

How are Vermont's Young Children?



Building Bright Futures

Vermont's future starts with today's children

MARCH 2012

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This document is available in PDF format at www.buildingbrightfutures.org.

Dear Fellow Vermonters,

It is with great pleasure and excitement that, as Co-Chairs of the Building Bright Futures State Advisory Council, we are releasing the Council's first comprehensive assessment of how Vermont's youngest children are fairing. This report is based on current data collected across systems and agencies. It is the first in a series of bi-annual reports from the Building Bright Futures Council that will be the framework, and an essential tool, to inform and guide policy design, implementation and resource allocation.

Building Bright Futures is a public/private partnership, established in state statute in 2010. It is charged with advising the Governor, General Assembly, and the public on the needs of our youngest children, prenatal to age six, and on how our early care, health and education system can be strengthened to meet these needs for both the children and their families in the context of their communities. Building Bright Futures mission is to assure all of Vermont's children have the strong foundation they need to grow and lead healthy, fulfilling lives.

Vermont is known across the country as a great place for families to live and for innovative policies and practices. Vermont is generally ranked very high when compared nationally on overall child health and development and education indicators. The data in this report will affirm that on many indicators we are indeed doing well. It also indicates that there are areas of concern that must be addressed if we are to achieve our goal of assuring all our young children have a solid foundation for live long well being.

To accomplish this, we need to move beyond an incremental approach to create a comprehensive, integrated, state-wide, early childhood system that is comprised of a full continuum of high quality, accessible, family centered, early childhood and family support services.

Not all elements of the system will require equal attention all the time. Different communities will focus on different elements, depending on their highest areas of need and priorities. But having a well-informed, holistic approach will help everyone stay on track, working across the state on the most urgent areas of need. It will take all partners, public and private, to help refine our program implementation and assure the gaps and areas of concern in the early childhood system are indeed being addressed in a systematic manner. We must collectively hold ourselves accountable so our work will result in positive, measurable outcomes for our youngest children.

Let's put our collective ingenuity to work and make Vermont known as the best place for a child to grow up, assuring their individual well being and leading the way to prosperity for all of us.

Sincerely,



Douglas A. Racine, Secretary
Agency of Human Services,
Co-Chair, Building Bright Futures



Lisa Ventriss, President
Vermont Business Roundtable,
Co-Chair, Building Bright Futures

Building Bright Futures

Our Commitments
to Vermont's Young Children.

All Vermont children and their families will have resources which meet their basic needs.

All Vermont children will achieve optimal health and development.

All Vermont children will have supportive relationships and positive learning experiences.

All Vermont children will grow in a safe environment that supports positive social, emotional, physical and cognitive development.

All Vermont children and their families experiencing adversity will have early, timely and highly skilled interventions.

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INTRODUCTION

Why the Early Years Matter

Decades of research have established that young children's brains are 90 percent developed by the time they are age five and the experiences young children have during these early years set the stage for being prepared to succeed in school and beyond.

Children develop in an environment of relationships that begin within their family, extend into their community and are affected by broader social and economic resources. When children have positive, stable relationships, they are started on a strong path towards a healthy and productive life.

Unfortunately, not all of our children get a good start whether due to economic insecurity, exposure to violence, lack of access to quality care, or other factors. Stress in early childhood, when combined with the absence of consistent, supportive relationships, can result in lifelong problems in learning, behavior, physical and mental health, and general well being in early childhood. Policies that support the ability of parents, providers, and community members to interact positively with children in stable and stimulating environments help create this essential relationship based foundation, supporting later school achievement, economic productivity, and responsible citizenship.

Children and Their Families: A Large and Lasting Impact

A young child's earliest experiences take place in the home and the social, economic, and demographic characteristics of a child's family can have a large and long-lasting impact. Many key characteristics that often define "at-risk" children are based on factors that exist for the family rather than reflecting child-specific traits.

This analysis focuses on two of these factors that have substantial importance for the long-term development of a child – poverty and hunger.

Beyond Physical Well-Being: Health and Development

The concept of child health extends beyond physical well-being. It encompasses prenatal health, mental health, and the level of "toxic stress" present in a child's life. Vermont's children are relatively healthy and benefit from high rates of access to health care. However, they are not immune to underlying social changes affecting the nation as a whole.

