

Table Of Contents

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete

Online Forms

1. SF-424 Application for Federal Assistance Version 2
 - (Upload #1): OtherNarrativeAttachments_1_2-Attachments-1235-Governor's Letter.pdf
 - (Upload #2): ProjectNarrativeAttachments_1_2-Attachments-1234-USVI-PartI_PD G B-5 Grant App FINAL.pdf
 - (Upload #3): Form GG_LobbyingForm-V1.1.pdf
 - (Upload #4): Form OtherNarrativeAttachments_1_2-V1.2.pdf
 - (Upload #5): Form PerformanceSite_2_0-V2.0.pdf
 - (Upload #6): Form ProjectNarrativeAttachments_1_2-V1.2.pdf
2. SF-424A Budget Information - Non-Construction
3. SF-424B Assurances - Non-Construction
4. SF-LLL Disclosure of Lobbying Activities

Note: Upload document(s) printed in order after online forms.

BUDGET INFORMATION - Non-Construction Programs**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. N/A	93.434	\$725,112.00				
2.						
3.						
4.						
5. Totals		\$725,112.00				

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2)	(3)	(4)	
a. Personnel	\$398,950.00				\$398,950.00
b. Fringe Benefits	\$100,310.00				\$100,310.00
c. Travel	\$20,500.00				\$20,500.00
d. Equipment	\$20,000.00				\$20,000.00
e. Supplies	\$15,500.00				\$15,500.00
f. Contractual	\$50,000.00				\$50,000.00
g. Construction					
h. Other	\$20,000.00				\$20,000.00
i. Total Direct Charges (sum of 6a-6h)	\$625,260.00				\$625,260.00
j. Indirect Charges	\$99,852.00				\$99,852.00
k. TOTALS (sum of 6i and 6j)	\$725,112.00				\$725,112.00
7. Program Income					

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)				

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$725,112.00	\$181,278.00	\$181,278.00	\$181,278.00	\$181,278.00
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$725,112.00	\$181,278.00	\$181,278.00	\$181,278.00	\$181,278.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$650,000.00	\$650,000.00	\$650,000.00	\$650,000.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$ 650,000.00	\$ 650,000.00	\$ 650,000.00	\$ 650,000.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 625260	22. Indirect Charges: 99852
23. Remarks:	

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: <u>93.434</u>	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Reporting Entity: _____ Page 2 of 2

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Valerie L Price Jones</p>	<p>* TITLE</p> <p>Assistant Administrator</p>
<p>* APPLICATION ORGANIZATION</p> <p>Virgin Islands Department of Human Services</p>	<p>* DATE SUBMITTED</p> <p>11/20/2018</p>

Standard Form 424B (Rev. 7-97) Back

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
---	---	---

* 3. Date Received: <input type="text" value="11/20/2018"/>	4. Applicant Identifier: <input type="text"/>
---	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
---	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Virgin Islands Department of Human Services"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="660431678"/>	* c. Organizational DUNS: <input type="text" value="0015601550000"/>

d. Address:

* Street1: <input type="text" value="1303 Hospital Ground"/>
Street2: <input type="text" value="Knud Hansen Complex, Bldg A"/>
* City: <input type="text" value="St. Thomas"/>
County: <input type="text"/>
* State: <input type="text" value="Virgin Islands"/>
Province: <input type="text"/>
* Country: <input type="text" value="UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="00802-0000"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text" value="Noreen"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Michael"/>	
Suffix: <input type="text" value="Ph.D."/>	
Title: <input type="text"/>	

Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text" value="3406931172"/>	Fax Number: <input type="text"/>

* Email: <input type="text" value="nmichae@uvi.edu"/>
--

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Children and Families - OCC

11. Catalog of Federal Domestic Assistance Number:

93.434

CFDA Title:

ESSA Preschool Development Grants Birth through Five

*** 12. Funding Opportunity Number:**

HHS-2018-ACF-OCC-TP-1379

* Title:

Preschool Development Grant Birth through Five (PDG B-5)

13. Competition Identification Number:

HHS-2018-ACF-OCC-TP-1379

Title:

Preschool Development Grant Birth through Five (PDG B-5)

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="725112"/>
* b. Applicant	<input type="text" value="0"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="725112"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Upload #1

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete
Document Title: OtherNarrativeAttachments_1_2-Attachments-1235-Governor's Letter.pdf



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE GOVERNOR
GOVERNMENT HOUSE
Charlotte Amalie, V.I. 00802
340-774-0001

November 20, 2018

Richard Gonzales
U.S. Department of Health & Human Services
Administration for Children and Families
Office of Child Care
330 C Street, S. W., Suite 4010A
Washington, D 20201

Dear Mr. Gonzales:

The Government of the United States Virgin Islands (USVI) understands the critical role that effective early childhood education and care plays in the lives as well as in the development of an educated, engaged community workforce. Therefore, I am pleased to endorse the submission of an application in response to funding opportunity HHS-2018-ACF-OOC-TP-1379, *Preschool Development Grant Birth through Five (PDG B-5)*. Though the focus of this funding opportunity has been a long standing area of concern and focus for the Territory, the Territory lags behind other jurisdictions in efforts to establish the collaborative mixed delivery system of early childhood care and education that is optimal for our B – 5 population. As such, within the backdrop of the two recent Category 5 hurricanes that significantly disrupted most systems in the USVI, the PDG B-5 grant provides a unique opportunity for the USVI to bring together the key agencies that provide early childhood care and education, in a collaborative effort, to develop an exemplary B-5 Mixed Delivery System in the USVI. Because of the nature of the work that is to be accomplished in Year I, I hereby designate the Caribbean Exploratory Research Center at the University of the Virgin Islands (UVICERC) as the state entity with the oversight and management responsibilities for the successful execution of the foundational work outlined in the accompanying application.

The UVI Caribbean Exploratory Research Center has been chosen as the State entity to oversee and manage the proposed Virgin Islands PDG B-5 project due to a strong track record of successfully managing community-based research projects in the territory, and experience with coordinating collaborations among the major stakeholders involved in early childhood care and education in a transparent and professional manner. UVICERC currently engages all key departments in the Human Services Research Partnership – US Virgin Islands (HSRP-VI), through Grant No. 90YR0083. That project focuses the collective efforts of policy makers from the USVI Government and semi-autonomous agencies, representatives of community based organizations (CBOs), middle managers, line staff and clients from the Head Start/Early Head Start (HS/EHS) and the Temporary Assistance for Needy Families (TANF) programs, clients of the programs, and researchers from UVI to identify research priorities and conduct research on identified HS/EHS and TANF program priority areas. At all stages of the project, stakeholders are kept informed,

constantly reminded of the value they bring to the project and provided with learning opportunities. The process includes an emphasis on openness, fairness and accountability directed at all participants. UVICERC has managed to guide, provide leadership where appropriate, and support


the maturation of the partnership over time, achieving project objectives, most notable of which was the completion of a comprehensive environmental scan of the human service system in the territory before and after the hurricanes of 2017.

UVICERC has engaged a similar approach to conduct a community needs assessment to understand the health, education, human services and housing status and needs of vulnerable children and families in the USVI post hurricanes Irma and Maria. As in the HSRP-VI project, a diverse advisory committee, adherence to participatory practices, transparency in activities and a communications strategy are integral parts of the project structure. UVICERC, which was established as a P20 under the National Institute on Minority Health and Health Disparities (NIMHD) in 2007, has compiled successful research and outreach experiences working with the public and private sectors in the USVI over the past decade, while demonstrating familiarity and competence with grant rules and procedures for the US Department of Health and Human Services (DHHS).

As the state entity, UVICERC will be responsible for managing the necessary communications strategy, data and information collection, reporting progress, and coordination of all stakeholders in the project in a manner that will promote collaboration and increased capacity for sharing best practices and aligning early childhood education programs and services in the Territory. This will include, specifically, bringing together the USVI State Advisory Council, the entity responsible for ensuring territorial-wide coordination and collaboration among the range of early childhood programs and services in the Virgin Islands. It is anticipated that as major actors in early childhood education in the Territory, the Department of Human Services, Department of Education, Department of Health and Lutheran Social Services, will be core members of the SAC and the Project Advisory Committee. The proposed composition of the USVI SAC is delineated in the grant application.

As Chief Executive of the U.S. Virgin Islands I fully endorse the application developed and fully support the goal of the U.S. Virgin Islands Preschool Development Grant, to improve early childhood care and education for children from birth through age five, demonstrated to be important to educational performance in the first years of formal schooling. Further, we look forward to the opportunity that the PDG B-5 grant presents to expand and strengthen the USVI early childhood system, within the framework of a mixed delivery system. If successful, it is anticipated that such an approach will yield expanded access to quality early childhood care and education for parents of children from birth through age five in the Territory. I am confident that the highly qualified team at UVICERC, the designated State entity to lead the Territory's efforts in Year 1, will provide the necessary expertise to establish a firm foundation upon which to build an exemplary Mixed Delivery System of Care and Education that ensures improved health, social, emotional and educational preparation for successful transition of B-5 children to the K-12 educational system and beyond.

Sincerely,


Kenneth E. Mapp
Governor



THE VIRGIN ISLANDS
DEPARTMENT OF EDUCATION



Office of the Commissioner

Main:
1834 Kongens Gade, Charlotte Amalie
St. Thomas, U.S. Virgin Islands 00802-6746
Tel: 340/ 774-0100 • Fax: 340/ 779-7153

St. Croix:
2133 Hospital Street, Christiansted
St. Croix, U.S. Virgin Islands 00820-4665
Tel: 340/ 773-1095 • Fax: 340/ 773-9579

November 20, 2018

Commissioner Felecia L. Blyden
Department of Human Services
1303 Hospital Ground STE. 1
St. Thomas, VI 00802

Dear Commissioner Blyden:

Ref: Letter of Commitment for the Preschool Development Grant Birth through Five (PDG B-5) Application

As Commissioner of the Virgin Islands Department of Education (VIDE), I am in full support of the Preschool Development Grant Birth through Five (PDG B-5) Application. My team and I are excited about this collaborative opportunity to positively impact the lives of our Territory's youngest learners and their families. This interagency effort is exactly what the U. S. Virgin Islands needs to propel our community into a progressive and sustainable path.

VIDE's early childhood professionals are cognizant of the academic, social and emotional gaps encountered in our youngest students. These gaps, left inadequately addressed, continue to widen over time. To minimize these early deficits, it is critical that the collaborative approach launched by VI Departments of Human Services, Health and Education incubate families in a web of information, resources, and services designed to help parents make well-informed decisions which promote healthy growth and development, and support their children through critical stages of development.

Through a thorough needs assessment, our agencies will be able to develop a customized approach to meet the specific and unique needs of our community. The VIDE is committed to providing professional services in alignment with grant administration and will participate fully in the planning year. VIDE will also continue the collection and provision of data, and expansion of such when needed. Moreover, VIDE commits to providing facilities for meetings and staff development.

Again, VIDE pledges its full support for and active collaboration in the PDG B-5 grant application. VIDE is excited, committed and looks forward to being an active member in this interagency collaboration and ensures active participation of its team members in the development and implementation of the strategic plan. The benefits of creating emotionally, physically, socially and academically healthy learners will yield unimaginably sustainable outcomes for our Territory.

Sincerely,

Sharon Ann McCollum, Ph.D.
Commissioner



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

VIRGIN ISLANDS DEPARTMENT OF HEALTH

ST. CROIX OFFICE
CHARLES HARWOOD MEMORIAL COMPLEX
3500 ESTATE RICHMOND
CHRISTIANSTED, ST. CROIX, U.S.V.I. 00820-4370
TEL: (340)718-6551 * FAX: (340)718-1376

ST. THOMAS OFFICE
1303 HOSPITAL GROUND, SUITE 10
CHARLOTTE AMALIE
ST. THOMAS, U.S.V.I. 00802-6722
TEL: (340)774-0117 * FAX: (340)777-4001

Felecia L. Blyden
Commissioner
Department of Human Services
1303 Hospital Ground STE. 1
St. Thomas, V.I. 00802

November 20, 2018

Dear Commissioner Blyden:

Ref: Letter of Commitment for the Preschool Development Grant Birth through Five (PDG B-5) Application

As Commissioner of the Virgin Islands Department of Health (DOH), I am in full support of the Preschool Development Grant Birth through Five (PDG B-5) application. My team and I are excited about this collaborative opportunity to positively impact the lives of our Territory's children and their families. This interagency effort will support a multidisciplinary, multilevel comprehensive effort to improve the health, development and well-being for our young population.

