- ✓ Resources are cataloged and made available to all program stakeholders
- ✓ OCCRS and DHS produce approved updated document outlining the quality steps and other elements of the VIS2Q
- ✓ Screening and assessment tools are used in ways that are ethically grounded, culturally, and linguistically appropriate to document developmental progress and promote positive outcomes for each child.
- ✓ New and existing partners are identified to blend funding for efficiency; and to maximize resources to support ECE programs.
- ✓ Caregivers and teachers listen to families and try to understand their goals and concerns for their children.
- ✓ Families of children with special needs are provided tools to address their children's circumstances.
- ✓ The habit of reflective and intentional practice is developed and sustained by professionals in their daily work with young children.
- ✓ Each program has scheduled formal and impromptu monitoring and periodic review
- ✓ VIS2Q is fully implemented

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> • By the second quarter of the first year, information about existing and new resources is made available. • By the end of the second quarter VIS2Q rules and regulations are updated and disseminated. • Communication plan to inform stakeholders of updates • Phase one of the VIS2Q implemented by end year one 	<ul style="list-style-type: none"> • ECE programs attract and retain high-quality candidates with turnover reduced by 5% for year two. • Advocacy for staff pay increase during each quarter of year two. • Compensation reflects the importance of staff work and the expertise necessary to educate the nation's youngest children by year two. 	<ul style="list-style-type: none"> • Year on year improvements in students' assessment scores (such as COR; LAP-3 etc.) • ECE programs are supported and use data to facilitate decision making to improve program quality.
<ul style="list-style-type: none"> • Caregivers/teachers engage children with learning strategies that are tailored to the age of the child and use an appropriate curriculum to structure the learning experience guided by agreed upon guidelines by the end of year one • The percentage of children who score at or above the expected level on assessments will increase by 20 % at the next evaluation period after best practice guidelines are implemented. 	<ul style="list-style-type: none"> • A toolbox of activities to create respectful, responsive, reciprocal relationships with families is developed and made available to Centers by the fourth quarter of year two. 	<ul style="list-style-type: none"> • Evaluation of Phase I implementation completed by second quarter of year three.

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> • Collaboration across agencies and programs to fund ECE programs. • Ongoing efforts to secure additional funding sources will have been obtained by end of year three. 	<ul style="list-style-type: none"> • Class sizes with low student-to- staff ratios. • Strong learning outcomes for children due to more individualized attention. • Programs staffed at a level that allows for teacher-child ratios that are appropriate for the age of the children, children with special needs, and the size of the group. 	<ul style="list-style-type: none"> • 95 % of teachers have been certified by end of year three.
<ul style="list-style-type: none"> • Evidence that at the end of year one caregivers/teachers learn how to prevent and redirect challenging behavior and respond to children’s needs with respect, warmth, and empathy through participation in mentoring effectively and proactively. 	<ul style="list-style-type: none"> • Evidence that Information on multiple pathways to licensure and scholarships for current early educators to gain greater knowledge and skills is available. • Evidence that instructional leaders support teachers with lesson planning and curriculum implementation, behavior management strategies, and professional development during each quarter. • The DHS will have sufficient staff to monitor all programs by end of year two. • Evidence that monitoring of effective leadership that provides instructional support to teachers as well as sound business management to the overall program has occurred as scheduled. • The DHS will implement a formalized mentoring program by the end of the second quarter of year two. 	

Desired Outcomes that we will realize to indicate that the goal has been achieved:

- ✓ All relevant stakeholders are informed of updated VIS2Q
- ✓ Early learning standards and curricula that address the whole child are understood
- ✓ The VIS2Q training effectiveness is validated based on children’s performance.
- ✓ Compensation for early learning providers is increased and staff turnover reduced.
- ✓ Comprehensive family engagement programs enable parents to participate in their children’s learning.
- ✓ Fewer students in a classroom and more staff to facilitate high-quality interactions between teachers and children.
- ✓ A qualified well-credentialed ECE workforce.

- ✓ A strong teacher preparation pipeline to ensure a sufficient supply of qualified ECE teachers.
- ✓ Teachers use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child.
- ✓ Certification programs are available.
- ✓ ECE providers engage in continuous, collaborative learning to inform practice.
- ✓ Well-prepared teachers who provide engaging interactions and classroom environments that support learning.
- ✓ A mentoring program for ECE staff and professionals staffed by senior ECE professionals serving as mentors.
- ✓ The full implementation of VIS2Q results in high quality programs.