The Importance of Early Care and Education

Supportive relationships and positive learning experiences begin at home, but can also be provided through a range of programs and services. An estimated 22,451 (approximately 58%) Vermont children, under the age of six, receive at least 10 hours of non-parental care each week. The quality and reliability of that care greatly impacts their development. Researchers have long documented the positive outcomes of high-quality (versus low or mediocre quality) early care and education, including school readiness, greater academic achievement, increased rates of high school and college completion, lower rates of incarceration, and higher incomes.

The early care and education sector also forms a fundamental part of our economy. These early childhood professionals allow many parents to enter the workforce and job training programs. Economists point to the substantial economic benefits for investing in a comprehensive system of early childhood services. Those who start behind are much more likely to stay behind

and remediation is rarely as effective as providing a sturdy foundation in the first place.

Given the crucial role that early care, and education system plays in Vermont, it is imperative that the quality, capacity, access to, and affordability of the sector is evaluated on an ongoing basis to ensure that our children are getting a good start and the sector of a

comprehensive cross sector system remains economically vibrant.

Families need options so they can choose early care and education that makes sense for them. Regardless of setting, all programs should offer a high-quality, safe and healthy environment appropriate for each child's developmental and learning needs.



“Cost-effective K-12 and post-secondary schooling are crucial to building a better workforce, but they are only part of the story. Research increasingly has shown the benefits of early childhood education and efforts to promote the lifelong acquisition of skills for both individuals and the economy as a whole. The payoffs of early childhood programs can be especially high.”

—Ben Bernanke, Chairman, Federal Reserve Bank,
New York Times article, 3/3/2011

FINDINGS

Children And Their Families

A young child's earliest experiences take place in the home. The social, economic, and demographic characteristics of a child's family and community can have a large and long-lasting impact on that child. Indeed, many key characteristics that often define "at-risk" children are based on factors that exist for the family and community rather than reflecting child-specific traits. Moreover, research has shown that later outcomes (e.g., earning a high school diploma, earning a college degree, lifetime earnings, involvement with the criminal justice system) are influenced by the characteristics and situation of the family into which the child was born. Parents and family members are the "forever" people in a child's life. They will shape their child's sense of self, others, and the world over the years and across the miles.¹ This is why it is critical to take a comprehensive, systems' approach to ensure that children and families have the supports they need.

Signs of Progress

We are now beginning to purposefully look at indicators in this arena. While there are surveys (mostly national) that provide information on children's families, caregivers, and social environments, the continually changing nature of social life creates many new variations and forms that cannot adequately be addressed with large national surveys. More detailed data are needed on the following topics: family structure, time use and parent, family and community engagement and connections.²

Key Barriers

This section focuses on three central indicators that have substantial importance for the long-term development of a child – poverty, hunger, and child abuse and neglect.

Poverty³ is more prevalent among young children than among the general population. In 2010, the percentage of all Vermonters whose income was below the poverty level was 12.7%, whereas for children under 18 years of age it was 16.7% and for children under six years of age it was 23.5%.⁴

This is a 23% increase for Vermont children under six years old from 2009 to 2010. Almost one in four Vermont children under age six live in a family earning just \$60 a day (using 2010 Poverty Guidelines for a family of four). Vermont benefit programs designed to support children and families, poor and near poor, such as Dr. Dynasaur, 3 Squares Vermont and Child Care Financial Assistance are under significant financial pressure from declining state and federal budgets.

Housing is clearly an essential and basic need for all young children and Vermont continues to experience a shortage of housing affordable to lower-income families. The 2010 Vermont Housing Needs Assessment concludes that Vermont needs many thousands more affordable rental apartments and owner-occupied homes built. In 2010, Vermont ranked 17th highest in the nation with 69% of children in low-income⁵ households where housing costs exceeded 30 percent of income.⁶ During a one-day count in January 2009, 46% of people who were homeless were children and adults in families, including 754 children under 17 (28% of all people counted that day).⁷

This issue is exacerbated by Vermont's most prevalent housing quality problem, lead-based paint, which is an indication of substandard housing conditions that may be potentially dangerous or have an adverse affect on a household's health, especially young children. Approximately 62% of Vermont's residential housing

stock was built before 1978 when lead was banned in residential paint. In 2010, screening showed that 1.8% of one year olds and 1.3% of two year olds tested had blood lead levels > 10µg/dL (Note, that in 2007 the Health Commissioner established 5µg/dL as the blood level of concern for alerting parents and guardians that their children may have been exposed to lead.) This is a marked improvement since 1997 when 6.6% of one year olds and 10.7% of two year olds were found to have elevated blood lead levels. (Vermont 2011 Lead Poisoning Prevention Report to the Legislature, April 2011, Vermont Department of Health.) Nevertheless, until preventive efforts such as screening as well as lead abatement and essential maintenance practices address all children and all housing where young children live and/or attend child care, there is cause for concern about undetected exposure to this serious environmental risk.