Department of Health staff who oversee and provide services through our 1. Maternal and Child Health & Children with Special Health Care Needs (Health Care Services for Mothers and Children), 2, Nurse Family Partnership (home visits from registered nurses to low-income first-time mothers during pregnancy through two years following birth), 3. Women Infants and Children (WIC – Special Supplemental Nutrition Program) and the 4. Partnership for Healthy Families, among other DOH programs, will support the goals of the Preschool Development Grant Birth through Five grant to improve the quality of health care.

This effort will also allow the Government of the Virgin Islands to leverage the numerous federal grants we already receive to improve the lives of our children and provide them a healthy start. The Department of Health is excited to participate in this initiative and we look forward to its success.

Sincerely,

A handwritten signature in blue ink that reads "Michelle A. Davis".

Michelle S. Davis, PhD
Commissioner and
Chief Public Health Officer

November 20, 2018

Felecia Blyden
Commissioner
Department of Human Services
1303 Hospital Ground STE. 1
St. Thomas, V.I. 00802

RE: Letter of Commitment for USVI PDG B-5 Grant Application

Dear Commissioner Blyden:

Lutheran Social Services of the Virgin Islands, Inc. (LSS) is pleased to write this letter of support for the grant application that would develop and implement strategic plans through interagency collaboration for B-5.

LSS is a multi-program human services agency (the largest non-profit) in the Virgin Islands and the only provider of the Federal funded Early Head Start program. As such, we are fortunate to be one of the key agencies afforded opportunity to participate and support this grant that will assist the Virgin Islands in the coordination of our existing early childhood services. We understand and believe that the future success of our children depends on the quality of Early Childhood. We further believe that Virgin Islands' institutions working collaboratively will contribute significantly to the improvement of education in our Territory.

Again, we pledge our full support for the PDG B-5 grant application. Lutheran Social Services Early Head Start program will be an active member of the interagency collaboration and will ensure involvement by representatives in all aspect of the development and implementation of a strategic plan.

Sincerely,



Junia John-Straker
Chief Executive Officer

November 20, 2018

Felecia Blyden
Commissioner
Department of Human Services
1303 Hospital Ground STE. 1
St. Thomas, V.I. 00802

RE: Letter of Commitment for USVI PDG B-5 Grant Application

Dear Commissioner Blyden:

Lutheran Social Services of the Virgin Islands, Inc. (LSS) is pleased to write this letter of support for the grant application that would develop and implement strategic plans through interagency collaboration for B-5.

LSS is a multi-program human services agency (the largest non-profit) in the Virgin Islands and the only provider of the Federal funded Early Head Start program. As such, we are fortunate to be one of the key agencies afforded opportunity to participate and support this grant that will assist the Virgin Islands in the coordination of our existing early childhood services. We understand and believe that the future success of our children depends on the quality of Early Childhood. We further believe that Virgin Islands' institutions working collaboratively will contribute significantly to the improvement of education in our Territory.

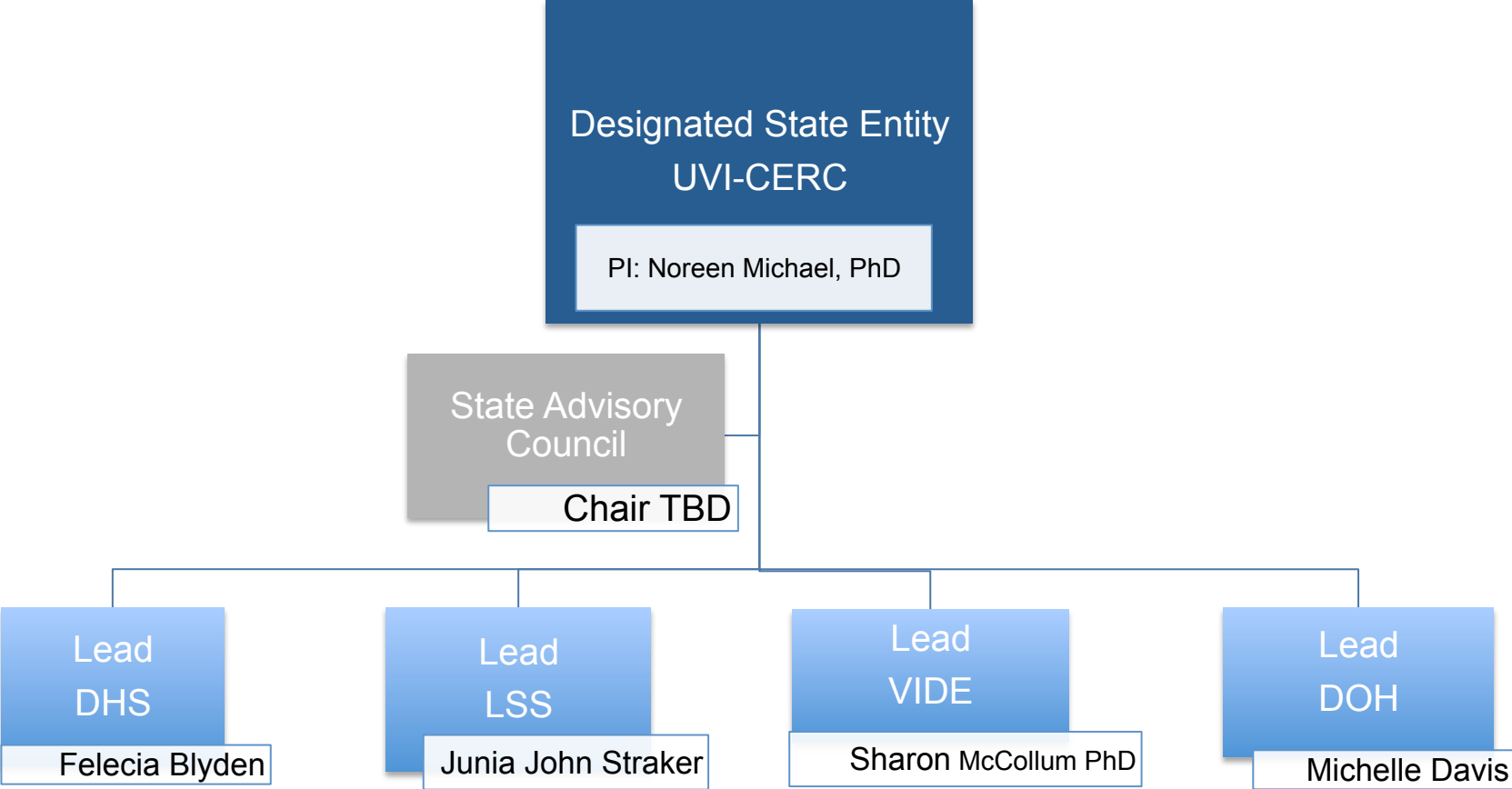
Again, we pledge our full support for the PDG B-5 grant application. Lutheran Social Services Early Head Start program will be an active member of the interagency collaboration and will ensure involvement by representatives in all aspect of the development and implementation of a strategic plan.

Sincerely,



Junia John-Straker
Chief Executive Officer

B-5 PRE-SCHOOL GRANT ORGANIZATIONAL CHART



Upload #2

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete
Document Title: ProjectNarrativeAttachments_1_2-Attachments-1234-USVI-PartI_PDG B-5 Grant App FINAL.pdf

Table of Contents

Project Summary/Abstract	2
Expected Outcomes	3
Approach.....	4
Organizational Capacity and Management.....	21
State B-5 Mixed Delivery System Description and Vision Statement	28
USVI B-5 Mixed Delivery Early Childhood Care and Education System.....	28
Leveraging Key Partners and Stakeholders to Achieve B-5 Mixed Delivery System Vision and Goals.....	37
.....	37
Project Timeline and Milestones	40
Program Performance Evaluation Plan.....	41
Logic Model.....	51
.....	51
Project Sustainability Plan	52
Project Budget and Budget Justification [11 points].....	53

Project Summary/Abstract

Project Title: Road to Success-Developing an early child education and care mixed delivery system for the B-5 population in the United States Virgin Islands

Applicant Name: Virgin Islands Department of Human Services

Address: Department of Human Services; 1303 Hospital Ground, STT, USVI 00820

Contact Phone Numbers: (340) 774-0930; (340) 773-2323; (340) 776-6334

Email address: Website address: dhs.gov.vi

In 2013, 46% of children lived in single mother headed households, 13% lived in single father headed households, and approximately 3% lived in households headed by their grandparent(s). The most recent estimates of children enrolled in licensed early childhood care and education settings reveal that 60% of children birth to five are not enrolled in licensed early care and education settings and are either at home with a family member or in out of home care with family, friends or neighbors. The Department of Human Services administers the Head Start Program, but enrolment is capped at 894, while the Early Head Start Program administered by the Lutheran Social Services, a community-based organization, only serves a total of 120 pregnant mothers and children aged birth-three only operates on the island of St. Croix. The PDG B-5 will provide the Territory the opportunity to coordinate and align existing early childhood care and education (ECE) programs, resources, and services to improve program quality, facilitate improved partnerships among programs and improve USVI children's transition from ECE programs to elementary school. DHS, in collaboration with the Department of Education, Department of Health, and the research team at the Caribbean Exploratory Research Center at the University of the Virgin Islands (CERC-UVI) to conduct a needs assessment, which will inform a strategic plan to improve the coordination and access to quality, early childhood education services in the Territory. Also at the table will be Lutheran Social Services, private day care centers and parents. The objectives of the proposed project to develop a mixed-delivery system are: a comprehensive needs assessment; a comprehensive data-driven, multi-year strategic plan developed through stakeholder engagement (including parents) designed to increase coordination of services and resources in a high quality, mixed delivery system that provides seamless services to families; increased coordination among partner agencies in the Early Learning and Development system and public schools to implement best practices that promote seamless transitions for children and families; quality standards (e.g. QRIS) that are evidence-based and guide quality improvement across all settings in the mixed delivery system; providers in the multi-service delivery system have easier access to information and resources regarding best practices that support children and families and increase program quality; and opportunities for families to make more informed choices about their options (variety, accessibility and quality) in a multi-service delivery system. To accomplish the goal of this project, the research team will build on the work of the Human Service Research Partnership to update an environmental scan of the human service system in the territory to include service providers beyond the Department of Human Services, all of which will be invited to serve on the State Advisory Council. The findings of the mixed-methods study will include quantitative and qualitative methods, grounded in the principles of community based participatory research. The proposed project will fill a critical gap in the current system of care for vulnerable children aged from birth to five (B-5) in the United States Virgin Islands.

Expected Outcomes

- A comprehensive data-driven, multi-year strategic plan developed through stakeholder engagement (including parents) designed to increase coordination of services and resources in a high quality, mixed delivery system that provides seamless services to families.
- A B-5 State Advisory Council that comprises members of key agencies that provide direct and support services to B-5 children and families will be established, based upon agreed-upon guiding principles. The Council will work collaboratively in a coordinated manner to optimize the availability of evidence-based, high quality early care and education available to B-5 children and families and support seamless transitions across programs and services in the system.
- A menu of available early childhood care and education programs and services shared with parents through multiple platforms that clearly communicate to parents options relative to programs and services for their B-5 children to allow for more informed choices in service selection.
- Program quality standards (e.g. QRIS) that are evidence-based and guide quality improvement across all settings in the mixed delivery system.
- The establishment of a website that will serve as a repository best practice resources related to early childhood care, professional development offerings in the form of webinars, as well as a clearinghouse of research findings that can inform practice.