Resources needed to support achievement of strategic goal, objectives, and related activities:

- ✓ DHS taskforce and staff to finalize VIS2Q, develop communication plan, and provide training
- ✓ Adequate staff to monitor programs and collect data
- ✓ Implementation of best practices requires access to the National Association for the Education of Young Children materials, and to relevant resources from Federal and organizational groups that focus on early childhood education.
- ✓ Additional program funding through grants and the Office of Childcare for blending/braiding ECE related programs
- ✓ Funding for living wage pay scale through possible grants, scholarships, incentive programs and/or Federal partnerships.
- ✓ Availability of downloadable apps for phones and iPads and access to the CFVI Educational app and Channel 12 (WTJX) educational programs to establish channels of communication
- ✓ Increased program funding for additional staff hires and infrastructure improvement (buildings, equipment, etc.)
- ✓ Scholarships to incentivize training, possibly through the DHS negotiations with UVI
- ✓ Scholarships to incentivize completion of program(s) qualifying for and sitting certification exam - possibly through the DHS negotiations with UVI
- ✓ Increase of monitoring staff from the present one person, to four persons - two for each district.
- ✓ Incentives to increase the number of certified educators qualified to provide mentoring
- ✓ Funding and staff to evaluate the efficacy of the VIS2Q

GOAL 3, RELATED OBJECTIVES, ACTIVITIES, PERFORMANCE MEASURES AND INDICATORS OF SUCCESS

Goal 3: Establish an integrated Early Childhood Care and Education data system with a clear governance structure that promotes data-driven decision-making, informs policy, program planning, development, and improvement, and the evaluation and measurement of child outcomes.

Objectives

3.1. Document existing capability and capacity of the USVI's ECIDS.

Activities

- 3.1.1. Use a graphic to outline the workflow-based process; capacity of the current ECIDS.
- 3.1.2. Develop supporting narrative that discusses the purpose and projected capabilities of the data system.

3.2. Identify consultants and program liaisons to address barriers and establish a comprehensive ECIDS in the Territory.

Activities

- 3.2.1a. Implement strategies/take action to address specific barriers Territory-wide.
- 3.2.1b. Identify ECE agency/program personnel to serve as liaisons and engage ECIDS consultant.
- 3.2.2. Solicit funding to address funding related barriers to the establishment of a comprehensive ECIDS.

3.3. Identify data to be shared by the agencies/programs that will contribute data to the ECIDS.

Activities

- 3.3.1. Engage non-participating ECE stakeholders in final design of ECIDS.
- 3.3.2. Develop draft data sharing agreements for agencies that will contribute data to the ECIDS.
- 3.3.3. Finalize, promulgate, and adopt data sharing agreements.

3.4. Enact legislation that defines the parameters of the Territory's ECIDS within the context of the ECE MDS Strategic Plan.

Activities

- 3.4.1. Identify and analyze ECIDS legislation from other jurisdictions.
- 3.4.2. Develop draft USVI ECIDS legislation for vetting by the SAC and other stakeholders.
- 3.4.3. Identify legislators to champion and facilitate passage of the proposed ECIDS legislation.

3.5. Determine optimal administrative structure of ECIDS Unit, including funding and staffing.

Activities

- 3.5.1. Identify funding source.
- 3.5.2. Create job descriptions and promote/hire qualified staff.
- 3.5.3. Design staffing, pay, and business units that are consistent across entities.
- 3.5.4. Create opportunities to support ongoing capacity building for data management, analysis, analytics, and utilization.

3.6. Establish an ECIDS governance structure.

Activities

- 3.6.1. Engage key stakeholders to determine essential elements of the ECIDS governance structure.
- 3.6.2. Develop and disseminate graphic representation of the governance structure.
- 3.6.3. Convene stakeholders to inform and deliver the content of the Standard Operating Policies and Procedures (SOPP).
- 3.6.4. Implement and fund ECIDS SOPP and collaborate with governance entity.

3.7. With guidance from consultants, finalize architectural structure of ECIDS to align with characteristics/features of best practices for ECE data systems.