Second, as evidenced by data from multiple sources, **many young children in Vermont are hungry.** Roughly one in five Vermont children (under 18) live in a food insecure household⁸, meaning “the household was uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food.”⁹ On average between 2008 and 2010, 14% (1.7% margin of error) of all Vermont households experienced food insecurity, including 6.1% with very low food security.¹⁰ Comparing average rates of food insecurity between 1996-98 and 2008-10, Vermont had the third largest increase in the prevalence of *very low* food security and the seventh largest increase in the prevalence of overall food insecurity in the nation.¹¹



Not only do many children reside in food insecure homes, but a substantial share of pregnant women in Vermont experienced food insecurity in the year before the birth of their child.¹² In 2008, an estimated 13% of pregnant Vermont women ate less than they felt they should have in the 12 months

prior to birth because there wasn't enough money to buy food. This represents a 60% increase in the estimated rate of food insecurity among new mothers since 2005. Data from 2009 indicates that the prevalence of food insecurity among expectant women has eased to 9.6%.¹³

Given the increasing prevalence of both food insecurity and poverty, the need for nutritional assistance among Vermont's young children is high. The proportion of Vermonters under the age of five participating in the WIC program increased from 37.5% in 2000 to 43.4% in 2010.¹⁴ On average during 2008 and 2009, an estimated 23.8% of households *with* a child under age six received food stamps, while only 8.3% of families *without* children under age six received food stamps.¹⁵ During 2006-07, nearly one in three Vermont kindergartners received free/reduced price lunches; this has grown to two out of every five during the 2010-11 academic year.¹⁶ Overall, the rate of kindergartners receiving free/reduced price lunches since the 2006-2007 academic year grew by 31.3%.¹⁷

Almost one quarter of children abused or neglected are under four years of age. **While substantiated child abuse and neglect rates appear to be declining for Vermont children under 18 with a rate of 5.6 per 1,000 children (2010), almost one-quarter (n=152) of the children abused or neglected were children under four years of age.**^{18,19} In addition, the rate at which children

under age six are taken into custody by the state is increasing with a rate of 4.8 (n=187) out of every 1,000 children under age six in 2010.²⁰

Data Gaps

Although this section focused on three indicators of the well-being of young children and their families, there are others, which could not be examined because reliable data on their prevalence in families with young children could not be determined.

There is ample evidence, from the nation as a whole and Vermont specifically, indicating that unemployment has dramatically increased since 2008. However, no information on how the unemployment rate for families with young children differs from the general unemployment in Vermont was uncovered while researching this report.

There are also several factors that generate “toxic stress” in young children for which we have little quantitative information. Although we have estimates of the prevalence of substance abuse in the general population, we have little information on how substance abuse rates differ in families with young children. Similarly, although we have reasonable estimates of the number of individuals in the population who are experiencing a serious illness or disability, we have little evidence about the number of children affected by these illnesses or disabilities. Another important area is domestic abuse and intimate partner violence. We have only rough estimates of precisely how common it is in the population and even less information on the number of young children affected.

Health and Development

Although good physical health is necessary for later success and happiness, it should not be the only measure of a child’s health. The concept of child health extends beyond physical well-being. It encompasses prenatal health, mental health, and the level of “toxic stress” present in a child’s life.



Overall, the health of young children in Vermont is good. Among U.S. states, Vermont is consistently ranked at or near the top for the overall health of children. The Commonwealth Fund recently ranked Vermont as having the third best child health system in the United States.²¹ Comparatively speaking Vermont is doing quite well, and several indicators of child health continue to move in a positive direction. However, this analysis reveals there are factors that have stagnated or are showing decline.