Approach

Overall Approach to the Project

The U.S. Virgin Islands welcomes the opportunity to submit an application in response to FOA HHS-2018-ACF-OCC-TP-1379, *Preschool Development Grant Birth through Five* (herein after PDG B-5). The PDG B-5 will provide the Territory the opportunity to coordinate and align existing early childhood care and education (ECE) programs, resources, and services to improve program quality, facilitate improved partnerships among programs and improve USVI children's transition from ECE programs to elementary school. Additionally, the PDG B-5 will afford the USVI to develop a strategic framework and strategic plan to increase program operating and cost efficiencies, increase and expand parental involvement and choice, and ensure that vulnerable children and families in the USVI are connected to the full range of services they need to ensure that children birth through five years of age in the USVI thrive and are ready to excel academically when they transition to the K-12 educational system.

Yet, to get to the outcomes that the PDG B-5 is designed to support, the USVI recognizes the need to carry out five key activities. What follows is a description of each of the five key activities and a presentation of the approach the Territory proposed to utilize to achieve each activity.

Activity One – Conduct a needs assessment of the availability and quality of existing programs in the US Virgin Islands.

The VI used to conduct periodic needs assessments related to the delivery of early childhood services as part of the ECAC, and, within the last several years, conducted additional studies to inform ECE services through a Child Care Research Partnership Grant awarded to

DHS, and, a Human Services Research Partnership Grant, awarded to the Caribbean Exploratory Research Center at the University of the Virgin Islands (UVI-CERC). These needs assessments and research studies have provided substantial information regarding needs as they pertain to high quality service delivery and systems development. Data sources available from the last years, many of which informed the last report issued by the ECAC in 2014, include mandated agency reports for federally funded programs, KIDS COUNT Data Books published by the Community Foundation of the Virgin Islands, Market Rate Studies from CCDF State Plans (Jaeger, 2013; 2015; OCCRS, 2018); The VI Workforce Study (Jaeger, 2011); a Child Care Research Partnership Grant (Jaeger, Mills, & Braithwaite-Hall, 2017), and Human Services Research Partnership Grant (Michael, et al., 2016).

What are the needs?

Before describing the scope and activities of the needs assessment plan, it is important to define the beneficiaries of the systems-building activities. Although the needs assessment is primarily focused on programs and families at most risk in the VI, the characteristics of the overall population of children and families in the VI suggest that the needs assessment must pertain to all children and families. Whether vulnerability is assessed by economic, early health, or early learning indicators, or residential status in a rural area, nearly every child served by public programs experiences at least one or more risk factors. The following gives a brief description of the children to be served and the risks experienced by them and their families as defined by these various factors.

Based on data available from the final strategic report prepared by the ECAC (2014), the number of children across all ages in the VI has steadily declined, with the number of children birth to four years decreased from 8, 553 in 2000 to 5,459 in 2013. In the 2013 report, 85% of

children were black, 10% other, and 5% white. Nineteen percent (19%) identified as Hispanic of any race. Of those children speaking another language in the home, 73% spoke Spanish and 21% French/patois/Creole. In 2013, 46% of children lived in single mother headed households, 13% lived in single father headed households, and approximately 3% lived in households headed by their grandparent(s). The most recent estimates of children enrolled in licensed early childhood care and education settings in the ECAC report that 60% of children birth to five are not enrolled in licensed early care and education settings and are either at home with a family member or in out of home care with family, friends or neighbors.

The economic situation in the territory has worsened over the last decade as a result of the recession; the exodus of businesses which had tax benefits; and the closure of Hovensa Oil Refinery in the spring of 2012, the largest private employer. This has been compounded by two category 5 hurricanes in September, 2017, Hurricanes Irma and Maria, causing widespread damage on all three islands which is likely to have worsened economic conditions for most families substantially. Based on the most recent statistics available from the 2013 Virgin Islands Community Survey (VICS) and other USVI Government sources as recorded in the 2015 KidsCount Data Book published by the Community Foundation of the Virgin Islands, USVI family median income decreased from \$45,058 in 2010 to 2013 \$41,839. This compares unfavorably to the national US family median income for 2013 of \$56,479. Thus on average, USVI families have approximately \$15,000 less per year to meet their regular expenses than do their stateside counterparts. In 2013, 35% of children lived in families with incomes below the federal poverty level, an increase from 31% in 2012. Forty-three per cent (43%) of children under age 5 lived in poverty.¹ Although local and regional variations are not reflected in the federal

¹ The 2013 poverty threshold, adjusted for family size, was \$23,624 in annual income for a family of four with two related children under age 18.

poverty thresholds. The cost of living in the USVI is higher than in most jurisdictions as indicated by the fact that federal workers living in the USVI receive a cost of living adjustment to their salaries of 22.5%. Therefore, the difference in income is felt even more, as money does not buy as much, putting greater stress on families.

The majority of families qualify for some sort of public assistance. Over 70% of children received WIC benefits and 77% received SNAP benefits in 2013. Based on the level of overall low-incomes of families in the territory, the USDA has designated all children ages 2-18 as eligible to receive federally supported School Breakfast and School Lunch Program meals for free in public schools, regardless of family income

Birthweight is a key indicator of newborn health. Infants born with low birth weight (weighing less than 5.5 pounds) are at greater risk for physical health problems, developmental delays, and infant death than those born at normal weight. Since 2000, the birth weight in the USVI has fluctuated between 8.5% and 10.8% and the rate of babies born at very low birth rate (under 3 pounds, 4 ounces) between 1.3% and 2.6%. In 2013, 8.7% were born at low birth rate and 1.7% at very low birth weight, as compared to the US rate of 8% of babies born at low birth weight and 1.4% at very low birth rate.

Other health and safety-related indicators include the teen birth rate, access to health insurance, and number of children receiving protective services. The USVI teen birth rate has steadily been declining since 1990, but remains higher than the national teen birth rate. The rate of babies born to teens, ages 15 to 19, in the USVI in 2013 was 36.3 births per thousand births compared to 26.5 births per thousand in the nation. Twenty-seven per cent (27%) of all USVI children and youth birth through age 19 lacked health insurance, with 31.5% of children under five years did not have health insurance. In 2013, 290 children were referred to the VI Department

of Human Services for physical abuse, sexual abuse or neglect representing 13.5 per 1,000 children under age 18, as compared to the US rate of 9.1 per 1,000 children reported for child maltreatment.

Finally, the UVSI has been designated as a rural area by the US Department of Agriculture. Thus, the entire population of children in the USVI live in rural areas. By any of the metrics presented, it should be evident that systems-planning must target the population of families with children B-5.

Scope of Needs Assessment

In considering information necessary to build a comprehensive system of high-quality services, we turned to the BUILD's initiative model of system development and used its guidance material for this FOA (Cappizano & Dichter, 2018) to help us inventory what we know and what information is needed to support the design of a multi-service delivery system that articulates our vision for the VI.

Need Assessment Plan

The needs assessment plan is comprised of the several activities so that the end result is that it informs a comprehensive data-driven, multi-year strategic plan developed through stakeholder engagement (including parents) designed to increase coordination in a high quality, mixed delivery system that provides seamless services to families. These activities include the following:

- 1) Review of Needs Assessment Plan with stakeholders engaged in the strategic planning process.
- 2) Data collection, including the following studies:

- ***An environmental scan of the private sector learning services*** in the private sector and public preschool programs, including services provided; #'s and characteristics families and children served; and suspension and expulsion. This would include documentation of individual children currently served in each program.
- ***Updated environmental scan on the delivery of Head Start and Early Head Start Services*** conducted as part of the Human Services Research Partnership, including services provided; #'s and characteristics families and children served; and program suspension and expulsion rates.
- ***Analysis of unduplicated children served in existing programs and on waiting lists for service.*** Information from the environmental scans and administrative data will be compared to determine the number of unduplicated children served in multi-service delivery system. Further, waiting lists for program will be reviewed and updated to reflect families still in the Virgin Islands awaiting services. These will be compared across programs to determine whether children on multiple waiting lists and if they are currently receiving services.
- ***A comprehensive assessment of family needs with respect to the early care and education,*** including those pertaining to employment and job training, how well these are met by available services. This would also include estimates of the number of children currently not participating in any formal care and education programs prior to kindergarten, and the determination of common barriers to their participation. To be truly inclusive of all families, this assessment process will meet parents where they are at, including assessment procedures accessible in Spanish and French/Patois/Creole.

- ***Extension of research from the Child Care Research Partnership study to identify the quality of infant and toddler classrooms***, which would also include assessment of staff qualifications and their work environment. Based on the results of the environmental scans reported above, there could also be a re-analysis of the data on preschool classrooms to include only programs that continue to be in operation since the hurricanes.
- ***System infrastructure assessment*** that would examine barriers within agencies to delivering high quality services, including staffing and funding, and opportunities that would support the seamless delivery of high quality services including collaborative planning, the sharing of resources, alignment of regulations and program policies, and leveraging of funding across agencies. Included would also be an analysis of the effectiveness of current interagency collaborations and how territory-level policies affect the system and inter-agency collaborations. A particular focus of the infrastructure assessment would be on how existing connections between the early learning system and public school systems support transitions, and how these could be strengthened to create more effective transitions. Finally, the infrastructure supports needed to for the effective operation of the coordinated system of multi-service delivery would be determined, including how the ECIDS system would need to be further developed to support common data elements across agencies and track process indicators related to systems development.

3) Review of the results of the various components of the needs assessment with relevant stakeholders to assure accurate interpretation of their results.

4) A final needs assessment report.

Workplan

Completion of the needs assessment will build primarily on the existing capacity of researchers at UVI and VIDE, and collaborations with agency staff at DHS and DOH, to complete the activities required of the needs assessment. UVI-CERC will be responsible for the overall needs assessment and completion of the final needs assessment report.

All components of the needs assessment will be completed by the end of May 2019, with a final report presented to the State Advisory Council.

Activity Two – Develop a Strategic Plan

To be successful, the strategic planning process must begin with two elements. The first, systematic information about the system as it currently exists, will result from Activity One as described above. The second is the inclusion of representatives of all relevant stakeholders in the process. The CERC team has extensive experience in the development of strategic plans.

The strategic planning process is envisioned as including sessions with different stakeholder groups to initially develop the strategic framework. It is envisioned that there will be a kick-off meeting involving the larger stakeholder group setting goals for systems development, one or two meetings where specific strategies of meeting goals are developed, and meeting to review entire plan, identify the formal mechanisms that need to be put in place to support the plan's implementation, determine indicators to be used to assess progress of the system, and processes to assure accountability of all partner agencies involved. There will also be quarterly meetings with the SAC to review interim data collected toward the development of the final strategic plan document. SAC members will be brought together for face-to-face sessions and meeting will alternate between St. Croix and St. Thomas.

Recommended partnership, collaboration, coordination, and quality improvement activities

In addition to the interagency activities discussed below to address the maximization of parent choice and engagement, and disseminate best practices, there are many other opportunities that can already be envisioned to promote the coordination of a multi-service system that meets parents' needs, results in great efficiencies in service delivery, and avoid duplication of effort. A few examples of such activities include:

- Determining a common referral system to be used between all ECE programs, regardless of setting, to connect children and families to support services
- Use of the integrated eligibility system being developed at DHS to coordinate service delivery for families who may qualify for both Head Start and CCDF funding.
- Direct partnerships between school-day Head Start/Pre-K programs and private child care programs to offer full day services
- QRIS standards inclusive of all programs and interagency funding/sharing of QI resources
- Interagency funding of a professional development registry for all providers in the system
- Alignment of regulatory and eligibility policies across programs

Use of Indicator Data to Assess Plan Progress and Outcomes

The key outcome indicators for the system is children's readiness for school at kindergarten entry, currently assessed using the LAP-3. The LAP-3 aligns well with the developmental domains outlined in the *Early Learning Guidelines* developed for the VI. Moreover, these data are connected to the K-12 longitudinal data system which tracks performance data, and thus indicators of retention and academic performance in school can as

more long-term indicators of the system's success. Other outcome indicators may include the percentage of children identified in need of special education services for the first time after kindergarten entry. Ideally, if the system is operating effectively, children should be identified prior to kindergarten entry.

