Direct questions regarding this form to:
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FY24 Work Plan - Traverse Bay Great Start Collaborative



Due: September 15, 2023

Rev. 7/23

AUTHORITY: State School Aid Act, Sec. 32p

COMPLETION: Voluntary.

(Consideration for funding will not be possible if

form is not filed.)

Michigan Department of Education
Office of Great Start
P.O. Box 30008
Lansing, Michigan 48909

Submission Date: September 15, 2023

Revision Date(s):

NOTICE:

Development and implementation of an application, with concomitant resources budgeted to fulfill the goals and objectives are required. Through the submission of the application in NexSys, the ISD as the entity with fiduciary responsibility for the Section 32p Grants (which includes both the GSC/GSFC as well as any designated early childhood/family programming and where applicable Home Visiting Funds), confirms that the work plan has been reviewed and the activities are supported and approved by the Great Start Collaborative.

APPLICATION INSTRUCTIONS:

- At least one goal under each outcome is required. However, additional goals and or strategies are encouraged.
- At least two parent led strategies are required and cannot be under the same outcome.
- Incorporate the goals and strategies from the Strengthening Families Assessment throughout the plan.
- Each goal should not only service the early childhood outcome, but also the components of the early childhood system.
- Convene workgroups to achieve the early childhood outcomes while addressing the components of the early childhood system, including the required school readiness advisory committee. Provide all required information under each outcome as outlined.

Outcomes 2 and 3:

- Complete the additional items under the required goals. Including selecting the appropriate strategies under Outcome 2.
- Other goals under each outcome are encouraged but are not mandatory.

Outcome 4:

- Outcome 4 will serve as the application for Section 32p(6) funds.
- Please include local literacy efforts specific to 32p(6) legislation "Only for the purpose of improving access to books and other literacy materials for children from birth to age 5. The formula described in subsection (1) must be used to allocate funds to intermediate districts under this subsection. An intermediate district may use funding to support programs, including, but not limited to, the Dolly Parton Imagination Library, Reach Out and Read Michigan, or any other program that provides books and literacy materials to children from birth to age 5. If funding under this subsection is not sufficient to enroll all interested families in the service, each intermediate district must prioritize enrollment to those families with the highest levels of economic need. If an intermediate district will not fully utilize funding under this subsection, those funds must be returned to the department for redistribution for the purposes under this subsection."
- Only one goal is required under Outcome 4. However, additional goals and or strategies are encouraged.

• Funding allocated to Outcome 4 must be spent according to above stated legislation and recorded as such in the budget allocation and subsequent reporting.

PLAN PREPARATION AND UPLOADS

Once the Application and Work Plan is completed, submit in the approved manner, and upload it as an attachment into NexSys with the completed Budget information. Also attach the most recently approved and revised Action Agenda(s).

REVIEW PROCESS

All plans will be reviewed by staff of MDE/OGS, and when necessary, its contractors. **Incomplete plans or plans failing to meet specifications will not be reviewed or considered for funding.** Only those plans meeting all identified criteria and not exceeding the total amount of funds available will be recommended for funding to the State Superintendent. All funding will be subject to approval by the State Superintendent. All ISDs that submit a plan will be notified of the State Superintendent's action and have the right to appeal.

Staff Page:

GSC Staff:	FTE for GSC/PC work only:	Split funded position	If yes, list other funding sources:	If yes, list other ISD/organization roles outside of Director/PL	Email:	Phone number:
GSC Director/Coordinator:	.75	x ☐ Yes ☐ No	ECSN	ECSN Infant Toddler	rhornkohl@northw	231-499-1484
Robin Hornkohl				Statewide Lead	ested.org	
GSC Director/Coordinator:		☐ Yes ☐ No				
Parent Liaison:	.75	☐ Yes x☐ No			mcsmith@northwes ted.org	231-342-5433
Parent Liaison:		X□ Yes □ No				
Parent Liaison:		☐ Yes ☐ No				
Parent Liaison:		☐ Yes ☐ No				

ISD Lead Staff/ECAN Member:	Title:	Email:
Yvonne Donohoe Mccool	Director of Early Childhood	ydonohoe@northwested.org

