Photo taken at Sara Holbrook Community Center, a BBF Partner

BUILDING BRIGHT FUTURES

2018 REPORT

How are Vermont's Young Children and Families?

FROM THE GOVERNOR

Thank you for taking the time to review the sixth edition of *How Are Vermont's Young Children and Families* report, which is produced each year by Vermont's early childhood State Advisory Council, Building Bright Futures (BBF).

This year's report documents successes and challenges facing young children and their families, as well as promising strategies currently underway in Vermont to improve outcomes. It includes regional profiles, data trends and priority actions in communities around the state. There is much to celebrate — from a significant increase in the percent of high quality child care programs, to having one of the highest rates of children with health insurance in the country. The report also recommends opportunities for improvement, including addressing the impact of Adverse Childhood Experiences (ACEs), increasing access to quality child care, and making child care more affordable for families.

My administration is focused on making Vermont more affordable, growing our economy, and protecting our most vulnerable. Prioritizing the security of children and families is at the center of all these goals.

We know from the science on brain development that investing in children early on pays dividends for them, and our economy, down the road. Ensuring the availability of affordable child care will also draw young professionals to Vermont.

The opioid epidemic, and related increases in the rate of young children in custody, continues to be one of Vermont's biggest challenges and we are all too aware of the impact on families and especially vulnerable young children. The recommendations in this report outline how we can support the social-emotional development of children and promote resilience to protect them from the long-term effects of trauma.

My hope is that the data shared in this report will help improve our shared understanding of how young Vermonters and their families are faring. Ensuring the well-being of our youngest children makes Vermont an even better place to raise a family, and it supports a growing economy. I hope this report will inspire you to join us in this work. The path forward requires us to work together, pulling in the same direction toward our shared goals for Vermont's children and families.

Very truly yours,

Philip B. Scott
Governor

FROM THE EXECUTIVE DIRECTOR

It is an honor to serve as the Executive Director of Building Bright Futures, Vermont's early childhood public-private partnership. Through Act 104, (33 V.S.A 4602) we are empowered to monitor the state's early care, health and education system by tracking and reporting data on the well-being of children families, and to advise the Legislature and Administration on policy and systems improvements. Our *How Are Vermont's Young Children and Families* report is a cornerstone of how we meet this important charge.

This data-driven report has been a hallmark of our work for the past six years, looking at key indicators and trends in child and family well-being. It stands as a valuable resource chronicling the well-being of children and articulating strategies and recommendations to improve outcomes across health, early care and learning, community and family economic well-being.

In our 2018 report, we highlight the importance of promoting protective factors and the positive social and emotional development of children, as well as the need to expand capacity in Vermont's early care and learning system. Additionally, new data points have been included that better illuminate conditions for children, such as third grade reading and math scores, developmental screening data, and information on childhood obesity and screen time. We've also added an introductory chapter on demographics.

The well-being of children and families is the best barometer for our economic future and how we are doing as a society. This year's report provides a snapshot of how we are doing, and calls us to recommit to our strong, shared vision for Vermont children and their families laid out in the Early Childhood Action Plan. We look forward to continuing to work side by side with our communities, public and private providers, state partners, and the legislature. After all, our collective work to create real and lasting change for Vermont's children and families is arguably the most important work we can do for a better future — and when we work together, children shine.

Sincerely,

Sarah Squirrell

Sarah Squirrell
Executive Director

What's Inside

AREAS OF FOCUS

BBF REGIONAL COUNCIL PROFILES

RECOMMENDATIONS

PURPOSE STATEMENT

The purpose of this document is to report on the current state of Vermont's young children and families. We hope the information shared will inspire interest, involvement, and action among Vermont's government leaders, service providers, educators, parents and caregivers, and greater community members. Together we can collectively support a safe, healthy, and prosperous future for Vermont.

In addition to data on the well-being of young children and families, each chapter concludes with *Strategies to Turn the Curve*, a section dedicated to highlighting actions underway around the state that help improve child outcomes. The report concludes with a *Recommendations* chapter, which is intended to inform readers and decision-makers on systems-level strategies that will support greater success for children and families.

Peppered throughout this report are pictures of children and caregivers from Sara Holbrook Community Center, a BBF partner. Our heartfelt thanks to them for opening their doors to us. We are proud to highlight Vermont children in this year's report.

REPORT OVERVIEW

This report has been prepared by Building Bright Futures (BBF), Vermont's early childhood public-private partnership established by law to monitor the state's early care, health, and education systems and to advise the Administration and Legislature on policy and systems improvements.

How Are Vermont's Young Children & Families brings together data and analysis from multiple sources to provide an overview of successes and challenges impacting Vermont's young children, families, and their communities. It also features a *Recommendations* section for how Vermont can make incremental investments and advance strategies to solve systemic issues felt across the state.

We also invite you to visit Vermont Insights, a program of BBF, to explore the evolving data behind these issues at **www.vermontinsights.org**.

Demographics

Focus: The context for families living in Vermont which underpins this entire report

Families & Communities

Focus: The importance of positive, nurturing relationships for a young child's development

Health & Development

Focus: The mental and physical well-being and development of Vermont's young children

Early Care & Learning

Focus: The importance and need for high-quality early care, learning experiences, and environments

Family Economic Well-Being

Focus: How a family's and community's economic well-being affects children and their families

Regional Profiles

Focus: Providing a dashboard profile of each of the twelve BBF regions

VERMONT'S EARLY CHILDHOOD ACTION PLAN

In each chapter of *How Are Vermont's Young Children & Families*, you will find information linking the content of the chapter to Vermont's Early Childhood Action Plan in the *Strategies to Turn the Curve* section. Initiated in March 2013, Vermont's Early Childhood Action Plan charts a course of action to help Vermont achieve six goals:

1. All children have a healthy start.
2. Families and communities play a leading role in children's well-being.
3. All children and families have access to high-quality opportunities that meet their needs.
4. Vermont invests in prevention and plans for the future success of children.
5. Data and accountability drive progress on early childhood outcomes.
6. The early childhood system is innovative and integrated across sectors in order to better serve children and families.

Building Bright Futures, as the backbone organization of Vermont's early childhood system, supports and aligns the work of six committees and the State Advisory Council towards the statewide goals of Vermont's Early Childhood Action Plan. Through an annual implementation cycle, transparent performance measurement, and continuous communication, the Action Plan aligns the complex work of our early childhood system to meet the needs of all Vermont children and families.