Indicators of system performance will likely include such things as the numbers of children and families who receive coordinated services across the system, percentage of children and families identified with service needs and those actually receiving services for those needs, and cost savings or efficiencies in partner agencies. The final indicators used to assess system functioning will be determined as part of the strategic planning process.

Activity Three – Maximize parental choice and knowledge about the USVI's mixed delivery system

The critical role of parent and families play as their children's first teachers, and decision-makers that serve the best interests of their children cannot be over emphasized. In a very real sense, they must be *the* drivers of most of the activities in this proposal. The achievement of all of the outcomes specified in the logic model, and especially those pertaining to maximizing choices and greater family engagement in transition activities, requires their authentic engagement. Thus, the processes and end products of all grant activities must be delivered in a culturally and linguistically appropriate manner.

As described above, parents/guardians of young children are not organized and do not play key leadership roles in determining the provision of services, with perhaps the exception of Head Start. This will pose challenges for the assessment of their needs and as well as their engagement in the strategic planning process unless there is a strong effort on the part of the

partner agencies to determine the best ways to engage parents. Thus, one the first activities of the proposed project must be supporting the advocacy capacity and leadership of families in the community.

To begin to build develop a coordinated interagency plan to engage parents, an interagency committee of staff made up from individuals who work on parent issues in their respective agencies will be convened. Their work will be supported and coordinated by a full-time Parent Engagement Specialist in each district funded by the grant. As a first step, existing plans and programs across partner agencies that relate to engagement parents must be inventoried and at least assessed, even if informally, for their effectiveness. Gaps in communication and engagement strategies will also be identified. Simultaneously, the group will review national programs focused on parent engagement (e.g. The Parenting Leadership Training Institute) that have proven effective, particularly those focused on the elimination of inequities in access to quality early care and education based on ethnicity or income.

This information will be used initially to develop strategies for engaging parents in the needs assessment and strategic planning process that will be implemented by the Parent Engagement Specialist and relevant partner agency staff. Because of the need to truly engage cultural and linguistically diverse families for the long-term, and in recognition of the fact that the best way to reach parents is through other parents, the Parenting Specialist will initially reach out to parents of young children in the community through both early learning programs and community venues (religious institutions; community groups serving linguistically and culturally diverse parents) to find individuals who are willing to serve as Parent Ambassadors. Parent Ambassadors will be given a stipend to enable this participation. Their role will be to assure there is ongoing communication between the partner agencies and families to inform project activities

and find family representatives to serve on the core strategic planning group and other interagency committees formed plan and implement activities as part of the project.

One of the major goals of this project is to begin to assure that parents have more information about the access, availability, and quality of services in a multi-service delivery system. Working with the interagency group, Parent Engagement Specialists, Parent Ambassadors and families, a comprehensive inter-agency communication plan will be developed to inform parents of their options. In line with the CCDBG reauthorization, and supported by CCDF funds, one component of this plan will involve a website designed for parents that communicates information about all programs in the multi-service delivery system. This information will provide information about the variety of options available, eligibility requirements for various programs, and affordability. Because a website is unlikely to meet the informational needs of all parents, other communication strategies, such as a media campaign, will also be developed. Parent Ambassadors will also help design any additional outreach and communication strategies that may be required to get information to hard-to-reach families. All information for parents, regardless of venue, will be distributed in multiple languages and in a culturally sensitive manner.

Building on the networks established as part of this project and existing transition services, the interagency committee on Parent Engagement, along with Parenting Specialists and parent representatives, will review all transition activities occurring within each agency and between agencies and build on what we already have. Three good examples of such activities of this type are already occurring in the VI. Head Start and the Department of Education collaborate on a kindergarten transition conference yearly and includes both early childhood providers and parents in the conference. Private child care providers are also invited to attend the conference. Ways to intentionally expand the latter's participation in the conference will developed in Year 1.

The second activity is a Family Resource Fair sponsored by OCCRS in which all agencies providing direct ECE services, family and child support services, and the Department of Education, are on hand to present information to families, included that related to transitions. Finally, the KinderCamp program at VIDE is an example of program targeting the transitions of children who have never participated in any formal learning setting.

Further interagency activities will be developed to engage parents in transition activities on a more ongoing basis as part of the strategic plan. New national resources on best transition practices available through Head Start will be reviewed and incorporated into a longer-term goals and activities to engage parents in transitions. Again, all activities and products developed to support transition activities will be delivered in a manner to meet the needs of linguistically and culturally diverse families.

Finally, it is important that teachers are informed about best transition practices. As part of Activity 4, joint professional development sessions focused on supporting transitions will also be held for early childhood education teachers and kindergarten teachers at the Department of Education. Opening the lines of communication between teachers of these levels will allow for a common understanding of where the children are coming from and where they are going.

To complete and sustain the work completed in Year 1, it is critical that formal linkages be established between early childhood and education programs and services. These agencies, including Medicaid, Maternal and Child Health Programs, CACFP, WIC, Head Start, the Department of Health and Human Services which will include the Office of Child Care and Regulatory Services and the Department of Education, with such programs as Kinder Camp, Granny Preschool Bridge, and Early Childhood Special Education (Part B) must remain committed to establishing easy and available paths for parents' knowledge and access to services.

This also includes each program reviewing its own agency's parent engagement plans and activities and existing agreements with other partner agencies, to assure that these are aligned and support the goals of this project. A special area of focus will be to review and update the existing interagency agreements between Early Head Start and Part C and between Head Start and Part B, and expand such agreements to include other early childhood care and education programs. This is critical to ensuring that child with special needs are identified and also have access to the range of early care and education programs offered in the system.

Activity Four -- Share best practices among early childhood care and education program providers

A Professional Development Task Force of the State Advisory Council (or interagency committee) will be established with key stakeholders, including representatives from the Department of Education, Office of Child Care and Regulatory Services, Head Start, Early Head Start, home visiting programs, UVI School of Education, Project Launch, national training and technical assistance providers, and others to guide the strategies of Activity 4. The goal of these activities is to make it easier for providers to access information and resources that support best practices.

To share "best practices," these need to first be operationally defined and a consensus across the mixed delivery system needs to be achieved as to what this means. To this end, standards, outcomes for children, professional competencies, and quality measures need to be reviewed and aligned across agencies. Regulatory standards include the Head Start Performance Standards, Child Care Rules and Regulations, and the local law establishing Pre-K program at VIDE.

The task force will review and enhance the Virgin Islands Early Learning and Infant and Toddler Development Standards, incorporating national standards that programs use (such as the Head Start Early Learning Outcomes Framework), as well as healthy development standards and best practices and competencies for working with and engaging families. Additionally, the task force will review and revise, if necessary, the core competencies developed in the USVI Early Childhood Professional Development System Plan “Pathways to Excellence” for early childhood professionals. Core competencies for other professionals within the system will be established that are in alignment with and complement those for early childhood professionals, such as training and technical assistance providers, early childhood special educators and therapists, and family service workers.

Finally, once the QRIS is reviewed and revised, as described in Activity 5, it will be included among these USVI descriptions of best practices and quality. A plan for a common training and technical assistance system will also be developed to assure quality improvement services are available to the range of the providers across the system, leverages the strengths of the existing partners and other organizations in the community, and assures the quality of training and TA services throughout the system.

Primary mechanisms to communicate best practices to professionals across early childhood care and education programs and service systems include: workshops, conferences, web-based training, and a website or “hub.” A technical specialist/website manager will be employed to design the website as part of this grant, and interagency resources will be deployed to sustain it. All joint statements and standards will be shared on this site, and it will publish a unified training calendar for the territory. Links to national training and technical assistance

centers will also be included on the site. As systems-building continues in future years, this website could become the location of a professional development registry.

Because developing a common vision of best practices among all stakeholders, including parents, is important to assuring such practices are implemented and supported, whatever hub or hubs of information and resource are created, virtual and possibly physical, will also include a family portal which allows families to also easily access resources that support their role as their children's first teacher.

In Year 1, shared training and professional development experiences/opportunities will be also developed and offered with shared training dollars to communicate best practices, ensuring that the training needs and requirements of programs and services are still met. A priority for Year 1 will be joint professional development of early education teachers and kindergarten teachers concerning supportive transition practice, as well as the expectations for child development as described in the Early Learning Guidelines. During the first year of funding, additional activities and strategies for sharing best practices will be developed in response to the needs assessment and as part of the strategic planning process.

Approach: Activity Five – Improve overall quality of early childhood care and education programs in the USVI

Because time in the first year is limited, we are proposing one Quality Improvement activity that has significance for the entire system being built. The outcome of this activity will be a revised QRIS which includes evidence-based standards relevant to all settings in the multi-service delivery system. This activity will build upon the VI Child Care Research Partnership funded by ACF. The major aim of the partnership was to examine the psychometric properties of

the QRIS developed for the VI. Although such research is necessary for all QRIS to be most effective, it is particularly important to ask such questions about the definitions and assessment of program quality in the VI. The VI is a very different cultural context from the one in which QRIS and widely accepted assessments of program quality were initially developed.

Results from the Virtual Pilot project demonstrated that the four quality standards comprising VI Steps to Quality do form a unitary, reliable dimension of quality (as assessed by IRT analyses) and does an adequate job of parsing out meaningful variability in the current EC system, at least as it pertains to preschool classrooms (infant and toddler classrooms were not included in the study). However, the results also suggested that indicators of some criterion did not be ordered correctly and if the QRIS had been scored as intended, not one program in the VI would have been rated higher than a two on a five point rating system. Completion of the research project also demonstrated that the assessment of all QRIS standards, even if some were based on self-report, would be a very time-consuming process. Fortunately, use of further IRT analyses could help lead to an empirically-driven revisions of the QRIS standards.

Important questions about the QRIS standards, however, remain unanswered because the partnership was delayed in starting its research and could not complete all projects as intended. Most significant is the need to look at how the quality indicators, and overall quality as assessed by the QRIS rating, predict school readiness at kindergarten entry. With funding from this grant, the researchers could complete the research to validate the QRIS as part of the needs assessment. This information, in turn, could then be used to revise the existing standards to develop a more streamlined and effective QRIS that could then be used to guide QI across all settings in the multi-service delivery system.

Once the strategic plan has been approved the Office of Child Care and the Department of Education, a group of stakeholders representing each partner agency would be convened to review the data with the researchers and make suggestions for possible modifications to the QRIS standards. The researchers would then empirically examine the consequences of these decision for the reliability of the QRIS and its ability to continue to distinguish meaningful levels of quality. The group would then be convened again to review these results. If necessary, another round of meetings of the stakeholders and researchers will be held to arrive at the final set of standards. The outcome of this activity is that the partner agencies will have shared standards of program quality, regardless of setting, a shared process of achieving those standards, both of which are critical components of a seamless delivery system. Finally, these standards will also be used to inform parents about the quality of the options they have available to them in the multi-services delivery system.

Organizational Capacity and Management

Successful implementation of the PDG B-5 grant requires leadership and planning that understand and value collaboration, the power of working with diverse groups and the necessity of good communication strategies. The University of the Virgin Islands (UVI) through its Caribbean Exploratory Research Center of Excellence (CERC) will serve in the capacity of the designated State (Territory) entity on the B-5 grant. The designated individuals from CERC who will be working directly to support this proposed project are: 1) Noreen Michael, PhD, who will serve as Lead Principal Investigator/Project Director. In this capacity, Dr. Michael will be responsible for the overall leadership and management of the project in Year 1 and will also have primary responsibility for the updating of the current needs assessment. She has previously served as the Commissioner of the Department of Education and Director of Health Statistics within the

Department of Health in the USVI and brings the experience of leading partnership-driven projects that have been community-based. 2) Janis M. Valmond, MS, DrPH, who will serve as Co-Investigator and will be responsible for leading the updating of the current strategic plan. She has served as the director of the Community Engagement and Outreach Core since joining UVI-CERC in 2014 and brings community-based research and outreach project experience as well as a background in strategic planning. 3) LaVerne E. Ragster, PhD, who will serve as Senior Research Associate will provide leadership and support of collaborative efforts, community outreach and communications strategies. 4) Deborah E. Brown, PhD, who will serve as a Research Associate on the project is a trained teacher with training in early childhood development and research experience on needs assessment projects. 5) Project Administrator (vacant) will be responsible for the coordination of logistics, communications with stakeholders and general operations of the project. 6) Administrative specialist (vacant) will provide administrative support to the project.