Signs of Progress

The vast majority of young Vermonters have health insurance. In 2009, only 0.6% to 4.2% of Vermont’s children under age six did not have either public or private health insurance.²² The rate of uninsured is significantly lower among young children than in the general population where the rate of uninsured was between 6.8% and 8.5%.²³ Of those children under age six who were uninsured, between 53.5% and 100% were eligible for public health insurance.²⁴

Key Barriers

- There is a steady increase in the participation in early intervention services for children birth to three but still a significant gap remains.
- Obesity in Vermont’s young children is rising.
- The rates of 1st trimester prenatal care are high, but showing a decline.
- There has been a steady increase in the rate of pre-term births in Vermont.
- The rate of full immunization for entering kindergartners is high, but declining.



The prevalence of developmental delays for children less than age three is much higher than previously thought.²⁵ A national study estimates 13 percent (based on direct assessment of children at nine months and 24 months) of children under age three have developmental delays that would make them eligible for early intervention (Part C of IDEA) services.²⁶ This percentage rises to 21 percent when Vermont parents of children under six years were surveyed and indicated a moderate to high concern about their child's learning, development and behavior and /or social delays.²⁷

Since 2000, Vermont has seen a slow but steady increase in the percent of children under age three receiving early intervention services with a 2.1% (point in time measurement) in 2000 to a high of 4.2% (point in time measurement) in 2010.²⁸ Part C of IDEA programs across the nation are required to report point in time measurements, referred to as the annual child count which is the count of children receiving services on a specific day in December of the measurement year. A number of states also report nationally a period of time or cumulative measure of children receiving services for the full year. While Vermont does not report this nationally, it does monitor this measure. Based on Vermont data, the cumulative measure is approximately double the point in time child count measure for each year over the last 10 years, 2000-2010. In 2010, the cumulative measure was 8.5%. Comparing

this measure to the more conservative estimate of prevalence 13% (by direct assessment), Vermont has a 35% (838 children) gap of underserved children under age three years with developmental delays.²⁹

Developmental screenings are an important tool in identifying children with developmental delays early, thereby allowing necessary intervention to occur when it can be most cost-effective and have the greatest impact on the child. It is estimated that 17.9% (parent report) - 25% (pediatric practices report) of Vermont children under age six are screened for developmental, behavioral and social delays.³⁰ Efforts are underway in Vermont to expand Vermont's statewide system for early and continuous developmental screening at nine, 12, 24 and 30 months using the American Academy of Pediatrics, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*.

While this may increase the identification of the gap of underserved children less than three years of age with developmental delays, early intervention services will also need to build its capacity to respond appropriately.

Vermont's children are relatively healthy and benefit from high rates of access to health care. However, they are not immune to underlying social changes affecting the nation as a whole. **The rate of overweight or obese young children in Vermont was rising but shows a**

possible downward trend. Based on children between ages two and four enrolled in the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC), the prevalence of overweight or obese children in Vermont has grown dramatically since the early 1980s.³¹ In 1981, 6.3% of this group was overweight or obese. By the late 1980s, this had grown to roughly 8%, and by 2009 the measure was 13.2% with a decline in 2010 to 12.2%.³²

This dramatic increase among children in the WIC program is reflective of an underlying increase in obesity in the population. Based on results from the National Survey of Children's Health, 25.6% and 26.7% of Vermont children between ages 10 and 17 were overweight or obese in 2003 and 2007, respectively.^{33,34} A similar even more pronounced uptick in obesity has been documented in the general population, with obesity rates increasing from 14.6% in 1995 to 23.4% in 2009.³⁵ This is an 8.8 percentage point increase in just under a decade and a half.

Rate of 1st trimester prenatal care is slipping. The proportion of pregnant Vermont women who received first trimester prenatal care increased during the 1990s and the first years of the 2000s, with intermittent slight increases and decreases in rates thereafter. In 1990, 74.2% of pregnant Vermonters received first trimester prenatal care.³⁶ The rate increased to a high of 84.2% in 2003 and has slipped to a preliminary 83% in 2010. With a statewide goal of 95%, there is a long way to go.³⁷

Similarly, **there has been a steady increase in the rate of preterm births in Vermont, a trend that is consistent with the nation as a whole in the last thirty years.** Preliminary data from 2010 shows a rate of 8.4%. In Vermont, during the early 1980s, between 6% and 7% of infants were preterm.³⁸ By the end of the 2000s, the rate had grown to roughly 9% of births.³⁹ While lower in magnitude than is typical nationally, the upward trend in the rate of pre-term births seen in Vermont is similar to that

seen nationally. In the United States in 1981, 9.4% of infants were born preterm. By 2008, this rate had grown 30% to 12.3% of all infants born preterm.⁴⁰