Demographics

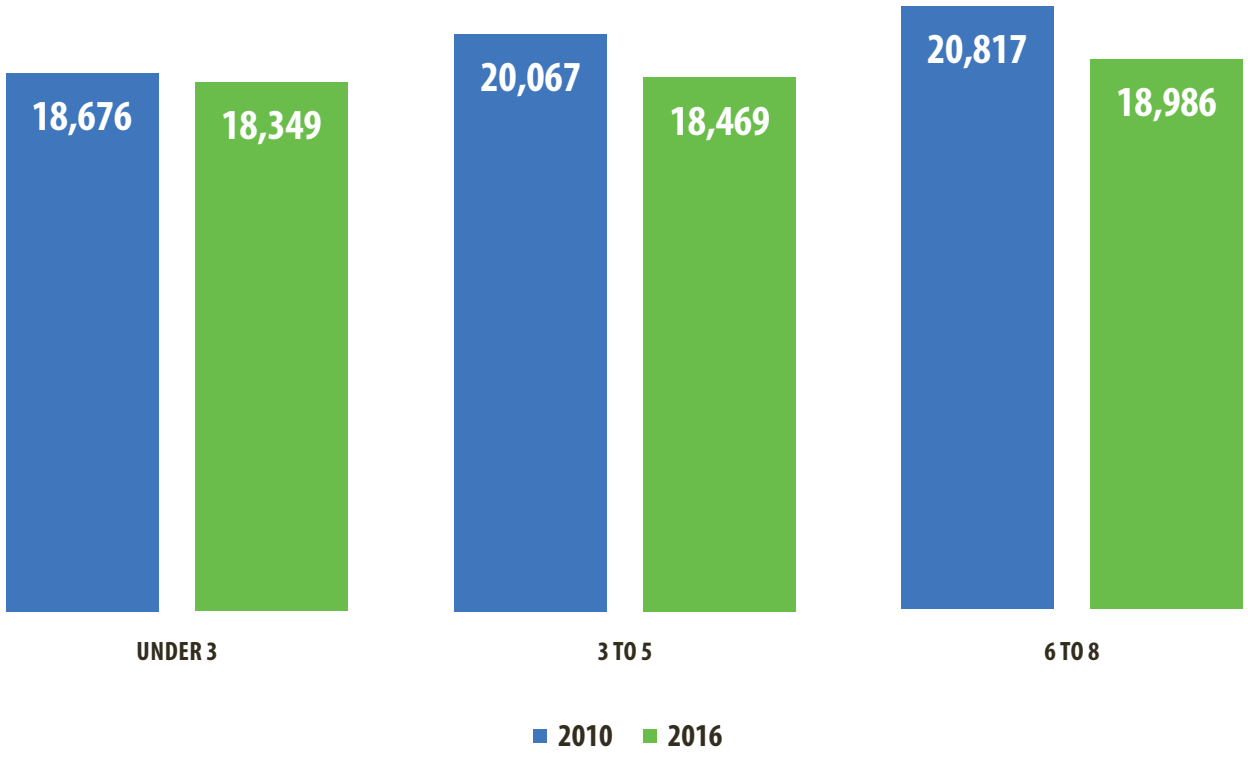
Breaking down key information about the population of Vermont children provides a better understanding of their overall well-being.

Like the state's population as a whole, the population of Vermont's children declined from 59,560 in 2010 to 55,804 in 2016. This decline happened at a slower pace for Vermont's youngest children. Children under 9 made up a larger proportion of the population under 18 in 2016 (47.1%) than in 2010 (46.1%)[1, 2] and the decline in population among children under 3 was smaller than other age groups (***see Figure 1***).

The fertility rate declined in Vermont between 2010 and 2016, with 2.3 fewer live births per 1,000 females of childbearing age during that time. Marked differences can be seen in the different age groups of mothers.

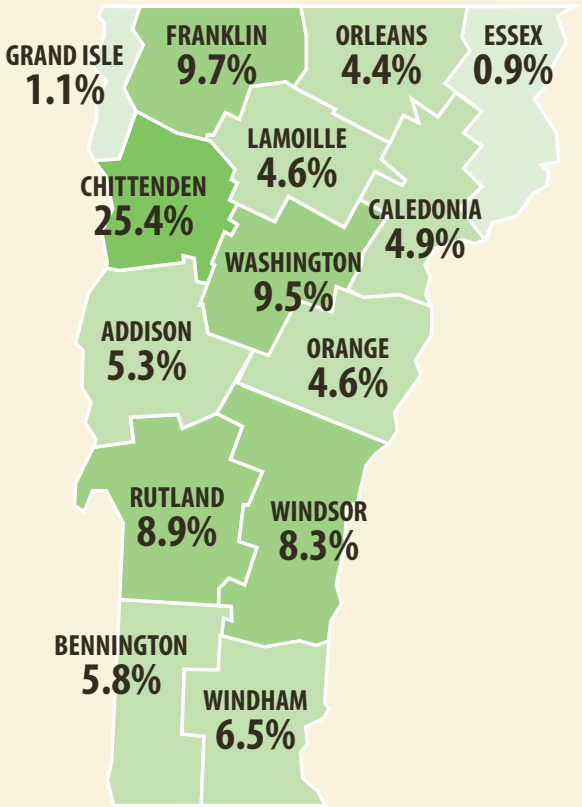
Promisingly, the fertility rate among women between 15 and 19 years old has declined by 7.5 per 1,000 live births in that time period.[3]

FIGURE 1: ESTIMATED NUMBER OF CHILDREN BY AGE GROUP
Vermont, 2010 vs. 2016[F1, F2]



Vermont's children are concentrated geographically. As ***Figure 2*** shows, over one quarter of all children under 9 live in Chittenden County. Over half of Vermont's young children live in just 4 of our 14 counties: Chittenden, Franklin, Washington, and Rutland.[4]

FIGURE 2: GEOGRAPHIC DISTRIBUTION OF CHILDREN UNDER 9 YEARS OLD
Vermont, 2016[F3]



The distribution of males and females in Vermont's under 9 population has remained more or less unchanged since 2010. In 2016, females represented 48.3% of all children under 9; males represented 51.7%.

The racial makeup of Vermont's children has also been relatively consistent since 2010. However, the population under 10 in 2016 was more racially diverse than Vermont's population as a whole (***see Table 1***). Of children under 10, 8.2% of children under 10 identified as having a race other than white in 2016 compared to 5.3% of Vermont's overall population. A larger percentage of children under 10 (4.3%) identified as two or more races compared to the total population (1.9%).[5]

Following the same trend, 2.5% of the population under 10 identified as Hispanic or Latino compared to 1.7% of the population as a whole.[6]

TABLE 1: RACIAL DISTRIBUTION OF CHILDREN UNDER 10 YEARS OLD VS. ALL AGES
Vermont, 2016[T1]

RACE	CHILDREN UNDER 10	ALL AGES (POPULATION)
White	91.8%	94.7%
Black or African American	1.6%	1.2%
American Indian or Alaska Native	0.2%	0.3%
Asian	1.4%	1.5%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some Other Race Alone	0.6%	0.4%
Two or More Races	4.3%	1.9%