It is important that the major organizational stakeholders provide input and support to the implementation of the B-5 grant. Partner agencies and their key individuals are: the Virgin Islands Department of Education (VIDE) whose designated individual is Dr. Sharon Ann McCollum, Commissioner, with roles and responsibilities for the K-12 education system. She has over 20 years of experience functioning in K-12 administration; the Virgin Islands Department of Human Services (VIDHS) whose designated individual is Ms. Felecia Blyden, Commissioner of Human Services with roles and responsibilities for successful implementation of Head Start programs in the USVI. She has over 20 years of experience functioning in administrative roles in human services; the Virgin Islands Department of Health (VIDOH) whose designated individual is Dr. Michelle Davis, Commissioner of Health, with roles and responsibilities for all public

health programs in the Territory. She has 25 years of experience functioning in similar roles; and the Lutheran Social Services (LSS) whose designated individual is Junia John-Straker, with roles and responsibilities for Early Head-Start programs; she has over 15 years of experience functioning in similar roles.

The University of the Virgin Islands (UVI) is a public liberal arts-based Masters II university, a Historically Black College and University and a Land-Grant institution chartered on March 16, 1962, as the College of the Virgin Islands (CVI) - a publicly funded, coeducational, liberal arts institution - by Act No. 862 of the Fourth Legislature of the U.S. Virgin Islands with the objective to provide for "...the stimulation and utilization of the intellectual resources of the people of the Virgin Islands and the development of a center of learning whereby and where from the benefits of culture and education may be extended throughout the Virgin Islands."

The Caribbean Exploratory Research Center (CERC) on Health Disparities, building on its previous capacity building ExPORT grant, was established within the UVI School of Nursing in 2007 to design and implement research to identify means to reduce health disparities in the U S Virgin Islands. Funded by NIH-NIMHD, CERC has a fourteen-year history of conducting relevant community-based/participatory health related research and outreach through engaging faculty, students and community persons in the research or out-research process. Outcomes have been documented, policy makers/stakeholders informed, and results disseminated through conference presentations and over thirty-one publications in peer-reviewed journals. With the support of the University's Administration, its Office of Sponsored Programs, and its Accounting Department, Procurement office and IT systems, CERC has successfully managed all requirements of Federal grant funding received from NIH-NIMHD and ACF. The project's Co-PIs have extensive budgetary experience with respect to grant funding, budget preparation, budget

management and budget administration. Both Co-PIs also have in-depth experience developing and shepherding professional services agreements, consulting agreements, and Memoranda of Agreements and Understanding through the UVI procurement system. Based on this track record, UVI-CERC has the capacity to efficiently administer the funding of this grant and manage the development and sustainability of the grant's required activities.

The skills and expertise of the team at CERC, in the areas of project management and community needs assessment, as well as extensive community-based work, bode well for their demonstrated capacity to develop a strategic plan to facilitate collaboration and coordination among early childhood care and education (ECE) programs in a mixed delivery system to prepare low-income and disadvantaged children, in the Territory, to transition into the local educational agency or elementary school. The CERC team will utilize relevant survey instruments for quantitative primary data collection in the needs assessment and use relevant best practices to develop and maintain the collaborations among stakeholders. The protocols for qualitative data collection, key informant interviews and focus group discussions, will be designed and submitted for review by the Institutional Review Board (IRB) at UVI.

Planned activities to improve and coordinate existing programs that serve children from birth to five in the Virgin Islands will involve organized input and participation from partnering agencies. Each of the four identified agencies are presently providing services to this population. The four key activities of identifying needs, developing a strategic plan for addressing those needs, enhanced parental involvement, and sharing best practices, align with present ongoing initiatives that receive funding on the local and Federal Levels. These include funding to the VIDHS for Head Start programs, and an ACF grant to UVI-CERC which is presently focused on documenting the impact of the 2017 Irma and Maria hurricanes on the Head Start and Early Head

Start children and their families. Coordinated by the designated entity, UVI-CERC, the efforts of partners, working together with a shared vision, will facilitate the analysis and improvement of the system with the effect of enhancing school readiness for children from low-income, disadvantaged families.

UVICERC seeks to be an informed, transparent and participatory partner in its working relationships. The UVI-CERC staff has strong facilitation skills and experience to enable different parties to collaborate effectively. The research team recognizes the critical need for effective project management to keep the project on track and achieve key milestones. As such, project management will include four critical elements: 1) Internal meetings for the project management team (PMT) – to be held weekly in the first Quarter of Year 1 and every two weeks from the second quarter onwards; participants will be members of the project team: PI, Co-PIs, Research Associates; project coordinator; student researchers and representatives from the core agencies. 2) Quarterly meetings of the State Advisory Council (SAC) during Year I; with the first quarterly meeting convened as a face to face meeting, there after inter-island video conferencing will be used to convene SAC meetings. This format has been successfully employed by the UVI-CERC team with other projects.

UVICERC has undertaken several technical assistance and capacity building assignments that were approached from a partnership perspective and resulted in the government agency or community organization receiving the desired outcomes, but also finding a participatory approach empowering and the experience a positive learning one. At all stages of the project, stakeholders were kept informed, constantly reminded of the value they brought to the project and provided with learning opportunities. The process included an emphasis on openness, fairness and accountability that was directed at all participants. The researchers at UVI Caribbean Exploratory

Research Center (UVICERC) managed to guide, provide leadership where appropriate, and support the maturation of the partnership over time.

The B-5 Project Management Team will develop a project management plan (PMP) to be used as the primary planning document for this project. The PM will describe how major aspects of the project will be managed. The PMP is expected to be a living document and will be updated, as needed, throughout the project. Underlying assumptions of the PMP include a collaborative approach to all tasks among partners as well as ongoing and timely communication between the CERC project team and the ACF liaison and local partners. In addition to regular meetings as indicated and timely effective communications to stakeholders, special outreach efforts will be developed and implemented when necessary to promote and maintain a high level of inclusion of all participants in the B-5 project.

Partners and Relevant Programs/Funding Streams

Sector	Agency	Programs/Funding Streams
Early Care and Education Programs	Department of Human Services	Head Start Office of Child Care and Regulatory Services Child Care Licensing Subsidized Child Care Quality Rating and Improvement System (QRIS) Child Care Resource and Referral System
	Department of Education	Pre-K Kinder Camp Elementary and Secondary School Act IDEA Part B (Preschool Special Education) Striving Readers Grant P-16 in collaboration with the University of the Virgin Islands Vocational Education Child Care Track Child Development Associate (CDA) credential
	Department of Health	Maternal Infant Early Childhood Home Visiting Program IDEA Part C (Infants and Toddlers Program)

Sector	Agency	Programs/Funding Streams
	University of the Virgin Islands	Inclusive Early Childhood Education AA and BA P-16 in collaboration with Department of Education University Center for Excellence in Developmental Disabilities Lab School
	Lutheran Social Services of the Virgin Islands	Early Head Start Queen Louise Home for Children
Services	Department of Health	Maternal and Child Health Services Children with Special Health Care Needs Women, Infants and Children Nutrition Program (WIC) Division of Mental Health Immunizations
	Department of Human Services	Child Protective Services Temporary Assistance for Needy Families (TANF) Medicaid/EPSDT (MAP) Supplemental Nutrition Assistance to Needy Families (SNAP) Intake and Emergency Services
	Federally Qualified Health Centers	Frederiksted Health Care, Inc. St. Thomas East End Medical Center
	Department of Justice	Paternity and Child Support
	VI Army and National Guard	Family Support Programs
	Non-Profit and Community Agencies	VI Partners for Healthy Communities Private Child Care Centers and Preschools Catholic Charities Community Foundation of the Virgin islands VI Parents Coalition for Change Women’s Coalition of St. Croix Kids Scope Family Resource Center Nana’s Baby Care Home
National T/TA Systems	Office of Head Start Region II Office of Child Care Region II Center on Enhancing Early Learning Outcomes (CEELO)	

State B-5 Mixed Delivery System Description and Vision Statement

Vision statement: A coordinated, collaborative B-5 system where every child, B-5, has equitable access to high quality, culturally relevant, and evidence-based child care and early education, and where families are empowered and encouraged to access the early care and education option(s) that are most appropriate to their child(ren)'s developmental, social, emotional, health, and educational needs.

USVI B-5 Mixed Delivery Early Childhood Care and Education System

Through a combination of federal and territorial funding, the VI supports a mixed delivery system of early childhood education and development programs and services. These services include private home-based and care, secular and faith-based private preschools; Early Head Start and Head Start programs; and public prekindergarten offered by the VIDE. This system also provides child care subsidies funded by CCDF to low-income parents working or participating in training programs. Services are also offered through IDEA Part B (Infants and Toddlers) and IDEA Part C (Early childhood intervention) services. Other programs offering services that directly support young children's readiness for school also include the Maternal Infant Early Childhood Home Visiting (MIECHV) program; and the KinderCamp program which provides support for transition to kindergarten for children who have not had formal early learning experiences prior to kindergarten.

Key agencies in the U.S. Virgin Islands (USVI) that are part of the B-5 Mixed Delivery Early Childhood Care and Education System (MDECCES) include the Virgin Islands Department of Human Services (DHS), the only Head Start grantee in the territory, the

lead Agency for CCDF, and licensor of all regulated early childhood programs in the VI; the Virgin Islands Department of Education, which administers the Early Intervention Program, the KinderCamp; Granny Preschool Program (pilot of the public Prekindergarten program), as well as kindergarten for most children in the Territory; Department of Health, which administers the Infants and Toddlers program (IDEA B) and the MIECHV programs through its Maternal Child Health program; and Lutheran Social Service, which is the Early Head Start Grantee.

Support services are provided to families of children B-5 by many of the same agencies that provide ECE programs and services. The VI Department of Human Services (DHS) operates a variety of programs that impact young children and families. In addition to administering the Head Start and Child Care subsidy and regulatory programs, DHS administers Family Assistance Programs (TANF, SNAP, MAP, Energy Assistance); Child Abuse, Neglect and Foster Care services; Juvenile Justice; and numerous grants to private agencies for such services as parenting programs and residential care for children with disabilities or for abused and neglected children. DHS also operates a residential facility for children in foster care. There are numerous private agencies, many of them funded by DHS, that provide services and supports to young children and families in areas related to substance abuse, family violence, mental health, and child abuse and neglect throughout the territory.

The Department of Health (DOH) functions as both the state regulatory agency and the territorial public health agency. DOH has direct responsibility for conducting programs of preventive medicine, including special programs impacting young children and families including Maternal and Child Health and Children with Special Health Care Needs; Family Planning; Women Infants and Children (WIC); Immunization; Environmental Health; Division of Mental

Health, Alcoholism and Drug Dependency; and Early Periodic Screening and Diagnostic Treatment (EPSDT). DOH also is responsible for health promotion and protection, regulation of health care providers and facilities, and policy development and planning, as well as maintaining the vital statistics for the population. In addition, health care is provided through two 330 Community Health Clinics, East End Medical Center and Frederiksted Medical Center.

Table X captures the major programs and services offered to children B-5 in the U.S. Virgin Islands' mixed delivery system of care.

Table X.