Activities

- 3.7.1. Assess needs and analyze approach to design of the system.
- 3.7.2. Coordinate system interconnectivity and interoperability technology design.
- 3.7.3. Purchase and custom build system.
- 3.7.4. Identify key standard reports to support key ECE MDS agencies.
- 3.7.5. Establish ECIDS Data Warehouse.

3.8. Pilot expanded ECIDS and document issues/challenges.

Activities

- 3.8.1. Install system and commence test-run/pilot.
- 3.8.2. Assess pilot technical efficiency.
- 3.8.3. Identify opportunities for system improvement.

3.9. Tweak system to address technical and other challenges identified during pilot phase.

Activities

- 3.9.1. Implement technical improvements and address deficiencies identified by users.
- 3.9.2. Facilitate efficacy + excellent functional operations + user friendly system.
- 3.9.3. Develop training modules for data personnel from key ECE MDS agencies.
- 3.9.4. Deliver training and tweak modules based on feedback from participants.
- 3.9.5. Update modules and make available to key agencies for ongoing PD.

3.10. Fully implement ECIDS.

Activities

- 3.10.1. Conduct expanded pilot of system.
- 3.10.2. Provide confirmation of resolved issues related to technical, governance, and system security issues.
- 3.10.3. Launch ECIDS – ECIDS goes “live”.
- 3.10.4. Generate key reports based on ECIDS live data/live status.
- 3.10.5. Launch ECIDS Data Warehouse and Clearinghouse.

Performance Measures that will indicate that the goal has been achieved:

- ✓ The ECIDS administrative structure is fully functional, funded, enacted, and aligned with best practices for ECE data systems.
- ✓ ECIDS staff are operating at full capacity to manage the system and satisfy user demands for ECE data.
- ✓ ECE stakeholders use ECIDS data for grant applications, measurement & evaluation of common goals/outcomes across ECE MDS and other ECE program activities
- ✓ ECE programs timely provide accurate, complete requisite data for inclusion in ECIDS.
- ✓ ECIDS system is fully operational with efficiency in interoperability, data sharing, report generation, data warehousing and user friendliness.

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> Up to date ECIDS summary information is used to inform stakeholders and support grant applications. 	<ul style="list-style-type: none"> ECIDS placement and architectural structure is determined in first quarter of year two. 	<ul style="list-style-type: none"> ECIDS goes live by the end of the first quarter of year three.
<ul style="list-style-type: none"> Consultant and liaisons share ECIDS information and address barriers to data sharing within their respective agency/program and agreement on next steps. Funding is acquired for the full implementation of a comprehensive ECIDS. 	<ul style="list-style-type: none"> Funding is secured and ECIDS pilot study is initiated and executed to identify barriers to full implementation Data sharing agreements are assessed alongside the ECIDS pilot/test-run. 	<ul style="list-style-type: none"> Trainings, professional development workshops and relevant system upgrades are conducted timely.
<ul style="list-style-type: none"> Design structure of ECIDS is finalized in second quarter of year one. Buy-in is achieved from stakeholders with pertinent ECIDS data ECE programs agree to share data timely for the development of a comprehensive ECIDS MOUs / MOAs are signed and honored by ECE agencies and organizations 	<ul style="list-style-type: none"> ECIDS pilot is evaluated in the third quarter of year two. ECIDS system, software and personnel deficiencies are identified and addressed. Stakeholder shift from siloed operations to a comprehensive collaborative approach outlined in legal agreements. 	<ul style="list-style-type: none"> ECIDS system is now an established tool in the hands of stakeholders, who are supported by competent ECIDS staff.
<ul style="list-style-type: none"> Legislation identified, reviewed, and analyzed. Matrix capturing analysis developed & shared. Draft legislation developed. Sessions held with SAC and key stakeholder groups. SAC and key stakeholder groups support proposed legislation. Legislative sessions convened & bill sent to Governor for signature. Legislation signed into law by Territory's Chief Executive. Increase the number of employees competent in data analysis + analytics. Connect staff + build consensus for ECIDS collective impact. 	<ul style="list-style-type: none"> Legislation enacted with funding source identified. Culture of professional development in data analysis and data analytics is established. 	<ul style="list-style-type: none"> Executive and Legislative Branches continue to support the ECIDS unit and budget allowing for progressive growth and prolific output of VI ECE MDS data sets.