This Goal, Objective(s) and Strategy(ies) targets the following	ing early childhood outcome(s):	Ad	dresses the following early	childhood components:	
Children are born healthy.			Physical and social emotional	Health.	
Children are born healthy. ☐ Children are healthy, thriving, and developmentally on track from birth to third grade. ☐ Children are developmentally ready to succeed in school at time of school entry. ☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. % and # of children not reaching targeted outcome(s), broken down by demographics when Approximately 47% of births in our region occur in mothers who receive less than adequate p This is even more pronounced for mothers of color in our region to include 59 % of American I		of third grade.	Family supports, including, but not limited to, the provision of basic needs and economic self-sufficiency. Parent leadership and family engagement. Early education, including the child's development of skills linked to success in foundational literacy, and care. Community infrastructure. ossible (Targeted Problem(s)): enatal care compared to approximately 31% of Michigan births.		
Goal related to the targeted problem(s): Prenatal dental health is prioritized and more accessible to women and children.					
Objective(s) related to the goal: Availability and accessibility of prenatal dental care is	supported especially for tar	get populations.			
Strategy 1: Work with community organizations to expand opportunities to deliver information to families about the importance of dental health	Prioritized root causes rela objective and addressed by Clinics that serve families women are not always cl consumers.	y this strategy:		the dental health community and ealth in our region by targeting one	
 □ Parent Led Strategy □ Strategy came from Strengthening Families Assessment 	System Characteristic(s) Address	ed Mindsets 🗆 (Components Connections	☐ Regulations ☐ Resources ☐ Power	
Alignment with PDG B-5 Activities: Activity 1: PDG Needs Assessment Activity 2: PDG Strategic Plan Activity 3: Parental Knowledge, Choice, and Engagement Activity 4: Sharing Best Practice Activity 5: Improving Overall Quality Activity 6: Integrated Data for Program Use and Evaluation					
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):	

Determine outreach information and strategy to target populations to be shared about dental health and from United We Smile.	GSC, United We Smile(UWS), 5toONE, GSFL	Q1	Messaging and materials, both digital and print, that promote dental health and explain the services of United We Smile, Early Childhood Resource	Family Dental Health information is made available through distribution of Early Childhood Resource Guides to dental professionals. United We Smile information is being distributed at 5toONE
			Guides	Neighborhood Center Playgroups and to community partners who share information about perinatal health. United We Smile is a guest speaker at a Great Start Family Coalition meeting.
Talking is Teaching materials that promote dental health are determined and ordered.	GSFC, UWS,	Q1	Funding for Talking is Teaching materials	Talking is Teaching materials are ordered and distributed at events promoting prenatal and family dental health.
Partner with Great Lakes Children's Museum for Dental Health Day.	5toONE, United We Smile, GSFC	Q1	UWS Materials and event promotion	Dental Health Day promotion playgroup attendees attend the Dental Health Day.
Strategy 2:	Prioritized root causes rela		Performance Outcome	(s):
Work with families to expand opportunities for pregnant women and children to have successful visits to dental and medical health professionals.	objective and addressed by this strategy: The nature of traditional clinical settings often trigger stress responses in children leading to decreased self-regulation, which can cause families to defer care.		participate in dental he of utilizing the dental a Mothers included in sp and being served at Un	e more comfortable and willing to ealth care appointments as a result nd medical play area. ecial populations are represented ited We Smile for dental care with nined in year one of service.
 □ Parent Led Strategy □ Strategy came from Strengthening Families Assessment 	System Characteristic(s) Addressed			
Alignment with PDG B-5 Activities: ☐ Activity 1: PDG Activity 4: Sharing Best Practice ☐ Activity 5: Improvir	<u> </u>		_	
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

Convene parents who are interested in reducing anxiety and increasing cooperation for their children.	GSFL	Q1	Parents, meeting supplies	Parents meet and areas of concern for children who struggle with dental appointments are identified.
Share parent input with the team at United We Smile and determine tools, toys, and health education resources needed for the medical/dental play area.	United We Smile Community Health Worker SLP and/or OT GSFC	Q2	Child Life Specialist UWS staff GSF Liaison	Critical components of the medical /dental play space at United We Smile are identified, purchased, and integrated into the clinical setting.
Parent education video around materials is written, storyboarded, and produced.	United We Smile GSFL	Q3	Script written, Video production tools, child life specialist	A video explaining the medical play area and how to use it is created and available for parents to view when visiting the medical play area.
Medical play area determines community open hours and becomes increasingly accessible to all families in the community.	GS Family Liaison UWS staff	Q4	Medical play space	UWS medical/dental play area is open for all families to utilize
Survey opportunity for families is developed to convey impact of medical play and plan for sharing high level demographic data sharing agreement.	GSFL and UWS Staff	Q4	Survey tools Data capture forms utilized	There is a clear understanding of the impact of medical play opportunities, including feedback from special populations.