Program	Services	Clients Served	Funding Source	Grant Award
Head Start Program	<ul style="list-style-type: none"> • Education • Nutrition • Social Services • Health • Nutrition • Parent Involvement • Services for children with Disabilities • Mental Health 	894 children served in the Territory	Federal Grant	Approximately \$8,460,360.00
Office of Childcare and Regularity Services	<ul style="list-style-type: none"> • Subsidy/Resource/Referral Program • Licensing 	404 families 111 License child care facilities	CCDF Grant	\$5,169,628
Granny Preschool Bridge Program	<ul style="list-style-type: none"> • Education 	14	Consolidated Grant Application	Approximately \$274,163.06
Transitioning to Kindergarten, STX	Kindergarten Transition Services (Education)		Consolidated Grant Application	Approximately \$22,735.68
Kinder Camp STT	Kindergarten Transition Services (Education)		Consolidated Grant Application	Approximately \$15,857.00
Striving Readers Comprehensive Literacy	Literacy Program		Striving Readers Comprehensive Literacy Grant	\$6,000 LAP 3 Licenses

			(LAP-3 Licensing Fees	
Striving Readers Comprehensive Literacy	Literacy Program	30 participants received Professional Development	Striving Readers Comprehensive Literacy Grant PD for Head Start teachers and Coordinators	\$15,000 Professional Development Services
MCH Infants & Toddlers	Early Intervention Services for at risk children 0-3	n/a	Federal	n/a
Nurse Family Partnership Home visiting Program	Parental Involvement School Readiness Health Services	n/a	Federal	n/a
Women, Infants, and Children	Supplemental Food Nutrition Education Health care referral	n/a	Federal	n/a
Early Childhood Special Education (Part B)	Education services	n/a	IDEA Grant & Local	n/a
Early Head Start	<ul style="list-style-type: none"> • Education Services • Pregnant Parent Education 	120 children	Federal	\$2,141,653
Queen Louise Home for Children	Residential Foster Care for children in the Virgin Islands	n/a	n/a	n/a

Gaps in Services, Programs, and Policies in DHS programs

The financial reality of the USVI means that many eligible families who could be serviced either through child care subsidies or Head Start (or both) are not able to be served. Unlike other states which have a much larger tax base, the Government of the Virgin Islands cannot fund additional slots in either program. Thus, waiting lists are long. The waiting list for child care subsidies stands at 998 while the list for Head Start services is 200.² These numbers also do not provide a true estimate of those who might be eligible as many people do not sign up for services

² This number is low compared to statistics from 2016-2017, when the waiting list stood at 548 children (Michael, et al, 2016). It probably reflects the fact that many with young children left the territory after the hurricanes. However, it is very likely this number will increase as the recovery continues and more individuals come back to the VI.

when they hear there are long waiting lists. Given that the most recent estimates available suggest that at least half of children do not experience early care and education in a regulated setting, it is very likely that there are not enough slots territory-wide to serve all children in needs of safe and affordable services.

We also know from the number of available regulated slots for infants and toddlers territory-wide, that this is a much underserved population. Even in STX, where the Early Head Start program operates, there are only 96 slots of which 72 are center-based. Compared with the number of Head Start families served, it is evident that even the addition of these slots does little to meet the needs of families of infants and toddlers on STX. EHS program does not operate in the STT/STJ district.

The fact that many programs, including Head Start, only operate on a school year calendar also poses many challenges. Although it is true that given the seasonal nature of employment in the VI for many families the demand for services might be less in the summer, there are no mechanisms to support partnerships between Head Start and other ECE programs to ensure seamless delivery of services during the summer months. While the need is extensive the Head Start Program has continued to work with Department of Education and provide early opportunities for Head Start children to participate in its annual Kinder camp summer program. However, additional support is needed that all low-income eligible children will have an opportunity to participate in extensive summer services.

We also know from the number of available regulated slots for infants and toddlers territory-wide, that this is a much underserved population. Even in STX, where the Early Head Start program operates, there are only 96 slots of which 72 are center-based. Compared with the number of Head Start families served, it is evident that even the addition of these slots does little

to meet the needs of families of infants and toddlers on STX. EHS programs do not even operate in the STT/STJ district.

The fact that many programs, including Head Start, only operate on a school year calendar also poses many challenges. Although it is true that given the seasonal nature of employment in the VI for many families the demand for services might be less in the summer, there are no mechanisms to support partnerships between Head Start and other ECE programs to ensure seamless delivery of services during the summer months. While the need is extensive the Head Start Program has continued to work with Department of Education and provide early opportunities for Head Start children to participate in its annual Kinder camp summer program. However, additional support is needed that all low-income eligible children will have an opportunity to participate in extensive summer services.

Challenges

Even if DHS could offer the number of services needed by families, there would still remain substantial barriers to providing high quality services in the VI. First, the dynamics of the child care market's financing do not lend themselves to high quality services in the private sector. Most significantly, the vast majority of VI families simply cannot afford the cost of high-quality child care. In several studies conducted by DHS, it is reported that parents struggle to pay even \$300 per month for full-time child care or early education. Tuitions of \$300 per month cannot keep most programs out of debt and/ or from subsidizing services through lost wages (see market rate survey data from the 2012-2013 and 2014-2015 ACF State Plans). In fact, it is common practice for ECE providers who accept subsidies to forgo the family co-payments because parents cannot afford to pay them.

Families' inability to pay the costs of quality, the fact that providers intentionally keep tuition for private pay parents in line with the subsidy reimbursement rates subsidy, and that DHS keeps reimbursement rates lower so more families overall can be served, means that salaries for early childhood teachers in private settings are very low. (This was also true in Head Start until very recently when the governor recently raised the salaries of Head Start teachers to be on par with that of Department of Education teachers. Most teachers in private child care settings are paid minimum wage. Requiring higher staff qualifications is nearly impossible in this market. As in other states, those teachers in private settings that earn advanced degrees, move to Head Start, and then on to the school district. This leaves the private child care market staffed in large measure with individuals with high school diplomas and, according to the last available systematic data on the issue, many who have not even earned their diplomas or GEDs.

Even if salaries were competitive, there would be a shortage of qualified teaching staff in the VI that affects both the Head Start program and private child care programs. A large part of this is due to the fact that there is not much infrastructure in the VI to support professional development. The University of the Virgin Islands' School of Education offers a program in inclusive early childhood education, but over the last decade, the program has had very low enrollments. In part, this is due to financial barriers though there are some scholarships available to assist providers. Additionally, after the program was launched using a cohort model that guaranteed enrollments (made possible because Head Start funded many of its staff to get AA degrees as the performance standards increased), the smaller class sizes resulted in courses not being offered consistently, thereby delaying even further the time it took for students employed full-time to attain a degree. Such deterrents made some early childhood education majors switch to elementary education. There are also little to no community-based resources to which programs

can turn to help staff meet their professional development needs. Although there once was a resource program funded by the Community Foundation of the Virgin Islands (CFVI) on St. Thomas where providers could attend trainings and borrow classroom materials that no longer exists. At this point what most providers have available to them in terms of higher education are online degree programs, some of which may be of questionable effectiveness.

According to a recent report on Head Start services (see Michael et al., 2016), the Child and Family Services component of the program experiences some challenges with service delivery. For example, most children to receive medical screenings, of those identify with a problem, only 5% receive follow-up services. There is a similar pattern with respect to dental care, but fewer children are screened to begin with and only a minority end up with an identifiable dental home.

Finally, there are challenges at DHS that are not program-specific that affect the ability of staff to efficiently administer programs and deliver services. There is virtually no duplication of staff responsibilities at DHS as its budget operates on a razor thin margin. This can be a challenge to collaboration with other agencies as the time spent on such activities is being taken from somewhere else it is needed. Moreover, there continue to be vacancies at administrative and managerial levels, particularly in the Head Start program, an issue exacerbated by the hurricanes. There are also some technological barriers to service delivery and collaboration. For example, OCCRS does not have yet fully automated systems to support its service delivery or to collect and track its own data on providers and children in the licensed child care system.³ (There is, however, information regarding subsidy recipients is automated for federal reporting purposes.) In Head Start, there is more technology to support service delivery but limited staff availability often

³ The exception to this is that OCCRS does have an automated system in which to enter data regarding subsidy recipients so that monthly and annual federal reporting requirements can be met.

means that there are delays in data entry which compromises the ability to use the data in a timely way (Michael et al., 2016)

Opportunities

Despite the challenges it faces, DHS serves the largest number of vulnerable B-5 families in the Virgin Islands. Further, whether mandated or not, DHS seeks to leverage the expertise and resources of other partner agencies to assure that children B-5 get whatever services they need to promote their development. As a critical partner on the former ECAC, each OCCRS staff member served on at least one subcommittee of ECAC. Head Start's investment in systems development beyond its own program was also evident by its active engagement in ECAC activities. DHS (and all partner agencies named in this application) also plays a central role in the Child and Youth Task Force, convened to address children and youth needs related to the hurricane recovery efforts and to build their disaster preparedness and resilience. Through this network, participating agencies will have access to professional development related to trauma and resilience.

Challenges

The Granny Pre-School Bridge Program faces challenges as funding was provided to hire early childhood teachers on a full time basis; however, funding allotted for paraprofessionals supported part-time employment only. As school sites were identified to house the program, funding was unavailable for accommodations to sufficiently transition pre-k classrooms into learning environments that met the early childhood mandates. Funding was also unavailable to transport pre-k students to and from sites which posed a challenge for parents and subsequently impacted overall student enrollment.

Recruitment and retention of highly qualified teachers continue to remain a challenge within the VIDE. High turnover negatively impacts instruction, particularly in primary grades to

meet the expectations of the Common Core College and Career Readiness Standards. As a result, the VIDE has identified improving teacher quality as a priority area to improve student learning.

Leveraging Key Partners and Stakeholders to Achieve B-5 Mixed Delivery System Vision and Goals

The mixed delivery system already provides examples of how the VI can leverage key partners and stakeholder to achieve the B-5 Mixed Delivery System. Most importantly, the will is there, as is a track record of all of these agencies working together to promote positive outcomes for children. What is needed are the resources to plan, design and build an evidence-based coordinated B-5 system to provide seamless services to families by leveraging resources and increasing cost efficiencies within the existing system.

The key stakeholders in DHS programs include low-income families, and children at risk due to other factors including special needs; involvement in foster care and/or protective services, and the variety of private providers, from relatives and unregulated home-based providers, to faith-based preschools and child care centers. Other principal stakeholders include the employers of families receiving child care subsidies, and the public and private schools children attend for kindergarten and beyond.

OCCRS does not have any formal partnerships with agencies for direct service delivery. The Office of Child Care and Regulatory Services (OCCRS) partnerships with other agencies that support quality in ECE programs for example, MOUS in place with the VI Police Department provide the requirements of the background checks required by the Reauthorization Act of **2014**. OCCRS is in the process revising a formal MOU to reflecting the current landscape of the program offering scholarships for credit-based professional development at the University of the

Virgin Islands. OCCRS also has an extensive network of informal partnerships to support providers and children in licensed child care settings including those with the Home Visiting Program, Infants and Toddlers program at DOH, and Early Intervention at VIDE and the Head Start Program. OCCRS has collaborated with the Head Start Program with the Fatherhood Initiative, Disaster Preparedness and Response workshop expand the opportunities for all parents. The Office of Child Care and Regulatory Services has collaborated with the Infants and Toddlers Program, Home Visiting Program, WIC, East End Medical Clinic, Head Start, The Family Resource Center and Tutu Park Mall to produce an one stop shop Parent Resource Fair where information and sign up opportunities were available to the community. Finally, OCCRS and the Community Foundation of the Virgin Islands (CFVI), which completes the Annie E. Casey Foundation Data Book for the VI and funds early childhood, have collaborated regularly to support young children in the Territory.

Although it has done so in the past, the Head Start program does not currently have contracted slots in the private early care and education sector and it has no formal partnerships with OCCRS to offer subsidized child care services to extend days or the program year, which ends with the school year. However, the Head Start program also does has a number of formal partnerships to assure access to support services for children and families served by Head Start. These include MOUs etc. with the Department of Education for services to children with special needs. Additionally, Head Start has a formal partnership with the Department of Health 0-3 program for transition services.

Finally, DHS has an MOU with the VIDE to provide data from the Head Start program and the OCCRS to a longitudinal early childhood integrated learning system (ECIDS). The ECIDS also includes data from the Departments of Health and Education and is linked to another

longitudinal data system at VIDE which tracks children from school entry through high school and beyond.