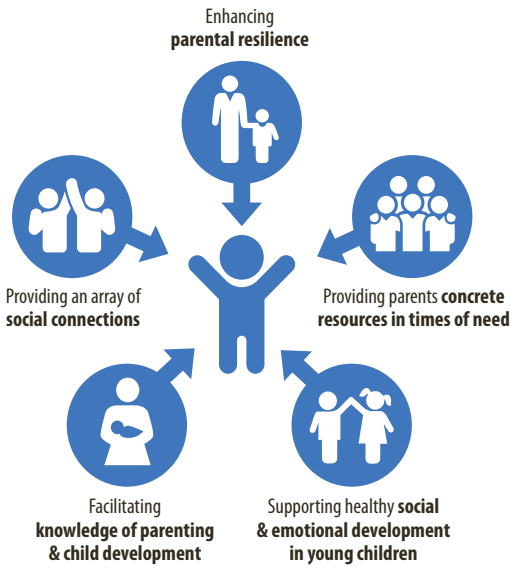
Families & Communities

Young children learn about the world through their social interactions and relationships, primarily with their families and other caregivers.[7]

The Importance of Families and Communities in the Lives of Children

For children, living in a nurturing home environment and a supportive community can be a cornerstone for successful long-term outcomes. Safe, supportive, and nurturing environments with positive, responsive family and social relationships provide the foundation for both current and future well-being. On the other hand, trauma and toxic stress in the early years can have a negative impact on long-term social and health outcomes.[8] This chapter explores the environmental factors, both negative and protective (***see Figure 3***), that are impacting the well-being of young children in Vermont.

FIGURE 3: THE STRENGTHENING FAMILIES APPROACH, FIVE PROTECTIVE FACTORS*[F4]



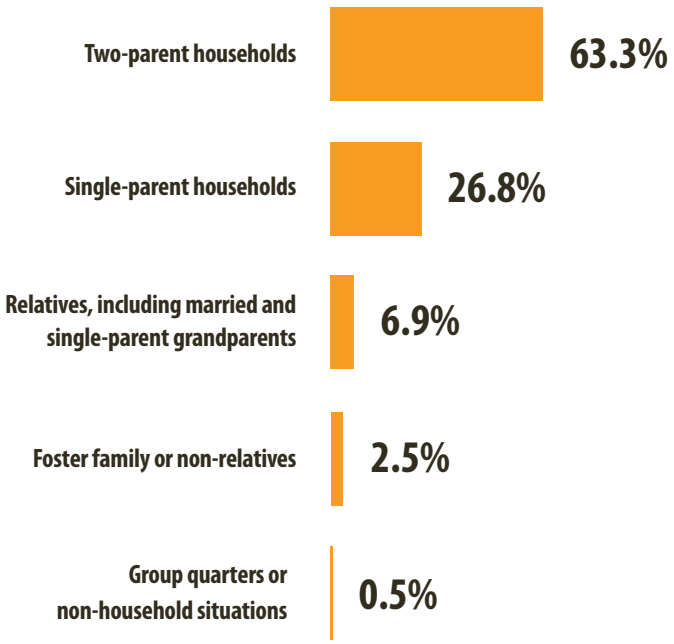
The Protective Factors Framework highlights conditions that mitigate risk and promote strong families and healthy child development

Living Arrangements

The majority of children under the age of 18 in Vermont live in two-parent households. However, over one-third have other family living arrangements (***Figure 4***).[9,10,11] As addressed in the Family Economic Well-Being chapter, children in single parent households experience poverty more frequently.

FIGURE 4: LIVING ARRANGEMENTS OF CHILDREN UNDER 18 YEARS OLD BY FAMILY TYPE

Vermont, 2016[F5, F6, F7]

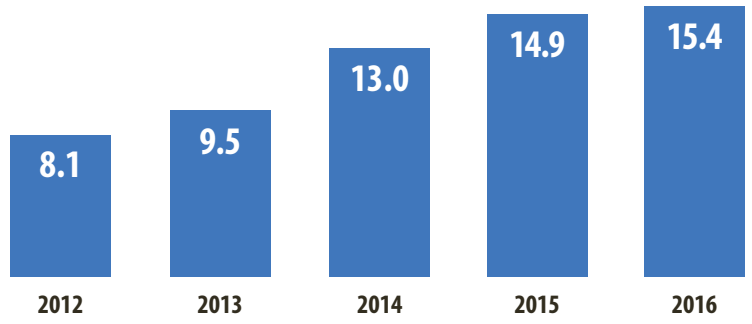


Children in Protective Custody

When a report of child abuse or neglect is substantiated in Vermont, the child may be placed in protective custody, or in the care of the Department for Children and Families (DCF). This can include remaining at home, moving to live with another family member, spending time with a foster family, or other protective care arrangement. As ***Figures 5*** and ***6*** show, Vermont continues to see an increase in the rate of Vermont children under age three and nine (per 1,000) in protective custody.[12]

FIGURE 5: RATE OF CHILDREN UNDER 3 YEARS OLD (PER 1,000) IN PROTECTIVE CUSTODY*

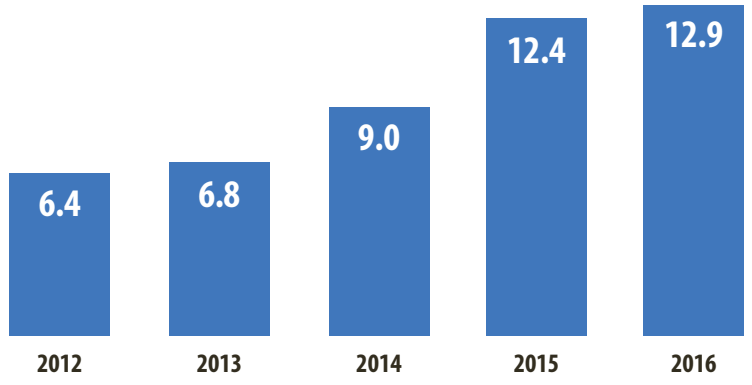
Vermont, 2012 - 2016[F8]



*Children in protective custody on the last day of the reported federal fiscal year (September 30th)

FIGURE 6: RATE OF CHILDREN UNDER 9 YEARS OLD (PER 1,000) IN PROTECTIVE CUSTODY*

Vermont, 2012 - 2016[F9]



*Children in protective custody on the last day of the reported federal fiscal year (September 30th)

This increasing rate highlights a range of complex and interlocking factors contributing to child abuse and neglect, including substance use disorders, domestic violence, economic insecurity, mental health challenges, and lack of affordable housing.[13]

Just over half (51%) of the children in DCF custody in 2017 received child and family mental health services through the designated mental health agencies.[14]

Children Experiencing Homelessness

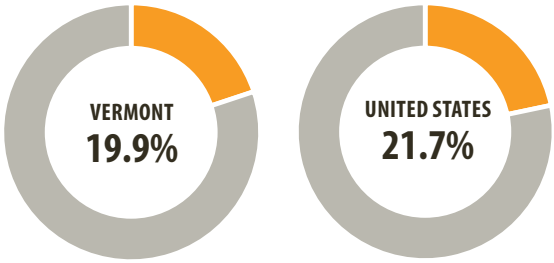
For some families, a lack of affordable housing can lead to homelessness. A number of publicly-funded emergency shelters provide a place to stay for families in this situation. Between 2016 and 2017, Vermont saw an increase in the number of homeless children under 18 years old staying in these shelters (880 vs. 1,095 children). However, some of this spike can be attributed to expanded capacity through emergency apartments in areas where no shelter capacity for families previously existed. The length of stay in shelters also increased from 39.0 to 44.5 nights.[15]

Adverse Childhood Experiences (ACEs)

The data above on abuse and neglect and homelessness help draw attention to the prevalence of Adverse Childhood Experiences (ACEs) in Vermont. Research has shed light on the impact of childhood adversity and toxic stress (brought on by negative experiences in childhood that affect brain architecture and chemistry) on healthy child development. ACEs, such as neglect, abuse, and family/household challenges (e.g., substance use disorder, mental illness, separation/divorce) in childhood have been associated with risky behaviors, poor physical and mental health, chronic disease, problems in educational attainment, workplace performance, and early death.[16] For these reasons, ACEs are a public health issue.