	ing early childhood outcome(s):		dresses the following early	childridod components.	
☐ Children are born healthy.			Physical and social emotional I	Health.	
□ Children are healthy, thriving, and developmentally on a company of the company of th	track from birth to third grade.		Family supports, including, but	t not limited to, the provision of basic	
☐ Children are developmentally ready to succeed in school	_		needs and economic self-suffice	ciency.	
☐ Children are prepared to succeed in fourth grade and bey	·	and of third	Parent leadership and family e	engagement.	
grade.	ond by reading proficiently by the e	e end of tillid	Early education, including the	child's development of skills linked to	
			success in foundational literac	y, and care.	
			Community infrastructure.		
 % and # of children not reaching targeted outcome(s) The number of children receiving WIC ranges receiving WIC in 2021. WIC utilization has been 50%); WIC utilization has been trending up in Goal related to the targeted problem(s): Children are born healthy and community su 	from 55.2% (519) in Kalkaska en trending lower in Benzie, (Antrim and Kalkaska countie	a County to 25% (2 Grand Traverse and es. DATA SOURCE: I	07) in Leelanau County; of Leelanau counties (Leel MI <u>KIDS COUNT 2022</u>	overall 3,191 children were anau's rate has declined by almost	
Objective(s) related to the goal:					
Increase access and awareness to universally	y available developmental scr	reener for families	and educators		
Strategy 1: (Possible strategies to choose from, must have 2) Promote Help Me Grow and ASQ rollout within the region to ensure children birth to 5 have access to developmental screener and enter school developmentally on track	Prioritized root causes related objective and addressed by Help Me Grow is a newly initiative resulting in the knowing how/where to a	y this strategy: launched community not		(s): will receive ASQ developmental up parent info in inaugural year	l
 □ Parent Led Strategy □ Strategy came from Strengthening Families Assessment 	System Characteristic(s) Addresse	ed □ Mindsets □ C	Components Connections [☐ Regulations ☐ Resources ☐ Power	
☐ Strategy came from Strengthening Families Assessment					
	Needs Assessment ☐ Activity 2	2: PDG Strategic Plan	☐ Activity 3: Parental Kno	owledge, Choice, and Engagement	
☐ Strategy came from Strengthening Families Assessment Alignment with PDG B-5 Activities: ☐ Activity 1: PDG	Needs Assessment ☐ Activity 2	2: PDG Strategic Plan	☐ Activity 3: Parental Kno	owledge, Choice, and Engagement	

Identify additional community partners for Help Me Grow and ASQ implementation	GSC Amy Strom Tracy Spincich Allison Hayes	Q2, Q3, Q4	Help Me Grow marketing materials	Increased community access of use of online ASQ screening
Create a plan for ongoing ASQ partner and data review to ensure fidelity to process	GSFC MTSS/SRAC Stakeholders GSRP Administrators	Q2, Q3, Q4	HMG TA Support	Timeline for ASQ review and next steps for continued growth and access to system for families, providers and physicians
Create robust marketing and communications plan to increase awareness on Help Me Grow	GSC Heather Jewell Tracy Spincich	Q1, Q2	Community partnerships	Increase in visual marketing of HMG through community partners and LEA's
Strategy 2: (Possible strategies to choose from, must have 2) Utilize the GSC Childcaring Now (CCN) initiative as a platform to establish a continuous quality improvement process for childcare in the region to best meet community needs.	Prioritized root causes related to the objective and addressed by this strategy: Multifaceted challenges have plagued the childcare sector related to lack of resources exacerbated by the pandemic. The rapid shifts in closures and openings of new child care sites has led to inconsistent and inconclusive data.		Performance Outcome(s): Determine appropriate data targets for each of the 7 action teams and/or initiative and begin the CQI process	
 □ Parent Led Strategy □ Strategy came from Strengthening Families Assessment 	System Characteristic(s) Addres	sed \square Mindsets \square (Components Connections	☐ Regulations ☐ Resources ☐ Power
Alignment with PDG B-5 Activities: ☐ Activity 1: PDG☐ Activity 4: Sharing Best Practice ☐ Activity 5: Improving				
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
Establish baseline data on childcare opportunities in connection with CCN	CCN Planning Team GSTQ	Q1, Q2	Survey pre/post mentorship,	Increased community knowledge about the accurate state of childcare within the region
Work alongside 7 action teams to ensure ongoing and consistent feedback for accurate data collection and set Action Teams and Initiative data targets	CCN Planning Team	Q1, Q2, Q3, Q4	Localized survey pre and post showing regional child care data	Action teams focus on specific data driven goals to ensure progress

