**PDG B-5 Renewal Grant APPR Workgroup Feedback** Fall 2021

1. “Sections G & H were my favorite 2 sections as they gave space to describe what is, identify gaps and create plans for what is next.”
2. “I know the goal is for this to be a tool in driving the work and identifying needs. For us, it hasn’t unearthed much new learning or opportunity.”
3. “Since all states have different strategic plans, the APPR only loosely tracks with our plan.”
4. Some areas were very helpful for us to lay the foundation whereas other areas (ex. funding) created more barriers, requiring much more time and capacity to complete.”

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| General | In general, grantees recommend additional space for information |
|  | Would be more user friendly to have separate narrative sections not in the Excel document |
|  | Difficult to use; needed an updated template any time we needed more space to describe ECE system |
|  | Usability challenges with having an Excel to capture all the work.  |
| Section A | Recommend more flexibility & easier to use template for varying numbers of programs  |
|  | A.5.1 - add columns defining partner relationship (advisory, decision making, local implementation) and a way to describe how partnership is strengthened or new/deepened roles of partners in MDS. PPE includes a survey to partners measuring the quality/resource use/etc. |
|  | A.5.1. - may have just been easier to indicate what programs were associated instead of "Yes" or "No" drop down boxes (ease of use) |
|  | A.4.1 # of PDG B-5 MDS programs represented on councils and committees - what if 1 individual (like an agency director) represents multiple programs |
| Section B | Would love a way to carve out a column or a table that demonstrates # served or # slots due to PDG investments, as we do in our own state leadership reports |
|  | Would like a way to reflect FFN/informal caregivers served through programs. Currently can only show number of ECE slots through FFN/informal. |
|  | Need a better opportunity to describe or provide notes regarding data systems, data collection, data use |
|  | B.1.2.v improve ability to highlight additional funding sources |
|  | Existing template poses challenge around separating braided funding - was work worth reward? Inspired by recent APPR Workgroup conversation |
|  | Need a better way to highlight data we do have. Different programs break age down into different groups. We highlighted these #s in notes, but that made reading the report more difficult/confusing |
|  | Struggling to complete the budget section; taking much longer than projected. The timelines are complicated across projects, in combination with the issue of no-cost extension |
| Section C | May be helpful to flag which prioritized populations are defined by federal requirements vs. state to demonstrate variation and opportunity for alignment at both levels. |
| Section D | We are not there yet but would be interesting to report on the number of professionals in workforce/roles/PD investments (our PPE is tracking training hours, etc.); this template does not allow for us to accurately communicate progress |
| Section E | Not sure where to provide information related to tracking materials/information disseminated to families (metric in our PPE); may align with question E.I  |
|  | We chose to address under Section I, but curious where others are reporting family engagement/decision making/leadership for project, since section E does not provide an area to report this information. |
| Section F | Eligibility: opportunity to share areas of natural overlap to be able to identify potential partnerships b/w programs since this information is not requested elsewhere.  |
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Workgroup Recommendation #1: Grantees be given an option to submit a Word document for narrative responses if they feel there is not adequate space to submit narrative responses. This would also provide a more user-friendly option (Word versus Excel) as well for lengthier responses.

Workgroup Recommendation #2: To help clarify role the external partners play in PDG B-5, allow for the grantee toidentify relationship type: advisory, decision making, local implementation, contractual or other, and describe how each Partnership has been strengthened or if a new role has been developed or expanded due to the PDG B-5 Initiative.

Workgroup Recommendation #3: Existing regulations in state or federal definitions limit the ability to align definition of terms. Grantees are encouraged to review needs assessment and strategic plans for definitions and proposed alignment. Encourage discussion with partners to obtain this information and a narrative section to describe the various relationships.

Workgroup Recommendation #4: Related to question A.1, seeking information regarding the programs in the state’s mixed delivery system, grantees included the PDG B-5 projects and councils versus just programs, which caused challenges throughout the report. Allow states to describe their mixed delivery system programs and the various supports to that system. Going beyond a listing will allow each state to uniquely describe their early childhood care and education system of which their mixed delivery programs are a part.