Mixed Delivery Vision and Increasing Quality, Coordination, Alignment and Efficiency of B-5 Programs and Services

Quality Improvement Activities: DHS participates in a number of activities to improve early childhood outcomes, some of which are directly connected to its early childhood programs and others as part of other supports offered to families and children in the VI. OCCRS seeks to improve child outcomes through the revision of child care standards, as needed, to reflect best practices and providing supports to providers to meet and maintain licensing standards. It also provides ongoing resources to private child care providers to meet and maintain licensing standards. These include an annual professional development conference for all providers in the mixed delivery system that disseminates; best practices in early care and education; mini-grants to private child care providers to purchase equipment needed to meet licensing standards; an annual orientation to the licensing regulations for all licensed providers; and, ongoing technical assistance to individual providers (both existing and prospective) to promote compliance with the licensing standards. OCCRS also offers ongoing training opportunities as part of the quality improvement activities funded by the CCDF.

Most recently, OCCRS piloted a Quality Rating and Improvement System (QRIS) designed by a range of stakeholders in the VI in consultation with national experts. Resources to support quality improvement through the QRIS included on-site technical assistance, individualized professional development advising, professional development opportunities, and generous quality improvement grants. The QRIS includes Head Start programs and thus, these were also able to access quality improvement resources through it. Revision of the QRIS using

the data, from a Child Care Research Partnership grant from ACF's Office of Planning, Research, and Evaluation awarded to DHS in 2013, researchers from UVI were able to gather data to begin to validate the QRIS which can be used to streamline the QRIS standards and its implementation (Jaeger, Mills, & Braithwaite-Hall).

EHS and HS have supports for program that enable them to reach and maintain Head Start Performance Standards. The Head Start program engages in ongoing activities to improve early childhood outcomes including a STEM intervention for parents and HS also participates in the Striving Readers Comprehensive Literacy Program in collaboration with VIDE.

DHS as an overall agency has also supported efforts to improve outcomes for young children. In 2011 DHS contracted with the Community Foundation of the Virgin Islands to develop a Child Development Associate training curriculum that incorporated VI-specific information, including the VI Early Learning Guidelines, VI Infant/Toddler Learning Guidelines, and the VI Rules and Regulations for Licensed Child Care Facilities..

Project Timeline and Milestones

The Stakeholder Engagement timeline will include Quarters 1, 2 and 3, which will include the development of the Needs Assessment, Strategic Plan and formation of the SAC. Best practices and website development will occur in Quarters 3 and 4.

Program Performance Evaluation Plan

The Program Performance Evaluation Plan will focus on monitoring ongoing processes and the progress towards the goals and objectives as outlined in the overall approach to the project that lead to the fulfillment of the five outcomes prescribed for Year 1 as found on page X. The framework for the program performance evaluation will include the A. Steps in the evaluation practice and B. the Standards for “good” evaluation.

Steps

The first step is to engage stakeholders. The stakeholder target groups in general will include a. people or organizations involved in program operations, b. people or organizations served or affected by programs and c. the primary intended users of the evaluation, i.e. those who are in a position to decide and/or do something with the results. At each outcome level, all stakeholder target groups will be represented. For each of the System-level outcomes, the stakeholders will consist of people or organizations such as key informants, leads (such as DHS, VIDE, DOH, University of the Virgin Islands, Lutheran Social Services), CBOs, Early Childhood Educators, Government Agencies and parents. For the Program/Provider level outcomes, stakeholders will include early child care and education teachers, providers, key informants and parents. For the Family Outcomes, the stakeholders will consist of key informants, leads, program specialists, early child care and education teachers and parents. Another key component is to establish a B-5 State Advisory Council.

The second step is to provide a summary of what is being evaluated. Firstly, an extensive update of a needs assessment will be undertaken at the start of the program and analyzed to guide the development and revision of the strategic plan document. The statement of need is found in the approach section pp XX to XX under “Who’s needs?” The expectations of or intended results for

performing a needs assessment are found on page xx – xx under the Scope and Need Assessment Plan (See Approach Activity One). In a nutshell, the intended result is to inform a comprehensive data-driven, multi-year strategic plan with activities such as a Review of the Needs Assessment Plan with stakeholders; Data collection for an environmental scan of private sector learning services; An updated environmental scan of HS and EHS; An analysis of unduplicated children served in existing programs and on waiting lists for service; A comprehensive assessment of family needs relative to early care and education; Extended research from the Child Care Research Partnership study on the identification of infant and toddler classrooms; and a system infrastructure assessment including the infrastructure needed for an integrated database system. Secondly, a stakeholder review of need assessment component results will be undertaken. Third, a draft of a final need assessment report will be shared. Fourth, identification of the service delivery and child indicators to track the development of an integrated data system and assess its effectiveness will be undertaken.

Next, comprehensive formative input through the revision of existing resources, design of surveys/questionnaires materials and the engagement of stakeholders will be gathered, analyzed and utilized to guide the development of a data-driven, multi-year strategic plan document for a B-5 mixed delivery system that provides seamless services to families. The statement of need for a strategic plan is found in the approach Activity Two. The expectations of or intended results for performing a strategic plan are found on page xx – xx under the second paragraph. In a nutshell, the intended result is to engage stakeholders in developing a comprehensive data-driven, multi-year strategic plan by developing set goals for systems development; reviewing the plan; identifying formal mechanisms for implementation; and determining indicators to include but not be limited to the following activities: development of a common, shared referral system for ECE

programs; use of DHS integrated eligibility system (VIBE) to connect/coordinate service delivery for families (MAP, CHIP, SNAP, TANF, etc.); direct partnerships between school-day HS/PreK programs and private child care programs;

development of QRIS standards that capture all programs and funding/QI resources; Professional Development website funded jointly by agencies; and Alignment of regulatory and eligibility policies across platforms/programs.

Concurrently, the development of a website and other resources with input from teachers/providers from the public, private and community-based organizations (CBO) sectors will be developed to provide easier access to information on best practices and professional development training opportunities. The statement of need for a professional development hub is found in the Program Description pp XX. The processes and expectations of or intended results from developing such a website are found on page xx – xx under the approach Activity Four pp XX to XX. In a nutshell, the intention is to create a website that provides easier access to resources for providers.

In addition, the development of evidence-based program quality standards through the revision and inclusion of QRIS standards will be undertaken. See Approach: Activity Five. Also, the identification and agreement on common indicators and metrics utilizing existing data systems to promote collective impact, shared data and compliance with implementation reporting. See Approach: Activity Five.

Then, the Family Outcome: to help families make more informed choices about their options and more engaged in their child's transition to school will be developed after the Needs Assessment and the Strategic Plan have been drafted. See Approach Activity Three on pages XX to XX.

Method

In general, the observational (case study method used to draw comparisons within a group) method will be utilized. The systems and processes, which will be utilized to support the program's performance evaluation effective tracking of outcomes will combine both quantitative and qualitative data collection methods in a concurrent, triangulation mixed method design. The qualitative data collection will be gathered from responses obtained through forms/surveys/questionnaires completed at key informant interviews, focus groups (collaborative partners), community conversations and public forums. Quarterly progress reports and a final report are key monitoring and tracking tools. We will also track the types and amount of technical assistance provided. The quantitative data collection will include existing and new demographic surveys, Census data, program data from HS, EHS, MAP, Medicaid/CHIP, WIC, TANF, SNAP and the analysis of existing assessment/strategic reports previously completed for the Virgin Islands including the *Human Services Programs in the US Virgin Islands: Environmental Scan 2016*⁴ and the *ECAC 2014 Strategic Report*.⁵

Suggested Questions for Discussion Groups and Key Informants

Questions on Goals: What was the goal of your project? How has that goal been achieved? List the most positive and negative result of your project? Describe how this project contributed to any lasting change. What will you do now that the project is over?

Questions on Implementation Process: What were the most significant "lessons learned" from your project implementation? What would you do differently if given this opportunity again?

What were the things your group, organization did especially well? Share success stories. What

⁴ Michael, N., Valmond, J. M., Callwood, G. B., Francis, E. A., and Brown, D.E. (2016). *Human Services Programs in the US Virgin Islands: Environmental Scan Report*. St. Thomas, USVI: Caribbean Exploratory (NIMHD) Research Center, School of Nursing, University of the Virgin Islands.

⁵ *United States Virgin Islands Early Childhood Advisory Committee (ECAC) Strategic Report (2014)*. Community Foundation of the Virgin Islands.

were your biggest challenges, barriers, bottlenecks? What steps were taken to overcome them?

Why were you/your organization willing to participate in this project? What best practices would you recommend?

Advice for Others: What aspects of your approach would you recommend for sharing? What advice would you give others undertaking a similar project? How did you get peers, upper management and other people to buy in?

Communication/Dissemination Evaluation Strategies: Participant self-report on what they shared through progress reports); Entrance and Exit surveys; Track presentations and discussion of project at various venues; Participation in training events; Media tracking; Ask participants about their knowledge/awareness of project communication: i.e. Do you use Google Docs, Sharepoint; Do you read/forward/prioritize emails? Do you use the internet?

Description of Inputs

The key stakeholders are policy makers, lead agencies and parents. Descriptions are outlined here and cross references are provided for organizational information included elsewhere in the program descriptions for key stakeholders. In brief, descriptions for the following are cross referenced as follows: University of the Virgin Islands (pp. xx to xx), Department of Human Services (pp. xx to xx), Department of Health (pp. xx to xx), VI Department of Education (pp. xx to xx), Lutheran Social Services (pp. xx to xx), the Children's Task Force (pp.xx to xx).

Participating organizations that will help inform the discussion groups include the following: The Office of the Governor, which oversees the Executive Branch of government for the territory of the US Virgin Islands. The Organic Act of 1936 laid the foundation for self-government and a more elaborate governmental structure emerged from the revised Organic Act

of 1954. Currently, Kenneth E. Mapp is the eighth elected governor (2014 gubernatorial election) of the US Virgin Islands.

Virgin Islands Department of Justice, Office of Paternity and Child Support (PCSD), which provides financial support to children through the establishment of paternity and the establishment and enforcement of child support obligations. PCSD focuses on building financial bridges between non-custodial parents and their children, and to support and enhance the emotional and financial relationships necessary for successful dual parenting.

Virgin Islands Department of Labor (VIDOL) administers a system of effective programs and services designed to develop, protect and maintain a viable workforce requiring that partnerships are built with government agencies, businesses, community organizations and other stakeholders. VIDOL also has a commitment to continuous improvement, reducing costs, improving business processes, technological efficiency, developing staff through training/mentoring/education, improving compliance with regulatory mandates and being a catalyst for positive change.

Community Foundation of the Virgin Islands (CFVI) is a philanthropic organization that manages a permanent collection of funds as well as essential programs and services to benefit the citizens of the USVI. Programs include Junior Angels, Next Generation Scholars, Virtues Project, Kids Count, Early Childhood and the Fatherhood Collaborative. The latter three are apropos to ECP, HS and EHS. Since 2000 the KIDS COUNT USVI Data Book (through funding from the Annie E. Casey Foundation) has been compiled and published by (CFVI) providing information on and documenting challenges to child well-being in the U.S. Virgin Islands. Its purpose is to promote dialogue on children's issues, and to stimulate community response to improve the health, safety and economic status of VI children, from birth to age 18. Established in

2006, The Family Connection is CFVI's early childhood initiative, which is committed to raising public awareness, increasing parent/family engagement, advising stakeholders on best practices, and serving as a clearinghouse for funding dedicated to early childhood. Lastly, CFVI's The Fatherhood Collaborative is set-up to foster increased recognition of the importance of responsible fatherhood in the lives of children, youth and families in the U.S. Virgin Islands. A chart listing the collaborative partners, their key staff and budget resources is provided next for ease of referencing stakeholders.

St. Thomas East End Medical Center Corporation and the Federiksted Health Center are comprehensive, high quality medical and dental health care centers, Medicare/Medicare Part B providers with services to the people of St. Thomas and St. Croix, respectively, of the United States Virgin Islands.