In 2016, one in five children under 18 in Vermont experienced two or more ACEs. This is just slightly lower than the national average (***Figure 7***).[17]

FIGURE 7: PERCENT OF CHILDREN UNDER 18 YEARS OLD WITH TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES (ACES)
Vermont vs. US, 2016 [F10]



There is still much work to do to reduce childhood trauma and toxic stress and to mitigate the impacts where children have been exposed. The following sections highlight additional data on some of the efforts to reduce the adverse childhood and adverse family experiences of young Vermonters.

Community Supports Help Children

While the challenges noted in this chapter are significant, nurturing relationships and concrete supports for children and their caregivers can help alleviate the impacts of ACEs. The National Survey of Children's Health provides insight into how Vermont communities support children and provide protective factors that may counterbalance the effects of ACES. According to the Survey, more than two-thirds of children ages 6 months to 5 years in Vermont exhibit characteristics of "flourishing".[18] The majority of Vermont families self-report living in safe[19] and supportive[20] neighborhoods, where people look out for one another's children and know where to go for help in their communities. Close to two-thirds of children in Vermont live in neighborhoods that contain at least three of the following: sidewalks, park or playground, recreation center/community center/Boys and Girls Club, and library or bookmobile.[21] For those young children experiencing adversity, the community may be able to provide valuable social connections and support.

Strategies to Turn the Curve

Vermont's Early Childhood Action Plan outlines several strategies to strengthen family and community environments for Vermont children:

- Support families as children's primary caregivers
- Engage with families as their child's first and most important teacher
- Promote and utilize evidence-based home visiting
- Develop community efforts in the public and private sectors to enhance children's safety

Below are several actions underway in Vermont to implement these strategies. All of these strategies are **multi-generational**, meaning they address the needs of both vulnerable children and their parents or caregivers together.

Strengthening Families Framework™: Strengthening Families is a national, research-informed framework adopted by many agencies and organizations in Vermont that employs the Protective Factors Framework to support families and children's development. The framework includes strategies and tools for building resilience in families, preventing issues of abuse and leveraging parenting skills to best meet children's developmental needs.

Children's Integrated Services (CIS): CIS offers health promotion, prevention, and early intervention services to pregnant and postpartum women, children from birth to age 6 and their families, and early educators. Services can include nursing, family support, specialized child care, early childhood and family mental health, and early intervention. CIS services are family-centered, child-focused, and delivered through a network of providers throughout Vermont.

Evidence-Based Home Visiting: One of the services provided by CIS is evidence-based home visiting, which helps families provide young children with healthy and nurturing environments and have been shown to improve social, emotional, economic, and health outcomes for both children and parents. These services help prevent child abuse and neglect, improve maternal and child health, and improve parental knowledge of parenting and child development and strengthens self-sufficiency. Vermont implements several evidence-based home visiting models.

Child and Family Mental health: The provider network through the community mental health agencies provide specific individual and family therapy and mental health consultation with child care and other early childhood settings. Evidence based treatments address parental mental health needs to improve the child/parent bond, build parenting skills, reduces parenting stress, address trauma in the family, and build attachment and social-emotional skills with the young child.

Head Start and Early Head Start: The Head Start Program provides a range of education, child development, health, nutrition, and family support services for children ages 3 to 5 and their income-eligible families. The Early Head Start Program provides equally comprehensive services for pregnant women and children from birth to age 3 and their income-eligible families.

Parent Child Centers (PCCs): PCCs are a network of 15 community-based, non-profit organizations delivering support and education for families with young children throughout Vermont. The goal of each PCC is to provide families with a healthy start, promote well-being, and build on family strengths.

Building Flourishing Communities: This is a cross-sector population health approach to preventing ACEs. This statewide effort trains communities in NEAR (Neuroscience, Epigenetics, ACEs, and Resilience) science with the goal that every community member will be a leader in building environments where all Vermonters thrive.

Substance Use Report and Partnerships: Last year BBF released a report and recommendations that highlighted the impact of substance use on children and families.[22] Several key groups have taken up the recommendations for consideration and action including the Governor's Opioid Council, the Chittenden County Opioid Alliance, and the Children's Directors of the state's designated mental health agencies. With funding from the UVM Medical Center, BBF is leading a Community of Practice in Chittenden County to identify opportunities to improve services and supports for families impacted by substance use.

Health & Development

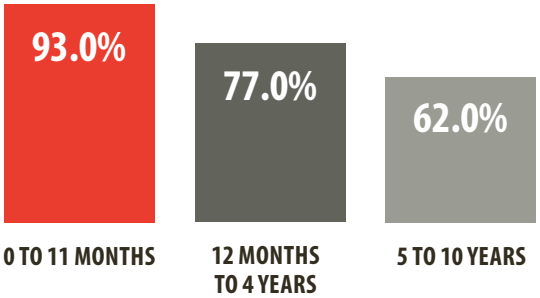
Access to health care, quality nutrition, and developmental screening is crucial to the healthy development of children.