Continue to seek both new and existing childcare provider feedback	CCN Planning Team & committee members Melissa Dyste	Q1, Q2, Q3, Q4	surveys, incentives, staff time	Initiative refines goals as part for the CQI project
Strategy 3:	Prioritized root causes re objective and addressed		Performance Outcome	e(s):
Reestablish collaboration plan with WIC.	Lack of face to face and in collaboration has led communication and on partnerships.	to decrease in	· ·	engage WIC and Health nsure increased partnership and etings.
☐ Parent Led Strategy	System Characteristic(s) Addre	essed \square Mindsets \square	Components Connections	\square Regulations \square Resources \square Power
☐ Strategy came from Strengthening Families Assessment				
☐ Strategy came from Strengthening Families Assessment Alignment with PDG B-5 Activities: ☐ Activity 1: PD ☐ Activity 4: Sharing Best Practice ☐ Activity 5: Improve			·	
Alignment with PDG B-5 Activities: ☐ Activity 1: PD			·	
Alignment with PDG B-5 Activities: ☐ Activity 1: PD☐ Activity 4: Sharing Best Practice ☐ Activity 5: Improve	ving Overall Quality ☐ Activity Persons or Groups	6: Integrated Data for	Program Use and Evaluation	Progress Measures (outputs of
Alignment with PDG B-5 Activities: Activity 1: PD Activity 4: Sharing Best Practice Activity 5: Improve Activities (small wins to carry out the strategy) Identify appropriate staff members to reconnect and receive communication with regional health	ving Overall Quality ☐ Activity Persons or Groups Responsible	6: Integrated Data for Target Dates	Resources Needed Staff time, Early Childhood Resource	Progress Measures (outputs of activities): Establish 5 face to face health

Strategy 4:	Prioritized root causes related to the	Performance Outcome(s):
Convene parents to examine and create	objective and addressed by this strategy:	Caregivers, knowledge of report increased knowledge
opportunities to support caregivers with best		about strategies and awareness related to community
practices around a variety of feeding issues.	Development and environmental issues	resources and support.
	contribute to feeding challenges for	
	young children within our community.	
	This can result in haphazard and	

	disjointed meal times w the benefits of engaging times.				
Parent Led Strategy	System Characteristic(s) Addres	ssed Mindsets	Components Connections	☐ Regulations ☐ Resources ☐ Power	
Strategy came from Strengthening Families Assessment					
Alignment with PDG B-5 Activities: Activity 1: PDG Needs Assessment Activity 2: PDG Strategic Plan Activity 3: Parental Knowledge, Choice, and Engagement Activity 4: Sharing Best Practice Activity 5: Improving Overall Quality Activity 6: Integrated Data for Program Use and Evaluation					
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):	
Parents convene to identify issues they experience	Megan Downer	Q1	Survey of needs	Increased knowledge of	
around feeding with their children representing a	GSFC		related to feeding	parenting issues related to the	
variety of ages and stages.	GSFL		issues,	children in our community	
Review identified feeding issues to ensure	Megan Downer	Q2	Review of data, Early	Resources of paired challenges	
demonstration events meet family need by	Amy Strom		Intervention team	and strategies are created for	
presenting appropriate professionally reviewed strategies	GSFL		members,	distribution to families and providers	
At least 2 Dinner Demonstration Events are	GSFL	Q3	Event space, tools	All families in attendance will	
planned to accommodate families in different parts	Megan Downer		and resources for	receive resources and support.	
of the region			families that support	Attendees will report increased	
			implementation of	success with feeding and/or	
			strategies at home	mealtimes.	