Desired Outcomes that we will realize to indicate that the goal has been achieved:

- ✓ Informational barriers are addressed and greater understanding of ECIDS achieved
- ✓ Buy-in is achieved from stakeholders with critical ECIDS data
- ✓ ECE programs share data timely for the development and maintenance of a comprehensive ECIDS
- ✓ ECIDS legislation enacted that will provide legal authority for implementation and fiscal support to sustain USVI ECIDS
- ✓ ECIDS's administrative arm in full operation with staffing capacity fulfilled with FTEs cross-trained and competent in data analytics, analysis, management, and reporting
- ✓ Clearly defined governance structure in place
- ✓ Utilization of data from ECIDS to inform critical policy, program, and fiscal decisions to improve outcomes for B-5 population in the USVI
- ✓ Fully functional USVI ECIDS

Resources needed to support achievement of strategic goal, objectives, and related activities:

- ✓ Data Resources – ECE data from all licensed childcare facilities (to include program, caregiver, and child data)
- ✓ Fiscal Resources – funding for personnel, consultants, training materials, and upgrades to current ECIDS; software and hardware; licensing – initial and ongoing)
- ✓ Human Resources –personnel (existing and new) and consultants
- ✓ Facilities Resources –Locations/venues to convene stakeholder activities, to include annual conferences, professional development sessions, quarterly stakeholder meetings
- ✓ Technology Resources (Data Warehouse and Data Warehouse “home”; hardware and software to optimally implement ECIDS)

GOAL 4, RELATED OBJECTIVES, ACTIVITIES, PERFORMANCE MEASURES AND INDICATORS OF SUCCESS

Goal 4: Establish mechanisms that engage parents and provide opportunities for them to easily access information and make informed choices.

Objectives

- 4.1. **To provide multiple options/opportunities for parents to gain knowledge and skills in parenting and fostering conditions to assist and support their children's learning and development at home and at school.**

Activities

- 4.1.1. Engage listservs, blogs, and other social media platforms to keep parents connected, informed, and engaged.
- 4.1.2. Conduct themed activities to promote face to face and virtual social and learning interactions while embracing the parents' culture and language diversity.
- 4.1.3. Plan and facilitate biennial districtwide virtual or in person parent conference to share information on ECE.
- 4.1.4. Offer family activities and events free of cost and provide transportation and other support services by utilizing resources from the program budget, fundraising, and contributions from community businesses and other organizations.

- 4.2. **Provide multiple options/opportunities for active parental involvement in their children's education in the ECE Programs.**

Activities

- 4.2.1. Develop Parent to Parent support system to assist parents in navigating the ECE MDS and supporting their children.
- 4.2.2. Create and provide platforms for leadership opportunities.
- 4.2.3. Convene an ECE Expo in which parents play a prominent role in the planning and facilitating.

- 4.3. **To build the capacity of staff to effectively engage all families with diverse backgrounds, cultures, and languages.**

Activities

- 4.3.1. Provide resources and training to enhance basic dual language communication skills (language development) of both parents and staff.
- 4.3.2. Train staff in cultural responsiveness, implicit bias, and social emotional learning.
- 4.3.3. Conduct annual surveys and use a strength-based approach to respond to children and family needs, to provide the knowledge, skill, and capacity to follow through on their commitments.

- 4.4. **Provide parents with a variety of opportunities to share in decision-making and to become leaders in advisory and advocacy roles in the ECE programs.**

Activities

- 4.4.1. Invite parent voice through participation in parent forums or roundtables.
- 4.4.2. Invite parents to serve and assume leadership roles on governance and other committees.
- 4.4.3. Invite parents to assist with the creation of PSAs, participate in informational programs and advocate for ECE programs in the community.

4.5. **To ensure parents are provided with relevant current information from various sources regarding children and families in the Territory to help them make informed decisions.**

Activities

- 4.5.1. Create and share with parents a listing of ECE national and local resources (generate electronic link to share with parents).
- 4.5.2. To the extent feasible, provide most current information in the parents' home language via multiple platforms.
- 4.5.3. Use Government television channels and community services programs and organizations to promote ECE.
- 4.5.4. Develop informational PSAs on ECE for television, radio, and print media.