Health Access

Vermont enjoys one of the highest rates of insured children in the country. Ninety-eight percent of children under 18 have some form of insurance.[23] Parents also report that nearly 80% of children in that age range have insurance that has reasonable out-of-pocket costs, offers benefits that meet their children's needs, and allows them to see healthcare providers when necessary.[24]

Vermont children and families have a high level of engagement with primary care, which supports the overall health and development of young children. A well-child visit is a routine visit to a healthcare provider when a child is healthy. Well-child visits can prevent health problems or get them treated right away. They also provide an opportunity for providers to talk with families about what they can expect as their child grows.[25] Ninety-three percent of children under one year of age attend a well-child visit, but participation in well-child visits declines as children age. Sixty-two percent of children between 5 to 10 years had a well-child visit in 2016 (***Figure 8***).[26]

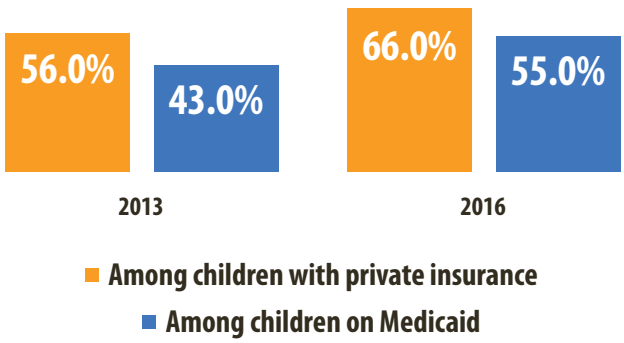
FIGURE 8: PERCENT OF CHILDREN WITH A WELL-CHILD VISIT BY AGE GROUP
Vermont, 2016[F11]



Developmental Screening

Thanks to a dedicated effort to promote developmental screening across the state, there has been an increase in the percent of children who received at least one screening by age three. Screening, together with parent-engaged developmental monitoring, provides an opportunity to monitor if a child is learning age-appropriate skills and identify any developmental or behavioral concerns as soon as possible, enabling intervention during the most critical periods of development. Two-thirds of children covered by private insurance in 2016 received a developmental screening by the age of three, compared to 56% in 2013. While the percent of children on Medicaid who are screened lags behind children of the same age who are covered by private insurance, screening is more frequent than in the past (***Figure 9***).[27]

FIGURE 9: PERCENT OF CHILDREN WHO RECEIVED A DEVELOPMENTAL SCREENING IN THE FIRST 3 YEARS OF LIFE BY INSURANCE TYPE
Vermont, 2013 vs. 2016[F12]



Nutrition and Physical Activity

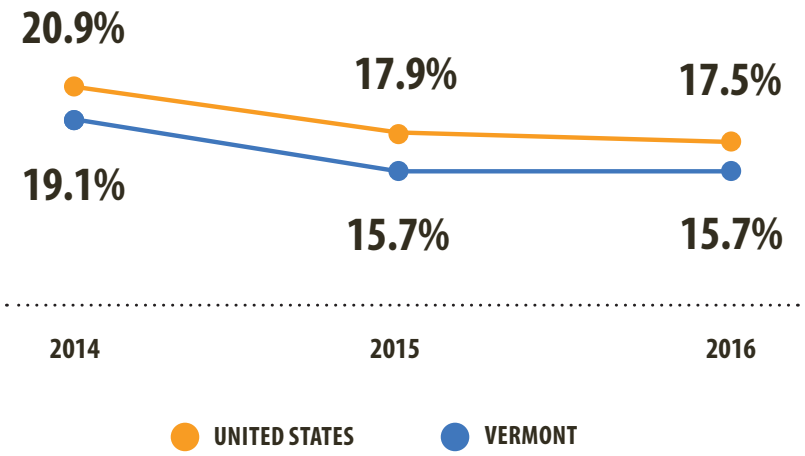
Access to Nutrition

Food insecurity is defined as living without reliable access to adequate nutrition. One in seven Vermont children are food insecure.[28] Children who are food insecure are at risk for poor physical and mental well-being, chronic health conditions, depression, suicide, nutritional deficiencies, and obesity. Food insecurity also has been linked to impaired learning and productivity in school.[29]

While Vermont's proportion of children under 18 living in food insecure households has been below the national average (***Figure 10***), there is still work to be done.

FIGURE 10: PERCENT OF CHILDREN UNDER 18 YEARS OLD LIVING IN FOOD INSECURE HOUSEHOLDS

Vermont vs. US, 2014 to 2016 [F13]



Efforts are underway to address food insecurity. In 2013, Vermont became the first state in the nation to cover the student cost for school meals for all reduced-price eligible students. Seventy-six Vermont schools currently offer school meals at no cost to all students.[30]

Some child care settings also provide meals to better support the health and nutrition of all children, regardless of family income. The Federal Child and Adult Care Food Program, which provides healthy meals and snacks to children and adults receiving day care services, has seen a notable increase in participation this year.[31, 32]

Obesity, Screen Time, and Physical Activity

Childhood obesity in Vermont has remained relatively steady over the past several years. In 2014, about 1 in 3 (30.7%) Vermont children ages 2 to 4 enrolled in WIC were overweight or obese,[33] putting these children at risk for long-term, chronic illnesses.

In 2016, 60% of children under 18 in Vermont spent one to three hours watching TV or playing video games on average weekdays.[34] Studies have found a direct correlation between obesity and screen time, suggesting that screen media exposure leads to obesity in children through not only its sedentary nature but also increased eating while viewing, exposure to high-calorie, low-nutrient food and beverage marketing that influences children's consumption habits, and reduced sleep duration.[35]

In 2016, 62% of Vermont parents and caregivers reported their children were getting physical activity on four or more days per week. This is higher than the national average of 53% for the same measure.[36]

Prenatal Substance Use

A key focus of Vermont's public health goals this decade has been increasing the number of women who have a substance free pregnancy — tobacco/nicotine free, alcohol free, marijuana free, and illicit substance free. According to the Vermont Department of Health, drinking can affect development in the very first weeks — even before a woman knows she's pregnant — and throughout pregnancy.[37] Prenatal alcohol exposure is one of the leading preventable causes of birth defects.[38] ***Tables 2*** and ***3*** show trends of alcohol and tobacco use before and during pregnancy.

TABLE 2: ALCOHOL USE AND PREGNANCY
Vermont, 2013-2015[T2, T3, T4]

	2013	2014	2015
Drank at least some alcohol in the 3 months prior to pregnancy	68%	70%	69%
Of those who drank at least some alcohol in the 3 months prior to pregnancy, percent who had at least one binge (4 or more drinks in one sitting)	18%	17%	20%
Drank during the last 3 months of pregnancy	13%	15%	16%

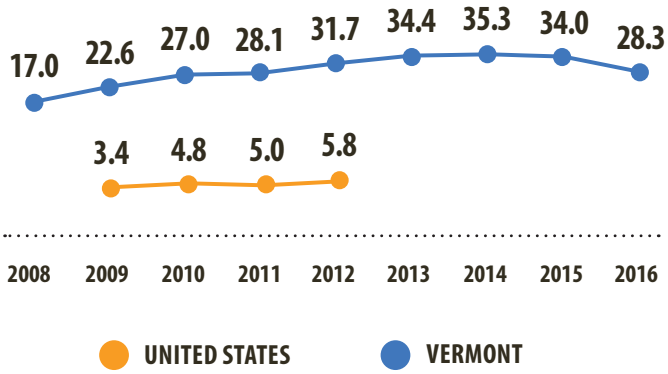
TABLE 3: TOBACCO USE AND PREGNANCY
Vermont, 2013-2015[T5, T6, T7]

	2013	2014	2015
Women who smoked in the 3 months prior to pregnancy	30%	26%	28%
Women who smoked in the 3 months before pregnancy who tried one or more smoking cessation strategies	79%	91%	86%
Women who smoked during the last trimester	17%	15%	16%
Women smoking at the time of the survey (after birth)	19%	18%	20%

A Brief on Tobacco Use by the Vermont Division of Maternal and Child Health highlighted that there are marked differences in the rate of smoking during pregnancy based on education and insurance type. Of all women who smoked during pregnancy in 2014, 43% had less than a high school diploma. Only 4% of women who smoked during pregnancy had private insurance, compared to 31% who received Medicaid, 14% who received another form of public insurance, and 17% who were uninsured.[39]

Figure 11 shows the rate of infants born per 1,000 with exposure to opioids.[40, 41] While Vermont outpaced the national trend through 2012, the rate for opioid exposed infants decreased in 2015 and 2016.

