**Imperative #1: Early Childhood**

**Local Implementation Plan for Discretionary Funding**

**Local Lead Agency (LLA) / Local School System (LSS) / Public Agency (PA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identify the Priority Area(s) for the EC Local Implementation Plan:**

Evidence-Based Teaming Practices **and/or**  Natural and Inclusive Learning Opportunities **and/or**   Effective Coaching

**Team - Analyze - Plan --- Implement - Track (TAP-IT)**

*The purpose of the local implementation team is to engage in the TAP-IT decision-making process to:*

*(1) Analyze data to identify potential root cause(s),*

*(2) Identify priority area (evidence-based practices) based on readiness/data-informed needs,*

*(3) Write the data-informed plan based on identified priority area,*

*(4) Implement evidence-based practices with fidelity in the priority area, and*

*(5) Track both implementation progress and child learning progress.*

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| ***TEAM***: ***Local Implementation Team Formation*** |
| Required members of the local implementation team include staff fulfilling the roles and responsibilities of the local lead agency head/special education director, the infants and toddlers program director, and the preschool special education coordinator. Other **critical** roles to consider are family members, early learning representatives/general education partners, as well as other early care and education partners.  **Required**: Identify the local implementation team including, names, titles, e-mail, and phone contact information.   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Position Title/Role** | **E-mail** | **Phone** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| ***ANALYZE: Determine Root Causes, Identify Priority Area(s) Based on Readiness/Data-Informed Need and Intended Outcomes*** | | |
| Summarize data used to determine priority area(s). Analyze data sources that demonstrate a cause/effect relationship between potential root causes and identified priority area. Consider how your current infrastructure either supports or challenges the implementation of evidence-based practices.  **Identify the Priority Area(s) for the EC Local Implementation Plan:**  Evidence-Based Teaming Practices **and/or**  Natural and Inclusive Learning Opportunities **and/or**   Effective Coaching  **Required**: Identify data sources and data points that directly contribute to the identified need(s). Include a root cause analysis.   |  |  |  | | --- | --- | --- | | **Data Source** | **Data** | **Root Cause Analysis** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | |
| ***PLAN: Develop Goal(s), and Identify Strategies/Evidence-Based Practices, Resources, and Budget*** | | |
| Consider specific goal(s) for implementation in response to data-identified priority need(s) and the professional learning need(s), including coaching, that are necessary to operationalize the implementation plan. Think about the necessary fiscal, human and organizational resources and consider the potential infrastructure shifts necessary for the implementation of evidence-based practices, including an evidence-based approach to professional learning.  **Required**: Identify goals, evidence-based practices/strategies to be implemented, braided fiscal resources, including in-kind, and how the budget supports plan implementation. Include staff and organizational resources. State and federal guidelines for appropriate use of federal discretionary funds must be followed. | | |
| ***PLAN: Develop Goal(s)*** | ***PLAN: Identify Evidence-Based Practices/Strategies*** | ***PLAN: Identify Resources and Budget*** |
| |  | | --- | | **Goal(s)** | |  | |  | |  | | |  | | --- | | **Evidence-Based Practices/Strategies** | |  | |  | |  | | |  |  | | --- | --- | | **Resources** | **Budget** | |  |  | |

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| ***IMPLEMENT Goal(s)/Evidence-Based Practice(s) with Fidelity Measures* and *TRACK to monitor progress*** |
| Provide detailed information and time to process what the identified needs are and what local implementation might mean for educators/providers and parents/families. Provide relevant and detailed information so those who are being asked to participate in the implementation work know what is expected, how the process will work, and how fidelity of practices will be measured.  **Required**: Provide goal(s), implementation strategies and a detailed, reasonable timeline for completion. Include data-collection tool(s)/fidelity measure(s), and frequency by which data will be collected and analyzed.   |  |  |  |  | | --- | --- | --- | --- | | **Goal(s)/Evidence-Based Practices/Strategies** | **Implementation Timeline** | **Data Collection/Fidelity Measures** | **Analysis Methods/Frequency** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

***LLA/LSS/PA Signature(s) required for submission:***

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Local Director of Special Education (Print and Sign) Date

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Superintendent (or Deputy Superintendent) (Print and Sign) Date

***Additional Signatures required, when the Local School System is not the Local Lead Agency for Infants and Toddlers:***

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Local Director of Infants and Toddlers Program (Print and Sign) Date

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Local Lead Agency Head (Print and Sign) Date

***MSDE Signature(s):***

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MSDE, Program Liaison (Print and Sign) Date

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MSDE, Programmatic Support & Technical Assistance Branch Chief (Print and Sign) Date