Performance Measures that will indicate that the goal has been achieved:

- ✓ Availability of physical and/or electronic albums of parent participation in activities to include photos, videos, activities sign in sheets, programs, newspaper clippings, communication with parents, etc.
- ✓ Completion of annual needs assessment and evidence of incorporation of parent input into updated activity plan
- ✓ Completion of a Parent Expo in year two in which parents assume a prominent role in the planning and facilitation
- ✓ Completion of the District Conference in year three in which parents assume a prominent role in the planning and facilitation
- ✓ Evidence of use of available resources to support parent growth and micro-credentialing in areas of identified needs
- ✓ Initiation of the Parent to Parent Ambassadorial Program

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> • Increased parent participation in ECE activities as measured by attendance documents, staff, and parent feedback (Years 1-3). • Increased awareness of the family's needs, preferences, and prior experiences within the EC community as determined by the annual parent surveys (Years 1-3). 	<ul style="list-style-type: none"> • Semiannual virtual or face to face culturally relevant learning and social activities to effectively engage families are conducted (Years 2 – 3). • Semi-annual parent survey completed, and information used to plan learning and social activities for parents. • Identification and procurement of language learning kits to establish a Parent Lending Library (Years 2 – 3). 	<ul style="list-style-type: none"> • Planning Committee to include parents and other stakeholders plan and facilitate/organize virtual or in person parent conference. • Family engagement policies and practices that ensure and support parent engagement in ECE is institutionalized. • The Parent Ambassador program is fully implemented.
<ul style="list-style-type: none"> • Initiation of the public service messages on the importance of ECE utilizing the voices of parents (Years 1-3) • Development and promotion of the Parent Ambassador 	<ul style="list-style-type: none"> • Official start of the Parent Ambassador Program. • 1st Expo convened/completed. • Language resources lending library established. • PSAs are running in local media and 	<ul style="list-style-type: none"> • Parents have access to ECE resources. • Parents are active members of standing committees.

Progress Indicators		
Year I	Year II	Year III
<p>Program, identification of prospective parent participants and completion of training.</p> <ul style="list-style-type: none"> • Preliminary planning for Expo has begun. 	<p>on the internet.</p> <ul style="list-style-type: none"> • Information/feedback received from parents is used to guide inclusive planning (Years 2 – 3). • At least two themed activities were conducted. 	
<ul style="list-style-type: none"> • A listing of ECE national and local resources created and disseminated to parents (Years 1-3). • Potential language learning resources/programs identified, and procurement process begun. • List of potential public services announcement options identified. • Parent participation in roundtable discussions on the content of the PSA. 	<ul style="list-style-type: none"> • Teachers engaged in two-way communication with parents in multiple settings (Years 2 – 3). • Increase in number of classroom visits by parents (Years 2 – 3). • Video library of ECE events produced through government access channels are maintained (Years 2-3) 	<ul style="list-style-type: none"> • Creation of a platform/repository/Microsite for strategies for parent engagement activities to include elements such as podcasts; websites, toolkits; videos recordings of events; literacy developments testimonials; research on effective parental engagement.

Desired Outcomes that we will realize to indicate that the goal has been achieved:

- ✓ Parents who actively engage in professional development and other activities designed to support their roles as parents and enhance their skillsets
- ✓ Parents who are engaged in respectful, positive, and reciprocal relationships with staff for the benefit of their child/children.
- ✓ Parents who are aware of available resources and how to access those resources to increase their skillsets and support the long-term success of their child both at school and at home.
- ✓ Parents who are aware of the importance of ECE and assume leadership roles, participate in decision making groups/activities, and advocate for young children and for the program.

Resources needed to support achievement of strategic goal, objectives, and related activities:

- ✓ Incentives for Parent Ambassador Program participants
 - Examples: Sponsorship of participation in ECE conferences and UVI courses, etc.
- ✓ Procurement of language kits and other resources
- ✓ Incidentals for conference and Expo
- ✓ Training for parents and staff
 - Procure trainers and training materials
- ✓ Public Services Announcement
- ✓ Materials for lending library
 - Language kits
 - General early childhood resource books

GOAL 5, RELATED OBJECTIVES, ACTIVITIES, PERFORMANCE MEASURES AND INDICATORS OF SUCCESS

Goal 5: Establish agreed upon guidelines and protocols that support optimal communication, engagement, and accountability among involved stakeholders to enhance responsiveness, effectiveness, and efficiency within the USVI ECE MDS.