FIGURE 11: RATE OF INFANTS EXPOSED TO OPIOIDS
(Per 1,000 Live Births), Vermont vs. US, 2008-2016[F14, F15]



Vermont's commitment to providing comprehensive treatment for opioid use disorder may mitigate the impact of expectant mothers using opiates. The University of Vermont found that among women delivering infants exposed to opioids in-utero, 60% began treatment before conception and 95% began treatment by the time of delivery. Infants born to women in treatment do not have worse outcomes and there are no known negative long-term outcomes of in-utero opioid exposure.[42] However, as outlined in the Families & Communities chapter, parental substance abuse is recognized as an adverse childhood experience and a risk factor for child abuse and neglect.

Child and Family Mental Health

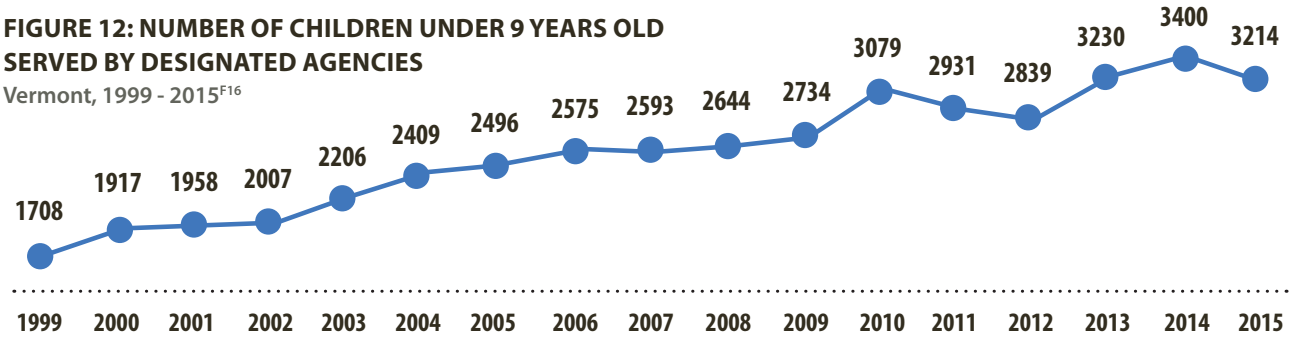
According to the Vermont Department of Mental Health, children's services represents the largest group of clients served through the publicly funded designated mental health agencies. In 2017, 81% of the children and youth served through the designated agencies received Medicaid, and 20% of the children served were ages 6 and under.[43] There is research from the Substance Abuse and Mental Health Services Administration that shows that early adverse experiences such as abuse and neglect or substance use in the home can disrupt typical developmental processes and impair a child's capacity for relating with others, learning, and developing emotional regulation and resilience, which can have long-term, wide-ranging negative impacts on children.[44]

Child and Family Mental Health (CFMH) providers can work with families to resolve complex interpersonal family issues and can detect and treat mental health problems early in a child's life. Providing mental health treatment early in the family's lifespan can support the child's healthy development, reduce family stress, and help to prevent more significant and costly problems down the road.

There is a growing trend in the need for CFMH services and consultation. From 1999-2015, there was an 88% increase in the number of children under 9 served by the designated agencies.[45]

FIGURE 12: NUMBER OF CHILDREN UNDER 9 YEARS OLD SERVED BY DESIGNATED AGENCIES

Vermont, 1999 - 2015[F16]



Strategies to Turn the Curve

Vermont's Early Childhood Action Plan outlines several strategies to promote the healthy development of Vermont children:

- Establish a voluntary system that connects children from birth through 3rd grade (birth to age 8) with the resources they need to support optimal growth and development, including developmental screening
- Ensure access to prenatal care, child health services including preventive services and dental care, and support services for adults including mental health and substance abuse treatment
- Ensure that all children have access to adequate nutrition at home, in early learning and development programs, at school, after school and during the summer

Below are several actions underway in Vermont to implement these strategies:

Help Me Grow VT and Developmental Screening:

Screening helps assess developmental progress of young children, improves early identification of developmental risks, and ensures that children and families are linked to appropriate resources and services. *Help Me Grow Vermont* (*HMG VT*) is a systems effort to increase developmental screening and improve access to existing services for parents with young children. As part of *HMG VT*, the Vermont Child Health Improvement Program (VCHIP) is engaged in several efforts to increase developmental screening among both healthcare providers and early childhood educators.

Embedding Family Support in Pediatric Practices:

Across Vermont, partnerships are underway to create a link between pediatric practices and social services to ensure that young children and their families receive quality medical care as well as all the social services and community support they need during the earliest months and years of life. One model is Project DULCE (Developmental Understanding and Legal Collaboration for Everyone), implemented by the Community Health Services of Lamoille Valley and the Lamoille Family Center.

Supporting the Mental Health of Pregnant and Postpartum Women:

Vermont is committed to improving the mental health and well-being of pregnant and postpartum women and their children and families, by developing and sustaining a coordinated system of mental health supports. Vermont's Department of Health, Maternal Child Health division, and Department of Mental Health, Child, Adolescent and Family division are working on pilot initiatives with UVM Medical Center and family practices to improve mental health screening and support for pregnant and postpartum women.

Nutrition in Early Care and Learning Settings:

According to a 2018 survey done by the National Farm to School Network,[46] 85% of the Vermont childcare providers responding reported that they are currently doing farm to school activities or plan to begin activities (59% doing, 26% plan to). Of these respondents, 91% report that what motivated them to begin a farm to early care and learning program was that it was a very important component of improving children's health. Just last year, 22 Vermont childcare centers and homes received grants to begin or expand their farm to early care and learning programs.

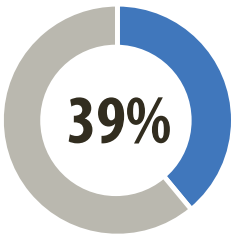
Early Care & Learning

Access to affordable, high quality early care and learning affects more than Vermont's parents and guardians of young children; it affects the businesses that employ them and our economy.

Access to high-quality early care and learning opportunities is critical to the well-being of Vermont's children and to their parents' participation in the state's workforce. The learning and social and emotional development that takes place in quality early care and learning programs lays the foundations for children's long-range success, so increasing quality and access is key to the state's success now and in the future.