The rate of full immunization for entering kindergartners is high but declining. While the vast majority of children are fully immunized when they enter kindergarten, the rate of full immunization has declined since 1998. During the 1998-99 school year, 97.2% of children entering kindergarten were fully immunized. By the 2010-11 school year, only 83.2% of children entered fully immunized.⁴¹ Concurrent with this decrease is a spike in the number of exemptions based on religious or philosophical objections. During 1998, 1.2% of entering kindergartners received a religious or philosophical exemption and by 2010-11 this increased to 5.6%.⁴²

The proportion of family practitioners accepting new Medicaid patients is declining. The rate of family practitioners accepting new Medicaid patients has been decreasing since at least 1996 when 83.9% of family practitioners were accepting new Medicaid patients.⁴³ This dropped to 66.3% by 2008.⁴⁴ This trend is particularly disconcerting given that in 2009 an estimated 45% of Vermonters under six listed Medicaid as their primary source of health insurance. However, this trend is not seen among pediatricians. Based on biannual data, since 1996 at least 94.5% of pediatricians were accepting new Medicaid patients.⁴⁵



Data Gaps

First, it is important to point out that the data surrounding the health of young children, particularly physical health, is by far the most complete and accessible of all the data examined for this report. This is primarily due to the ongoing assessments and surveys of the health of Vermonters.

While we have up-to-date information for many indicators of child health, holes remain in our knowledge. For example, we were able to uncover very little quantitative information on developmental screenings, referrals and referral outcomes in Vermont. Developmental screenings are an important tool in identifying children with developmental delays early, thereby allowing necessary intervention to occur when it can be most cost-effective and have the greatest impact on the child. While we currently have little statewide data available, work is underway by the Vermont Department of Health Access (Dr. Dynasaur), the University of Vermont (Vermont Child Health Improvement Program) Vermont Health Department (Maternal and Child Health), and the Department for Children and Families (Children's Integrated Services), which will help provide more information on this in the future.

Early Care and Education

The early care and education sector provides critical services that affect all Vermonters. Research repeatedly shows the vast majority of brain development takes place during the first years of a child's life. Studies also reveal that individuals with whom a child interacts most often during this period play a central role in ensuring whether our young children develop in a healthy, productive fashion.

Seven out of ten Vermont parents with children under age six are in the workforce. Not surprisingly then, the majority (58%) of Vermont children under the age of six, or an estimated 22,451 children regularly receive more than 10 hours of non-parental care each week. Of



those caregivers, 70% are non-relatives such as licensed centers, registered and licensed home care providers, neighbors or friends. The quality and reliability of that care greatly affects their development.⁴⁶

Not only does the early care and education sector provide an essential foundation for Vermont's youngest children, it also forms a fundamental part of our economy. These early childhood professionals allow many parents to enter the workforce and job training programs. In addition, a 2002 report estimated the total economic impact of the child care industry in Vermont to be almost half a billion dollars annually.⁴⁷

Given the crucial role that early care and education play in Vermont, it is imperative that the quality, capacity, access to, and affordability of the sector are evaluated on an ongoing basis to ensure that our children are getting a good start and the sector remains economically vibrant. It is clear, based on existing evidence that several aspects of the early care and education sector in Vermont are improving. But, some are not, and for others we have little reliable information. We know, for example, that while the picture may look somewhat different region to region, that there is a general lack of affordable, accessible quality early care and education for infants and toddlers age zero to three.

Signs of Progress

- The demonstrated quality of out-of-home early care and education received by young Vermonters is increasing through time.
- There has been an increase in the proportion of demonstrated high-quality licensed early care and education programs.
- The rate at which Vermont children are participating in publicly funded pre-kindergarten is increasing.

Based on available evidence derived from children who receive child care financial assistance from the state of Vermont, **the demonstrated quality of out-of-home care received by young Vermonters is increasing through time.**^{48, 49} The proportion of Vermont children age six or younger who received child care financial assistance to attend a single child care provider who has demonstrated a three STAR or higher level increased by 57.7% between 2008 and 2010 (from 22.7% in 2008 to 35.8% in 2010). In other words, of the 6,877 children who received child care financial assistance to attend a single provider in 2010, 2,459 children attended a provider with three or more STARS (see sidebar).

Among Vermont children age six or under who received a child care financial assistance to attend multiple programs, the proportion who attended at least one program of demonstrated three STAR or higher increased from 36.5% in 2008 to 55.9% in 2010. The proportion, which attended programs that all demonstrated three STARS or higher, increased from 6.2% in 2008 to 13.6% in 2010.