TI: 0 1 01: .: / \ 10: . /: \		
This Goal, Objective(s) and Strategy(ies) targets the following		ddresses the following early childhood components:
☐ Children are born healthy.		Physical and social emotional Health.
☐ Children are healthy, thriving, and developmentally on track fr	rom birth to third grade.	Family supports, including, but not limited to, the provision of basic
□ Children are developmentally ready to succeed in school at t	ime of school entry.	needs and economic self-sufficiency.
☐ Children are prepared to succeed in fourth grade and beyond	i I F	Parent leadership and family engagement.
,		Early education, including the child's development of skills linked to
	_	success in foundational literacy, and care.
		Community infrastructure.
% and # of children not reaching targeted outcome(s	s), broken down by demographics when possi	ble (Targeted Problem(s)): In the 5 county region of North
·		ata (MDE KRA 20-21). The percentage of children age 3 & 4
who did not attend preschool between 2020-23 is ap	proximately 57% and trending upward, while N	Michigan has made has been between 53 & 55 %.
Cool related to the terrested with level 2. Children on		Uduan and familias and
Goal related to the targeted problem(s): Children are families have increased access to high quality early carry	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		velopment from birth through Kindergarten entry that is
aligned with the appropriate expectations of PK-12 e		velopinent from birth through kindergarten entry that is
Elementary principals and districts will co-create a co	mmon understanding of developmentally appr	opriate Kindergarten expectations and have access to
support to coaching as needed to support communic	ations, expectations, and support parent engage	gement
Chapters 1. The colored woodings and viscous	Prioritized root causes related to the	Performance Outcome(s):
Strategy 1: The school readiness advisory committee will address the needs of school	objective and addressed by this strategy:	100% of district leaders will receive SRA
readiness across the community.	Messages to families related to school	recommendations, school readiness toolkit supports, and
readiness deless the community.	readiness are unclear and inconsistent	offered coaching to increase knowledge and skill
		S S
	Schools leaders are resource constricted and	Baseline survey data is collected to determine % of
	have limited supports to increase knowledge	leaders with a change in mindset, practice, and/or
	related to appropriate expectations for	connection.
	incoming Kindergarten students	
☐ Parent Led Strategy	System Characteristic(s) Addressed	Components ☐ Connections ☐ Regulations ☐ Resources ☐ Power
☐ Strategy came from Strengthening Families Assessment		

	Alignment with PDG B-5 Activities: Activity 1: PDG Needs Assessment Activity 2: PDG Strategic Plan Activity 3: Parental Knowledge, Choice, and Engagement Activity 4: Sharing Best Practice Activity 5: Improving Overall Quality Activity 6: Integrated Data for Program Use and Evaluation				
Activity 4: Sharing Best Practice Activity 5: Improvi	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):	
School readiness advisory committee meets with regularity and is comprised of the required and recommended members	Robin Hornkohl Tracy Spincich	Q1, Q2, Q3, Q4	Venue, office supplies	Parents, providers, and community members who represent the diversity of the area and programs and services are represented with equal representation and engagement	
Review Great Start Readiness Program data and make recommendations as outlined in Section 32d	Robin Hornkohl	Q1	Venue, office supplies	Enhancements are made to GSRP based on input from the committee and documented in approved meeting minutes.	
Develop a plan to share preschool and school age care options to families as a part of the joint recruitment and enrollment process.	GSFC SRAC CEE Super Region Robin Hornkohl		MIConnect, Help Me Grow, contracted support referral, data, and reporting needs	Community Eligibility and Enrollment work continues collaboratively across 10 counties	
School Readiness Advisory reviews repository of school documents	GSFC SRAC Robin Hornkohl	Q2	Contracted staff to lead review of materials	Regional recommendations related to school readiness are approved	
School Readiness Advisory and Multi-tiered Systems of Support workgroups create School Readiness Toolkit	GSFC SRAC Robin Hornkohl	Q3-Q4	Contracted staff to support search, curation, development of high quality resources	Recommendations are translated in to meaningful resources for educators, childcare providers and parents	
County workgroups are empowered to support school readiness through toolkit implementation to meet individual needs of students and provide information in socializations, parent education opportunities, and special local and regional events to support school readiness	Robin Hornkohl County EC Workgroups 5 to One contracted staff	Q1-Q4	Contracted staff to support individual county efforts, learning materials, EC venues	Robust community offerings are available to families to access developmentally appropriate guidance in each community in the 5 county region	