Access to Early Care and Learning Programs

Vermont does not have enough child care openings to serve young children and their families. Currently, 67% of all children under age 5 who are likely to need child care will not have access to a high-quality (4 and 5 STARS), regulated program, and 39% have access to no regulated programs at all.



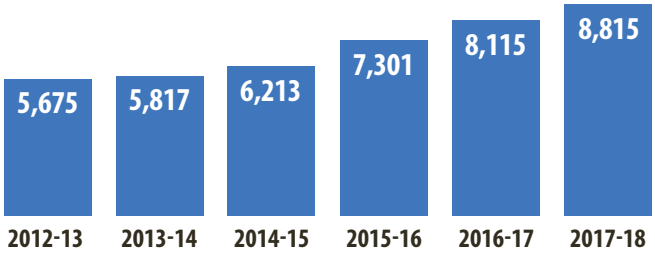
39% OF VERMONT CHILDREN UNDER 5 YEARS OLD WHO ARE LIKELY TO NEED CARE DO NOT HAVE ACCESS TO REGULATED CHILD CARE PROGRAMS.

The unmet need for infant care (children 1.5 to 23 months) is even greater, with 84% of infants who need care not having access to a high-quality, regulated program and 65% not having access to any regulated program at all. As children become toddlers (24 to 35 months), the need becomes less acute.[47, 48]

A significant step in increasing access to high-quality early education was the passage of Act 166, Vermont's Universal Pre-K Program, which entitles all children between the ages of three and five who are not yet enrolled in kindergarten to 10 hours each week of publicly funded pre-K, up to 35 weeks per year. As shown in ***Figure 13***, each year since 2014, the year that Act 166 went into effect, enrollment in publicly-funded pre-K has increased.[49]

Despite the overall increase to pre-K access, concerns remain about inequities facing families of students receiving special education services, especially when it comes to limited choices about where to enroll their children for pre-K, and the challenge to deliver such services outside of supervisory union/school district boundaries.

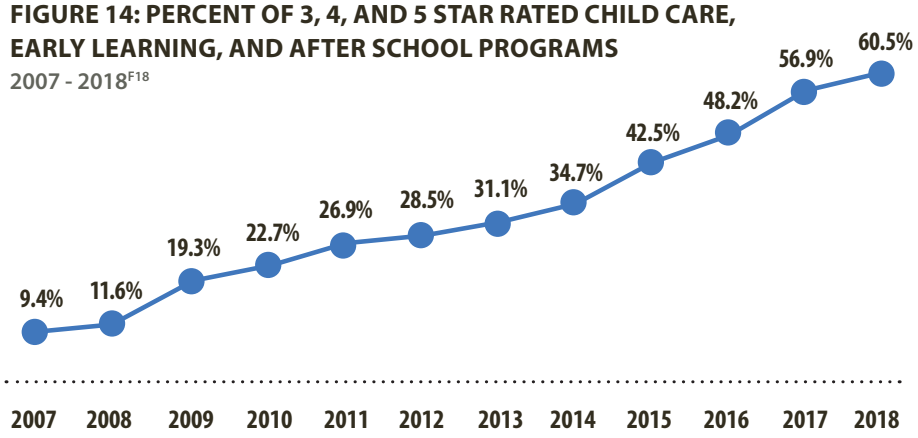
FIGURE 13: NUMBER OF CHILDREN ENROLLED IN PUBLICLY-FUNDED PRE-K
Vermont, 2012/2013 - 2017/2018 School Years[F17]



Building Bright Futures has engaged with the National Opinion Research Center, known as NORC, at the University of Chicago to conduct a study on the child care needs and preferences of Vermont families with young children. This project will provide valuable insights regarding the early care choices, challenges, and preferences of Vermont

families, and help us better understand how existing child care capacity relates to demand. This data will be shared widely in 2019 with legislators, state officials, and stakeholders to inform their work.

FIGURE 14: PERCENT OF 3, 4, AND 5 STAR RATED CHILD CARE, EARLY LEARNING, AND AFTER SCHOOL PROGRAMS
2007 - 2018[F18]



**As of June each year*

Improving Program Quality

The quality of child care and early learning programs has been steadily improving in Vermont over the course of nearly a decade (***Figure 14***).[50]

This increase can be measured in the rate of participation in the state's voluntary quality recognition program called STARS (STep Ahead Recognition System). Programs can receive a STARS quality designation of 1 to 5 STARS. The program's STARS designation is determined based on five key areas: compliance with state regulations, staff qualifications and training, interaction with and overall support of children, families, and communities, program assessment and planning; and the strength of the program's operating policies and business practices.

While the increase in the percent of high quality programs is good news for Vermont, child care access remains a major hurdle.

Vermont needs to continue to increase both program quality and capacity, ensuring more families have access to high-quality programs.

Kindergarten Readiness

Vermont Agency of Education's Ready for Kindergarten! Survey (R4K!S) is a tool used by many kindergarten teachers throughout Vermont to help them understand the development of each child in their classroom. The survey relies on a teacher's observational knowledge of a child's performance during the first few weeks of kindergarten in 5 domains: Physical Development and Health, Social and Emotional Development, Approaches to Learning, Communication, and Cognitive Development. The report breaks down readiness by gender, eligibility for Free & Reduced Lunch, and participation in publicly funded pre-K. 74.3% of students eligible for Free & Reduced Lunch were considered ready for kindergarten, compared to 90.6% of those who were not eligible, highlighting a concerning readiness gap. In considering kindergarten readiness data over time, it is important to note that, as shown in ***Table 4***, the percent of teachers responding to the R4K!S have decreased over the last few years since its implementation.[51, 52, 53]

TABLE 4: PERCENT OF CHILDREN* "READY" FOR KINDERGARTEN
Vermont, 2015/2016 - 2017/2018 School Years[T8, T9, T10]

POPULATION	2015-2016	2016-2017	2017-2018
Vermont	81.8%	83.8%	83.9%
Boys	77.4%	79.4%	80.4%
Girls	86.6%	88.6%	87.8%
Free & Reduced Lunch Eligible	73.2%	74.6%	74.3%
Not Free & Reduced Lunch Eligible	88.1%	90.5%	90.6%
Attended Publicly Funded Pre-K	85.4%	84.5%	84.1%
Did Not Attend Publicly Funded Pre-K	77.5%	82.3%	83.5%

**Percent of students surveyed: 2015-2016 (90.2%); 2016-2017 (86.6%); 2017-2018 (72.1%)*

The Early Elementary Years

At the end of third grade, Vermont students are assessed on their proficiency in math and reading. These outcomes can provide a helpful picture of how we are doing at supporting young children in the early childhood continuum from birth to age eight. At the end of the 2016-2017 school year, 52% of third graders were proficient and above in math, and 49% were proficient and above in reading, leaving much room for overall improvement. Further, proficiency rates vary significantly based on income, race, and other factors as can be seen in ***Table 5***.[54, 55]