Just as there has been an increase in the proportion of young Vermonters cared for by a provider of three STARS or higher, there has been a similar increase in the proportion of licensed centers. In 2007, 15.8% of licensed centers had three or more STARS. This proportion grew to 28.5% in 2008, and by 2011, more than

half (51.2%, n=371) of all licensed centers had three or more STARS.

Registered home providers have seen much smaller growth in the proportion of three STARS or higher. In 2007, 3.1% (n=30) of registered home providers had three or more STARS. This proportion fell to 2.6% in 2008, but then showed small increases each year and by 2011, 9.4% (n=102) of all registered home providers had three or more STARS.

This movement towards demonstrated quality is important not only because research indicates that quality early care and education is central to children's healthy development, but also due to the role that licensed centers and registered home providers play in the expansion of Vermont's pre-kindergarten education. As of July 2010 (per Act 132), in order to partner with a school district or supervisory union, all community-based pre-K providers must have either national (NAEYC⁵⁰) accreditation or three or more STARS.⁵¹ As Vermont continues to expand access to publicly funded pre-kindergarten education through a mixed service delivery system of school-based programs and community partnerships, the number of potential partners is limited by the number of high-quality early care and education programs that meet the requisite quality standards.



Why a Robust Early Care and Education Sector Matters:

Between 2006 and 2010, all parents of an estimated three out of four Vermont children under seven were in the labor market

In 2007 (the most current data), an estimated 58% of Vermont children under six required 10 or more hours of care weekly from someone other than their parent(s).

Of the 58% of Vermont children under six who required 10+ hours each week of out of home care, 70% (an estimated 17,000 young Vermonters) received this care exclusively from non-relatives

Among Vermont children under seven whose family received child care financial assistance in 2010, 85% spent between 26 and 50 hours a week in child care.

In 2007, between 10% and 20% of Vermont children under six had a family member who had to quit, not take, or greatly change their job because of problems with child care.

The rate at which Vermont children are participating in publicly funded pre-kindergarten is increasing.

During the 2010-11 school year, 5,552 young Vermonters were enrolled in 214 publicly funded Pre-K programs.⁵² The number of children participating in publicly funded pre-K has grown every year since the 2003-04 school year. The current enrollment rate is 412 per 1,000 preschoolers age 3 to kindergarten entry.⁵³ This is a 6.5% enrollment rate increase from the previous school year.

Key Barriers

- There are relatively few licensed educators with early childhood education or early childhood special education endorsements⁵⁴ actually providing early childhood education in Vermont.
- Early childhood educators are among the lowest paid in the workforce.
- For many families with young children, the cost of early care and education serves as a considerable financial constraint to accessing high-quality programs.

There are relatively few licensed educators⁵⁵ with early childhood education or early childhood special education endorsements providing early childhood education in Vermont. During the 2009-10 academic year, there were between 1,127 and 1,418 licensed educators in Vermont with an early childhood education (ECE) or early childhood special education

(ECSE) endorsement. Of these individuals, 1,041 were employed by a school district in Vermont. However, only 88 of the 1,041 (8.5%) ECE or ECSE endorsed educators employed by a school district were teaching Pre-K or Special Education.⁵⁶ This means that there are, at most, between 86 and 377 licensed ECE or ECSE educators providing early education services in the private sector in Vermont. Put differently, there are only between 174 (88+86) and 432 (55+377) licensed ECE or ECSE educators providing education services to the roughly 46,000 Vermonters age six or younger.

The relative paucity of licensed educators providing early education services has potential implications that could limit the expansion of publicly funded Pre-K in Vermont. Act 62 includes a requirement that:

- (1) center-based programs must have at least one licensed early childhood educator (ECE) or early childhood special educator (ECSE) on the premises during the 6-10 hours of the week that are considered the prekindergarten program, and
- (2) home-based family providers must either hold an ECE or ECSE license, or receive a minimum of three hours of supervision [per week] from a mentor licensed in ECE or ECSE.⁵⁷

Thus, any movement to greatly expand the number of community pre-K partners will likely be influenced by the scarce supply of licensed early childhood educators.