Strategy 2: The GSC, GSFC and RC will work in collaboration to engage the community to support and align plans to facilitate childcare availability in the wake of the influx of state and federal funds.	Prioritized root causes related to the objective and addressed by this strategy: There is an inadequate supply of childcare for children and families in our region		Performance Outcome(s): 1) Increased spaces and/or organizations that can implement childcare, including school age children 2) Increased family utilization of greatstarttoquality.org to search for childcare and school aged care	
□ Parent Led Strategy□ Strategy came from Strengthening Families Assessment	System Characteristic(s) Addressed			
Alignment with PDG B-5 Activities: Activity 1: PDG Needs Assessment Activity 2: PDG Strategic Plan Activity 3: Parental Knowledge, Choice, and Engagement Activity 4: Sharing Best Practice Activity 5: Improving Overall Quality Activity 6: Integrated Data for Program Use and Evaluation				
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
	Persons or Groups Responsible Robin Hornkohl RRC Staff CCN Workgroup Members	Target Dates Q1, Q2, Q3, Q4	Resources Needed Consultation staff to support	
Activities (small wins to carry out the strategy) Child Caring Now convenes 7 action committees including a funding and policy workgroup to support a process to plan for funds and work	Responsible Robin Hornkohl RRC Staff CCN Workgroup		Consultation staff to	activities): Progress is made in the CCN workgroups on a variety of fronts

is Goal, Objective(s) and Strategy(ies) targets the following early childhood outcome(s):		Addresses the following early childhood components:		
☐ Children are born healthy.	☐ Physical and social emotional Health.			
☐ Children are healthy, thriving, and developmentally on track fr	\square Family supports, including, but not limited to, the provision of basic			
☐ Children are developmentally ready to succeed in school at tin		needs and economic self-sufficiency.		
□ Children are prepared to succeed in fourth grade and beyond		Parent leadership and family engagement.		
and the property to succeed in road in grade and beyond	by reading proficertly by the end of third grade.	Early education, including the child's development of skills linked to		
		success in foundational literacy, and care.		
		☐ Community infrastructure.		
% and # of children not reaching targeted outcome(s	s), broken down by demographics when pos	sible (Targeted Problem(s)):		
According to MiSchoolData.org third-grade reading proficiency scores for the FY 2021-22 school year 25.5% (369) third-graders were advanced; 22.2% (321) were proficient; 25.4% (367) were partially proficient; and 27% (390) were not proficient. According to <u>national survey data in 2018</u> less than half of households survey reported reading aloud to their young children every day, and fewer than 20% reported reading aloud to their child from birth.				
Goal related to the targeted problem(s): Ensure equitable access to high quality literacy programs, services and materials.				
Objective(s) related to the goal: Implement Dolly Parton Imagination Library and revitalize regional Talking is Teaching campaign and ensure prioritized enrollment to those families with the highest levels of economic need.				
Strategy 1:	Prioritized root causes related to the	Performance Outcome(s):		
Collaborate with local Dolly Parton Imagination Library representatives to ensure families in all five counties can enroll in the program.	objective and addressed by this strategy: Rural areas do not all have libraries and transportation support that allows families to equitably access literacy resources.	All families interested and those of highest economic need are participating in Dolly Parton Imagination Library.		
☐ Parent Led Strategy	_	Components ☐ Connections ☐ Regulations ☐ Resources ☐ Power		
☐ Strategy came from Strengthening Families Assessment	System Characteristicity Addressed Williasets	Components Connections Concessions Connections		
		_		
Alignment with PDG B-5 Activities: ☐ Activity 1: PDG	Needs Assessment ☐ Activity 2: PDG Strategic P	lan 🗖 Activity 3: Parental Knowledge, Choice, and Engagement		
☐ Activity 4: Sharing Best Practice ☐ Activity 5: Improvin	ng Overall Quality 🗖 Activity 6: Integrated Data fo	or Program Use and Evaluation		

Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
MOU and data agreements are established with DPIL and reported at quarterly Read to Me meetings	GSC leadership Read to Me Born to Read DPIL	Q1, Q2, Q3, Q4	MOU drafted, staff time, meeting space	MOU is drafted and signed by all parties, quarterly metrics are determined and being reported quarterly.
Enrollment opportunities and preferred medium (hard copies vs. digital info) with early childhood partner organizations for families most at risk is determined and implemented by Books from Birth.	Head Start, Early Head Start, DPIL,	Q2	Meeting space, digital storage location	Partner messages are clearly represented in the preferred medium with connection to enrollment information in DPIL registration process.
Books from Birth has materials and a process for enrolling families in DPIL and providing important partner organization enrollment information.	Books From Birth DPIL Read to Me Munson Medical Center	Q3, Q4	Meeting space, hard copies of resources and/or portal for digital access to materials	Families from all five counties enroll in DPIL and in services offered by partner organizations.
Strategy 2: Parent leaders explore and determine opportunities to create inclusive communications and experiences for families celebrating DEIB.	Prioritized root causes related to the objective and addressed by this strategy: Families who live in rural areas lack opportunities to experience diversity, and explore the value of DEIB principles at community events.		Performance Outcome(s): Communications relating to inclusive practices are widely distributed across the region. Events celebrating diversity in the region are promoted and well attended.	
Parent Led Strategy ☐ Strategy came from Strengthening Families Assessment	System Characteristic(s) Addressed			
Alignment with PDG B-5 Activities: ☐ Activity 1: PDG Activity 4: Sharing Best Practice ☐ Activity 5: Improving			_	
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
Parents learn about the importance of inclusive practices and the principles of DEIB.	Early On GSFC North Ed DEIB Team Up North Pride	Q1	Meeting space, registration fees for professional learning event for parent leaders.	Parents/ caregivers attend the a professional training relating to DEIB and share their learning with other families.

Parents draft a statement communicating the value of embracing DEIB practices, particularly celebrating children with differences	GSFC Early On Emily Mitchell	Q2	Design Services for parent statement	Draft of parent perspective on DEIB is included in our Children with Differences section of our Early Childhood Resource Guide
Parents plan and implement at least one community event that celebrates families utilizing the principles of DEIB.	GSFC GSFL	Q3, Q4	Event space Materials for activities DEIB related book title to distribute at event	At least one event is planned and held in the region that invites parent participation and showcases the values of DEIB in activities for families.
Strategy 3: Expansion and revitalization of regional Talking is Teaching Campaign.	Prioritized root causes related to the objective and addressed by this strategy: Messaging around early literacy and conversational turns is often not accessible to many families nor visually present in the community.		Performance Outcome(s): Families report engaging in more serve and return interactions as a result of experiencing Talking is Teaching materials from Trusted Messengers and environmental prompts throughout the region.	
 □ Parent Led Strategy □ Strategy came from Strengthening Families Assessment 	System Characteristic(s) Address	sed \square Mindsets \square	Components Connections	☐ Regulations ☐ Resources ☐ Power
Alignment with PDG B-5 Activities: ☐ Activity 1: PDG ☐ Activity 4: Sharing Best Practice ☐ Activity 5: Improving			_	
Activities (small wins to carry out the strategy)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
Talking is Teaching environmental prompts and materials are determined.	GSFL Talking is Teaching Action Team	Q1	Design services Feedback from Trusted messengers	Talking is Teaching campaign materials are ordered.
Sites to receive environmental prompts are determined and approved.	GSFL Representative from company chosen to produce environmental prompt.	Q2, Q3	Design services Purchasing source for environmental prompts	Environmental prompts are ordered.
Materials are purchased and distributed to Trusted Messengers.	Trusted Messengers	Q2	Budget for materials	Trusted Messengers distribute Talking is Teaching campaign materials.
Installation of selected environmental prompts is planned.	Recreation officials	Q3, Q4	Installation equipment and technicians	Environmental prompts are delivered and installed.

Survey of families with young children is developed	GSFC	Q1, Q4	Survey tools	Families report the impact of
and administered.	5toONE Network		Promotional tools	community Talking is Teaching
	GSFL			environmental prompts.