Objectives

- 5.1. **Establish key collaborative/partnerships to address capacity building, parental engagement, professional development, and blending of ECE funds.**
Activities
 - 5.1.1. Identify stakeholders and convene stakeholder sessions.
 - 5.1.2. Develop guidelines and protocols.
 - 5.1.3. Disseminate to other stakeholders.
- 5.2. **Stakeholders engage in frequent, structured, open communication to build trust, assure mutual objectives, and create common motivation.**
Activities
 - 5.2.1. Establish regular meeting schedule, scheduling meetings in a predictable fashion and/or cluster scheduling meeting in advance.
 - 5.2.2. Identify and establish communication tools for use between meetings (e.g., Slack, Google Drive, or other systems).
- 5.3. **Stakeholders establish accountability processes.**
Activities
 - 5.3.1. Engage stakeholders in a process of self-identifying responsibilities and assigning roles.
 - 5.3.2. Determine parameters of responsibilities and roles (e.g., decide whether designees are permitted).
- 5.4. **Stakeholders engage in a continuous process of “planning and doing,” grounded in constant evidence-based feedback about what is or is not working.**
Activities
 - 5.4.1. Establish specific meetings or meeting periods dedicated solely to evaluating processes, gathering feedback, troubleshooting.
 - 5.4.2. Develop communications strategy to inform stakeholders of outcomes and needed action.
- 5.5. **Establish USVI chapter of at least one ECE national organization to strengthen professional growth and advancement.**
Activities
 - 5.5.1. Convene organizing activity of ECE providers.
 - 5.5.2. Establish local chapter to include organizational structure and guidelines.
 - 5.5.3. Organize an inaugural meeting of the organization.

5.6. Establish USVI ECE Professional Development Consortium.

Activities

- 5.6.1. Identify core group to develop guiding principles for Consortium.
- 5.6.2. Establish inaugural membership of Consortium to reflect diversity of USVI ECE MDS community.
- 5.6.3. Develop five-year ECE Professional Development Plan.
- 5.6.4. Establish an ECE Technical Assistance Consortium.
- 5.6.5. Identify core group to develop guiding principles for Consortium.
- 5.6.6. Establish inaugural membership of Consortium to reflect skills and technical capacity available.

5.7. Establish a Parent-Provider Collaborative.

Activities

- 5.7.1. Identify key stakeholders from parents and providers to develop guiding principles for Collaborative.
- 5.7.2. Establish inaugural Collaborative session to develop planning calendar and possible goals.

Performance Measures that will indicate that the goal has been achieved:

- ✓ Bi-annual stakeholder engagement and satisfaction surveys.
- ✓ Calendars of collaboration and partnership activities with sign-in sheets for each event.
- ✓ Microsite for collaboration activities
- ✓ Documentation of establishment of Professional Development Consortium – bylaws, officers, meeting minutes; membership roster
- ✓ Documentation of establishment of ECE Technical Assistance Consortium – bylaws, officers, meeting minutes; membership roster
- ✓ Documentation of establishment of Parent-Provider Collaborative – guiding principles, calendar of events
- ✓ Documentation of establishment of Professional Development Consortium – bylaws, officers, meeting minutes; membership roster

Progress Indicators		
Year I	Year II	Year III
<ul style="list-style-type: none"> • More inclusive decision-making. • Stakeholders offering suggestions and participating in initiatives. 	<ul style="list-style-type: none"> • Professional association formed and microsite developed. • Member roster available on microsite. • Professional activities held/offered reflect collaboration between professional organization and key providers and/or entities. 	<ul style="list-style-type: none"> • Diverse group of ECE providers participate in producing draft ECE professional development plan. • Core group of parents and providers participate in development of planning calendar.
<ul style="list-style-type: none"> • (X%) of stakeholders attending meetings. • Stakeholders comfortable and knowledgeable of collaboration protocols and guidelines. 	<ul style="list-style-type: none"> • Increasing number of stakeholders aware of and following up on planned actions. • Growing number of ECE providers express interest in joining USVI ECE chapter. 	<ul style="list-style-type: none"> • Microsite maintained and expanded to reflect establishment/creation of a Professional Development Consortium; an ECE Technical Assistance Consortium; and an ECE Parent-Provider Collaborative.