Step Ahead Recognition System

STARS

STARS is Vermont's voluntary quality rating and improvement system for early care and education programs. STARS evaluates the quality of early care and education along five dimensions:

- Compliance with regulations
- Staff qualification and training
- Interaction with and overall support of children, families, and communities
- How thoroughly providers assess what they do and plan for improvements
- The strength of the program's operating policies and business practices

Program ratings range from 1 to 5 STARS:

- 1 STAR** - program is examining its practices to enhance the services they provide.
- 2 STARS** - program is making a commitment to strengthen its practices.
- 3 STARS** - program has made improvements and is working to reach specific goals.
- 4 STARS** - established program that has met several standards of quality in all five areas.
- 5 STARS** - program is outstanding in all areas

More information on STARS is available at <http://dcf.vermont.gov/cdd/stars/>

One important factor that drives the available supply of labor in the early care and education sector is the wages earned. Early childhood educators **are among the lowest paid in the Vermont workforce**. In 2010, Vermont's pre-school teachers earned a mean annual income of \$30,620 (\$14.72 per hour) while kindergarten teachers earned \$48,200.⁵⁸ Early childhood educators earned a mean annual wage of \$22,500 (\$10.82 per hour). In contrast, fast food cooks in Vermont average \$9.90, janitors \$11.91, and house painters \$17.80.⁵⁹

For many families with young children, cost serves as a considerable financial constraint to accessing high-quality early care and education especially for families eligible up to 50% of the child care financial assistance benefit and not participating in a program of three-four-five STAR level or families falling in the 200-300% of poverty and thus not eligible for child care financial assistance. In order to improve access to quality child care for Vermont assisted families, in 2010 the State of Vermont increased rates of reimbursement for regulated child care providers in the Child Care Financial Assistance Program. The average increase was about 20% for licensed programs and 17% for registered programs. The increase was across all rate categories with a slight increase in base rates and more significant increases in the rate for programs that have documented quality by participating in the STARS program. In 2010, a two-parent family with an infant and a preschooler in a full-time, center-based program paid an annual average of over \$17,800⁶⁰ for child care. In 2010, in order to qualify for the maximum amount of child care financial assistance from the state of Vermont, a family of four would need a gross income of less than \$22,045.⁶¹ With a full subsidy and choosing a four or five STAR program (the higher the STAR recognition level the higher the State reimbursement rate) this family would have no out-of-pocket child care expense. Out-of-pocket child care expenses would be the highest for those families choosing a program not participating in STARS. This family would have an out-of-pocket expense over \$3,900 (18% of the family's gross income.) In 2010, in order to qualify for any child

care subsidy, this family would have needed a gross income of less than \$44,089.⁶² The child care financial assistance available to this family would be 10% of the state child care reimbursement rate. The out-of-pocket expense would range from \$15,865-\$16,420 (36-37% of the family's gross income).

Data Gaps

While we have information on many important facets of the early care and education sector, there are large, important gaps in our knowledge concerning the early care and education services received by the youngest Vermonters. This absence of information makes the already difficult tasks of monitoring performance and formulating sound public policy even more challenging. The limits of our knowledge can be roughly categorized as being due to:

- 1) having only information derived from a population that is not necessarily representative of the whole population
- 2) having formation that it is dated or
- 3) because we simply have no available information.

A substantial share of the available information is generated based on data from populations that are not necessarily representative of the whole population of young Vermonters – typically, existing data concerns children who are receiving subsidies from the State. These differences are a cause for skepticism concerning



the validity of inferences drawn about the general population using only data generated by children receiving subsidies.

At present, we have no information on the total number of children who regularly attend high-quality early care and education programs. Rather, we know only the number of subsidized children who regularly attend regulated high-quality programs. Similarly, we have little information on the reasons that young Vermonters are cared for by someone other than a parent, only on the needs of subsidized children. We also know the level of demonstrated quality of the early care and education received by subsidized children, but not on the quality of early care and education received by all children.

Furthermore, we have no statistics on children who attend unregulated child care and clearly no information on the quality of care being received by these children. We also do not have figures on the number of children receiving pre-K education from providers not receiving public funding. We have no records on vacancy rates in child care. We have only very limited data on the number and characteristics/ qualifications of those providing early care and education services. We also have no up-to-date information on levels of unmet demand for child care, how demand responds to changes in price or quality or how demand compares to capacity. While we know the number, licensed capacity and STARS levels of regulated providers, the number of subsidized children by age and service need, and child care market rates by region, we do we have recent data on how all important statistics surrounding the early care and education sector vary across different regions of Vermont.