Existing Program Data/Systems:

The following descriptions of existing program data, that could be used in the process and outcome evaluations of the system are provided as follows:

The Virgin Islands Benefits Eligibility System (VIBES) is an ACA-compliant, high-quality integrated benefits eligibility system that was designed, developed, tested and implemented by RedMane Technology on behalf of the VI. VIBES was implemented using IBM's Curam platform and RedMane's proprietary Smart Transfer methodology, which incorporated a knowledge base from applied configurations of the platform used for other U.S. states. VIBES currently includes Medicaid Expansion and CHIP participation. VIBES Phase 2 implementation is projected to include SNAP, TANF, LiHEAP, ECAP and possibly Child Care Assistance. These

enhancements will do away with system incompatibility and promote alignment and access for collective impact analysis and measurement.

The Virgin Islands Early Childhood Integrated Data System (ECIDS) collects, integrates, maintains, stores, and reports information from early childhood programs across multiple agencies within a state that serve children and families from birth to age eight. At the end of 2016 (Phase 1), VI integrated the following programs into ECIDS: Early Head Start, Infants and Toddlers, Head Start, Vital Statistics, Immunization, Special Education, K – 3 Education, and child care (CCMIS).

Approach to Develop a Program Performance Evaluation Plan

A consultant will be hired to do the program performance evaluation piece. The Needs Assessment will assess the target population, refine the landscape and help inform the Strategic Plan. See the Needs Assessment approach on page XX. The next step will lead to the development of the Strategic Plan, a collective refinement of a mixed delivery system. Further, interdepartmental alignment and data collection with ECIDS will integrate access to information through shared indicators. Shared program quality standards would be captured in QRIS. Finally, the publishing of the website would establish access to best practices and professional development. So how do we conduct a program performance evaluation? The logic model found on page XX lists the outputs that will be evaluated. Short and Long-term child, family and program/service implementation outcomes can also be found on the Logic Model on page XX.

Suggested key outcome indicators are addressed on page XX under “Use of Indicator Data to Assess Plan Progress and Outcomes.” With the assistance of CERC the qualitative approach to identify and finalize indicators and metrics entail convening and engaging stakeholders to flesh out outcome indicators and interagency common indicators. The drafts and the process for

completing signed MOA's/MOU's, which formalize partnerships, will be developed. With the assistance of a consultant the quantitative approach to identify and finalize indicators and metrics entail the review and analysis of disparate data systems such as, QRIS, ECIDS and VIBES, to look for common indicators that could be utilized to link the systems and track measurable outcomes. The intel from existing quantitative reports will be updated and revised particularly data, that DHS, VIDE and DOH collect on educational, medical and dental reporting. Where gaps have already been identified in the quality, frequency and accuracy of data collection will require scrutiny and recommendations for improvement and best practices for skilled talent.

A collaborative approach will be used to identify existing data systems including the review and updating of information on existing data system platforms such as, COR, QRIS, VIBES, and ECIDS and deciphering the compatibility of systems, reporting and the exportation of data linked by common indicators. Then the process entails extracting data from the various source systems; matching the data to establish linkages with existing data; transforming it into a singular, cross system representation; and loading it into a database structure designed for overall early childhood program usage.

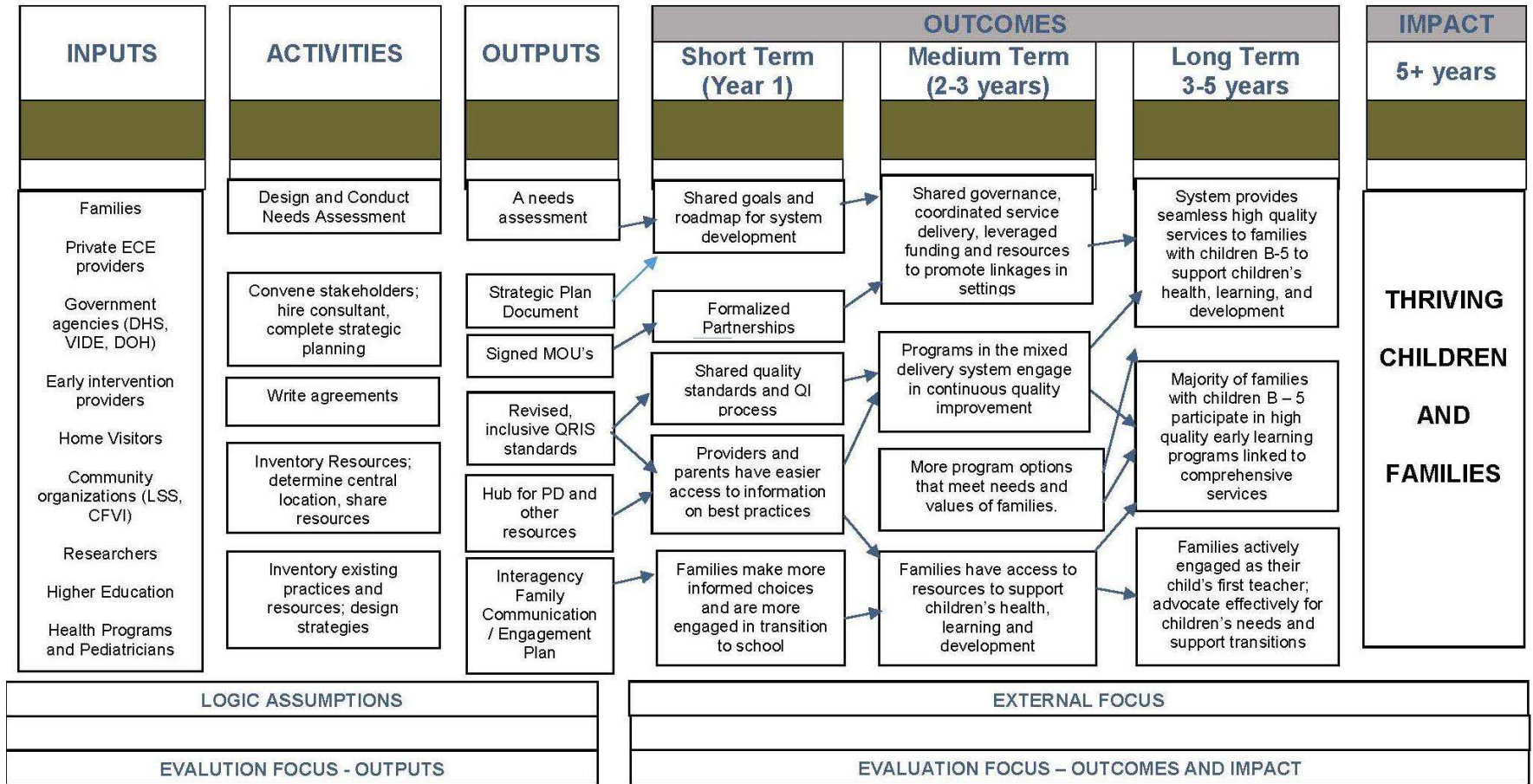
While the method for data collection is discussed on page XX, the sampling, measurement and analysis will be developed by CERC. The sampling will be taken from invited and selected key informants, stakeholders, Early Childhood educators and providers, CBOs, and parents. Additionally, samplings will be taken from the general public at public forums. The measurement and analysis, while guided by a CERC will include the information listed in the chart found on page XX.

To finalize implementation reporting plans a collective of stakeholder staff, IT staff, IT partners (RedMane), and federal partners TA's will collaborate as technical assistance providers.

To inform continuous learning and improvement efforts, implementation reporting findings will culminate with an evaluation report that covers Key Achievements/Lessons Learned and Recommendations and Next Steps through the building of processes/procedures, incorporating lessons learned, validating the efforts of formal relationships/agreements in shared value systems, and provoking innovative thought leadership among stakeholders (including parents). Effective and efficacious mixed delivery systems require collaborative leadership and intervention that support a shared data system to measure the work. To that end, the USVI has an opportunity, at a critical moment in time, to strategically shape its mixed delivery system of early child care and education programs.

Logic Model

Overarching Goal: Families of children birth to five years old in the Virgin Islands have access to high quality early care and education programs that afford them choices consistent with their needs and values; assure that their children are safe, healthy, and ready to succeed in school; provide a seamless transition to kindergarten; and have effective partnerships with parents and those providing services that support families to promote their child's learning and development.



Project Sustainability Plan

The local government has committed to funding key agencies at a level of \$100,000 annually once federal funding has ended.

Project Budget and Budget Justification [11 points]

Personnel:

Noreen Michael, PhD, currently Research Director at the Caribbean Exploratory Research Center at the University of the Virgin Islands (CERC-UVI), will serve as Project Director (.60FTE). In this capacity, Dr. Michael will be responsible for the overall leadership and management of the project in Year 1 and will also have primary responsibility for the updating of the current needs assessment. She has previously served as the Commissioner of the Department of Education and Director of Health Statistics within the Department of Health in the USVI and brings the experience of leading partnership-driven projects that have been community-based. **Janis M. Valmond**, MS, DrPH., currently Research Coordinator at CERC-UVI, will serve as Co-Investigator (0.60FTE) and will be responsible for leading the updating of the current strategic plan. She has served as the director of the Community Engagement and Outreach Core since joining UVI-CERC in 2014 and brings community-based research and outreach project experience as well as a background in strategic planning. **LaVerne E. Ragster**, PhD will serve as Senior Research Associate will provide leadership and support of collaborative efforts, community outreach and communications strategies. She will devote 7 man months to the project. **Deborah E. Brown**, PhD will serve as a Research Associate (0.50 FTE) on the project is a trained teacher with training in early childhood development and research experience on needs assessment projects. The **Project Administrator** (vacant) will be responsible for the coordination of logistics, communications with stakeholders and general operations of the project. This position is a full-time position. The Administrative specialist (vacant) will provide administrative support to the project. This is a full time position. Total Cost:

Fringe Benefits:

Fringe benefits is calculated at 33% of salary for full-time staff and 9% for part-time or temporary staff.

Travel:

Travel is for a four-member team to attend a mandatory meeting in Washington. Additionally, there will be inter-island travel for completion of activities related to the needs assessment and the strategic plan development. Airfares are calculated at \$10,800; hotel at 42800; and per diem at \$3,762. Total Cost: 17, 362

Equipment:

Equipment represents the annual rental of two heavy duty copy machines – on in the CERC office on St. Croix and on in the CERC office on St. Thomas. Total Cost \$20,000

Supplies:

Supplies include laptop computers and tablets (\$3,600) for core staff as well as office supplies (3,800), and two desktop computers (\$3,000).

Contractual:

Evaluator for performance evaluation (\$35,000); transcribers – data collection (\$3,000), translators (\$7,000) and IT support (\$5000).

Other:

This includes communication, purchase of Zoom for meetings and Doodle professional for meetings.

Indirect Cost:

Upload #3

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete
Document Title: Form GG_LobbyingForm-V1.1.pdf

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
<input style="width: 100%;" type="text" value="Virgin Islands Department of Human Services"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 200px;" type="text" value="Valerie"/> Middle Name: <input style="width: 150px;" type="text" value="Loretta"/>
* Last Name: <input style="width: 300px;" type="text" value="Price Jones"/>	Suffix: <input style="width: 100px;" type="text"/>
* Title: <input style="width: 250px;" type="text" value="Assistant Administrator"/>	
* SIGNATURE: <input style="width: 300px;" type="text" value="Valerie L Price Jones"/>	* DATE: <input style="width: 150px;" type="text" value="11/20/2018"/>

Upload #4

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete
Document Title: Form OtherNarrativeAttachments_1_2-V1.2.pdf

Other Attachment File(s)

* Mandatory Other Attachment Filename:

[Add Mandatory Other Attachment](#)

[Delete Mandatory Other Attachment](#)

[View Mandatory Other Attachment](#)

To add more "Other Attachment" attachments, please use the attachment buttons below.

[Add Optional Other Attachment](#)

[Delete Optional Other Attachment](#)

[View Optional Other Attachment](#)

Upload #5

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete
Document Title: Form PerformanceSite_2_0-V2.0.pdf

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

Upload #6

Applicant: Virgin Islands Department of Human Services
Application Number: TP19000050
Project Title: Road to Success-Developing an early child care and education mixed delivery system for the B-5 population in the United States Virgin Islands
Status: Complete
Document Title: Form ProjectNarrativeAttachments_1_2-V1.2.pdf

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)