<ul style="list-style-type: none"> • Number of users enrolling in communication program; number of “posts” and responses. 	<ul style="list-style-type: none"> • Microsite established to disseminate information to stakeholders. 	<ul style="list-style-type: none"> • Annual meeting of PD Consortium; ECE TA Consortium; ECE Parent-Provider Collaborative.
<ul style="list-style-type: none"> • Collaboration among stakeholders produce outputs that could not be managed by one stakeholder. 	<ul style="list-style-type: none"> • Directory of ECE providers with indication of area(s) of expertise. 	<ul style="list-style-type: none"> • Inaugural conference of local chapter of ECE professional organization.

Desired Outcomes that we will realize to indicate that the goal has been achieved:

- ✓ Stakeholders buy-in and ownership for collaboration activities
- ✓ Stakeholders plan and prioritize MDS-related meetings, minimizing attendance conflicts
- ✓ Stakeholders more effectively engaged in ECE MDS
- ✓ Stakeholders engage in multiple communication modalities

Resources needed to support achievement of strategic goal, objectives, and related activities:

- ✓ Fiscal Resources – funding for personnel,
- ✓ Human Resources – for personnel and consultants
- ✓ Facilities Resources –Locations/venues to convene stakeholder activities, to include annual conferences, professional development sessions, quarterly stakeholder meetings
- ✓ Technology Resources – to support microsite for stakeholder activities, to include consortiums, best practices resource E-library, E-technical assistance resources

Resource Needs

The successful implementation of the Territory's ECE MDS Strategic Plan will require a range of resources. As observed, at the end of each strategic goal presentation, there is an enumeration of needed resources. This section describes the five broad categories of resource needs identified, while not exhaustive, the proposed resources will support the operationalization of the strategic goals. These resource needs have been determined to be essential to the successful implementation and support of the work to be completed during the proposed three-year life cycle of the strategic plan. Further, the provision of the identified resources will increase the likelihood that support for the strategic goals is sustained well beyond that period to ensure the realization of the plan's vision. The five areas of resource needs supporting successful implementation and realization of the ECE MDS Strategic Plan USVI include: Data Resources; Human Resources; Financial Resources; Facilities Resources; and Technology Resources.

At a fundamental level, without funding, the strategic goals delineated in this strategic plan cannot be realized. Therefore, financial resources, one of the five broad categories, will support the achievement of goals by supporting the engagement of needed consultants and other personnel needed. Fiscal resources will also be critical for the purchase of hardware, software, and other technology needs, as well as support licenses for products during the three-year cycle of the strategic plan and beyond. Fiscal resources are also critical for ensuring that other elements of the five strategic goals are supported.

The appropriate technology, technology platforms, as well as hardware, software and peripheral supplies will be critical to ensure the range of objectives delineated in the strategic plan are realized. These resources include the requisite technology to support the initiatives to be undertaken and the work that must continue over time to realize the vision articulated for the Territory's ECE MDS.

The identification of key consultants as well as key staff, to include professionals with expertise in communications, early childhood care and education, data systems, data analytics, systems building and maintenance, Data Warehousing, team building, and parent engagement will also be vital to the successful implementation of the Territory's ECE MDS Strategic Plan. The human resources included in the strategic plan are critical to the level of

collaboration, inclusiveness and coordination being sought by the goals of the Strategic Plan.

Two other broad categories of resources needed to support the successful implementation of this strategic plan are data resources and facilities resources. With respect to data, it will be crucial that key agencies are able to timely provide crucial data that will be needed to support specific objectives related to each of the five strategic goals. These data resources will be needed throughout the implementation of the strategic plan. Finally, a review of several objectives in support of the five strategic goals refer to convening key stakeholders for various activities. This is likely to necessitate the use of space and, as such, facilities that could be available to hold such activities need to be identified and commitments made early in the implementation of the strategic plan.

Closing Statement

Working collaboratively and purposefully, providers, policy-makers, and other stakeholders, particularly parents of children B-5, can help transform the Territory's ECE MDS to ensure high quality, joyful, safe, culturally, and developmentally appropriate care and educational experiences for all children, B-5, in the USVI, no matter their race, economic status, home language, or disability status.