There are other pieces of information that do exist at the general population level, but many are dated. For example, we have population-based estimates of the rate at which young children require child care derived from the National Survey of Children's Health. The same survey provides data concerning the importance of child care for the labor force participation of parents.

However, the most recent available evidence from this survey was released in 2007. Given the dramatic economic changes since 2007, it is unclear whether these estimates accurately reflect the true level of need found in Vermont today.

Since 2000, Vermont has gathered information on the readiness of children entering kindergarten by annually surveying all kindergarten teachers about the “readiness” of their students within the first six to ten weeks of school. This survey is not a direct assessment of children, but relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten. Vermont’s concept of children’s readiness is multidimensional; it includes social and emotional development, communication, physical health, as well as cognitive development, knowledge, and approaches to learning (e.g., enthusiasm for learning, persistence, curiosity). The Ready Kindergartners Survey consists of 28 items across these domains. These items are aligned with the Vermont Early Learning Standards.

There are limitations to the survey, which include an outdated (2001) validity study, which did not include the Physical & Wellness domain nor did it address specific populations of children such as children with disabilities or who are English language learners; year to year comparisons are not valid as some survey items changed and participation rates varied with

significant declines in the past three years (e.g., 84% of kindergarten students were represented in 2008-09, 52% in 2009-10 and 35% in 2010-11). In addition, data collection methodologies changed including the level of analysis. One factor believed to have influenced the decline in participation is that school and supervisory union level data were not available in the last two years thus teachers and schools did not find the data as useful. In the 2011-12 the data will be available at the school and supervisory union level.⁶³

Readiness for kindergarten is an important measure on the continuum of a child’s development starting at birth and continuing on through the school years to graduation from high school and beyond. The need to validate and strengthen the Ready Kindergartners Survey to effectively assess the status of children entering Kindergarten is recognized by the Department of Education and Department for Children and Families who co-administer this survey and the Building Bright Futures Council. The BBF Council has taken on the task of reviewing and improving the survey in partnership with the co-administrators and other stakeholders. A specific action plan (which included incorporating this data with Vermont’s state longitudinal education data system) was proposed in Vermont’s fall 2010 grant application for a federal Early Learning Challenge grant, however, this grant was not funded. ■



For many families with young children, cost serves as a considerable financial constraint to accessing high-quality early care and education. In 2010, a two-parent family with an infant and a preschooler in a full-time, center-based program paid an annual average of over \$17,800 for child care.

CONCLUSIONS AND PRIORITIES

Building Bright Futures is guided by these commitments to Vermont's youngest citizens:

- All Vermont children and their families will have resources that meet their basic needs.
- All Vermont children will achieve optimal health and development.
- All Vermont children will have supportive relationships and positive learning experiences.
- All Vermont children will grow in a safe environment that supports positive social, emotional, physical and cognitive development.
- All Vermont children and their families experiencing adversity will have early, timely and highly skilled interventions.

This report highlights advances in some of these areas and underscores deficiencies in others. It reaffirms the importance of looking holistically when considering the well-being of Vermont's young children. It also illustrates the complex interface between early care and education, health care, poverty and hunger that affirms the need for Building Bright Futures to ensure a unified system of quality supports for young children and their families that is reliable, accessible and affordable.

As we as policymakers, planners, service providers, and advocates use this report as a tool for developing and refining early childhood public policy, we are reminded of why our efforts matter. Decades of research have established that young children's brains are 90 percent developed by the time they are age five. Young children's experiences set the stage for whether they will have a sturdy or fragile foundation on which to build as students, workers, parents and community members.

This report is a call to action to for all of us. Vermonters are known for our ingenuity. We know we can and must do better. Vermont's future prosperity depends on it.

2011–2012 Strategic Priorities

Even in tough economic times, we must ensure that our youngest citizens get a good start. Building Bright Futures has issued a policy guidance document with three priority objectives for 2011-12:

- Improve access to and the quality of early care and education programs;
- Reduce child abuse and neglect among children under six;
- Increase the number of children receiving screenings to determine developmental delays and promote early intervention.*



*The full document with specific strategies for addressing these objectives can be found at www.buildingbrightfutures.org

ENDNOTES

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- 28 Children's Integrated Services: Early Intervention (Part C of IDEA), Child Development Division, Vermont Department for Children and Families
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How are Vermont's Young Children?



Building Bright Futures

Vermont's future starts with today's children

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