TABLE 5: PERCENT OF THIRD GRADERS "PROFICIENT AND ABOVE" IN MATH AND READING
Vermont, 2015/2016 - 2016/2017 School Years[T11, T12]

MATH			READING	
2015-2016	2016-2017	POPULATION	2015-2016	2016-2017
55%	52%	All Students	53%	49%
55%	51%	Female	58%	52%
56%	53%	Male	49%	45%
67%	65%	Not Free and Reduced Lunch Eligible	65%	61%
40%	37%	Free and Reduced Lunch Eligible	38%	34%
61%	58%	No Special Education	59%	55%
17%	14%	Special Education	13%	12%
44%	34%	American Indian or Alaskan Native	41%	29%
65%	53%	Asian	60%	50%
34%	40%	Black	40%	36%
48%	45%	Hispanic	49%	42%
64%	47%	Native Hawaiian or Pacific Islander	64%	47%
56%	52%	White	54%	49%
56%	52%	Not English Language Learner	54%	49%
48%	37%	English Language Learner	41%	32%
55%	52%	Non-Migrant	53%	49%
18%	18%	Migrant	9%	27%

Strategies to Turn the Curve

Vermont's Early Childhood Action Plan outlines several strategies to improve the quality and accessibility of Vermont's early care and learning programs:

- Expand access to high-quality services and programs for all families with young children by increasing quality, capacity and affordability
- Strengthen the quality of early childhood services throughout the early childhood system through a focus on alignment and best practices
- Ensure quality by adequately supporting the early childhood workforce

Below are several actions underway in Vermont to implement these strategies:

Universal Pre-K: A significant step in increasing access to high-quality early education was the passage of Act 166, Vermont's Universal Pre-K program, which entitles all children between the ages of three and five who are not yet enrolled in kindergarten to 10 hours each week of publicly funded pre-K, up to 35 weeks per year. As highlighted earlier in the chapter, Vermont has seen an increase in the number of children enrolled in publicly funded pre-K in every year of implementation.

Early Multi-Tiered System of Supports: Early childhood programs across public and private settings use this framework to create nurturing and responsive relationships in high-quality, supportive environments for all children. The Early MTSS framework also provides additional social and emotional supports and intensive interventions for children who are struggling socially or emotionally. Early MTSS uses the internationally renowned evidence-based Pyramid Model for Supporting the Social Emotional Competence of all young children including children who have persistent challenging behavior. In 2018, BBF convened leadership at the Agency of Education and Department for Children and Families to plan for expanded implementation of the model across the state (for more see *Recommendations*, page 38).

Promoting Early Literacy: Several efforts are underway to help ensure all students learn to read by the end of third grade. The VT Agency of Education is currently working with a group of stakeholders to develop a plan

for a comprehensive system of early literacy services pre-K to 3rd grade. Building Bright Futures partnered with the Stern Center for Language and Learning to expand their BUILDING BLOCKS FOR LITERACY® framework in a variety of early care and learning programs across Rutland county in 2018. The VT Humanities Council, the VT Department of Libraries, and the Children's Literacy Foundation, among others, all support early literacy initiatives around the state. Opportunities exist to strengthen collaboration among these efforts to ensure an equitable and comprehensive approach to building early literacy among Vermont's youngest children.

Shared Services: By working together to share business and programmatic resources, early care and learning programs are able to offer high-quality services for children and families and enhanced work experiences for educators. Early care and learning providers come together in networks to share services such as enrollment, billing and collections, bulk purchasing, professional development, and access to nurses and mental health consultants. Vermont Birth to Five provides support for several pilot communities to develop Shared Service hubs and networks, as well as a statewide web-based resource, www.sharedservicesvt.org.

"Starting Points" Early Care and Learning Professional Networks: Starting Points Networks are locally managed peer to peer networks of early care and learning providers that help build local and regional connections, develop local resources, build leadership skills and offer support and information. These networks are supported by Vermont Birth to Five, a non-profit organization, and Vermont's Department for Children and Families Child Development Division.

Family Economic Well-Being

Family economic well-being considers whether families have adequate, sustainable financial resources to meet their needs.

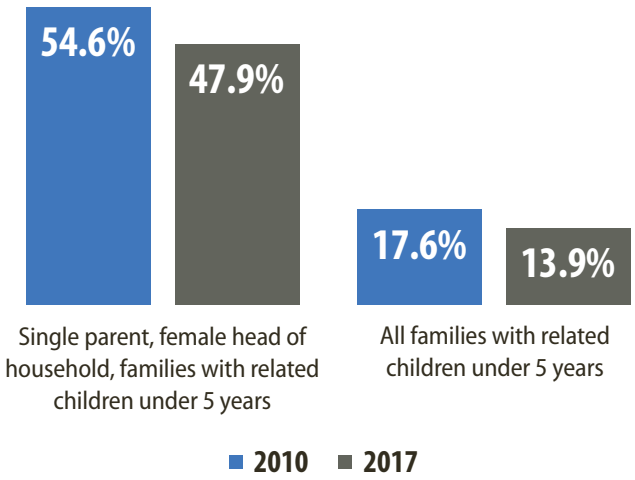
Overview

Many families with young children face challenges to their economic well-being. The impact of poverty on children and families is far reaching and found to have lasting negative effects.[56] In fact, poverty is identified as the single biggest threat to a child's well-being.[57] Vermonters are challenged to try to make ends meet while still giving their children access to high quality and enriching opportunities.

Poverty

Since 2009, the percent of children under 5 living in families in Vermont with incomes below the federal poverty level has decreased. However, the percent of single mothers with children under 5 living below the federal poverty level continues to be more than three times greater than the percent of all families with children under 5.[58]

FIGURE 15: FAMILIES WITH INCOMES BELOW THE FEDERAL POVERTY LEVEL
Vermont, 2010 vs. 2017[F19]



Vermont Basic Needs Budget

While the rate of families living below the federal poverty level is decreasing, affording basic needs remains an issue for many Vermonters. Every two years, the Joint Fiscal Office publishes Vermont's Basic Needs Budget, detailing what it costs for households to afford a set of key items including food, housing, healthcare and childcare (***Table 6***).

TABLE 6: 2016 VERMONT BASIC NEEDS BUDGET[T13]

CATEGORY	Two working parents with two children (rural), Cost estimates per month	Two working parents with two children (urban), Cost estimates per month
Food	$997	$997
Housing (including utilities)	$984	$1,395
Transportation	$1,089	$917
Child care	$1,255	$1,411
Personal & household expenses	$735	$735
Health & dental care	$610	$610
Insurance & savings	$350	$369
Taxes	$1,036	$1,183
MONTHLY*	$6,021	$6,435
ANNUAL*	$84,674	$91,416

**Monthly and annual totals include other costs not shown in the table. See table source for detailed information.*

This budget shows that a family would need to earn wages well beyond the poverty threshold and higher than the minimum wage to afford these essentials.[59] For families earning Vermont's median income of $57,677,[60] the Basic Needs Budget would still be far from attainable.

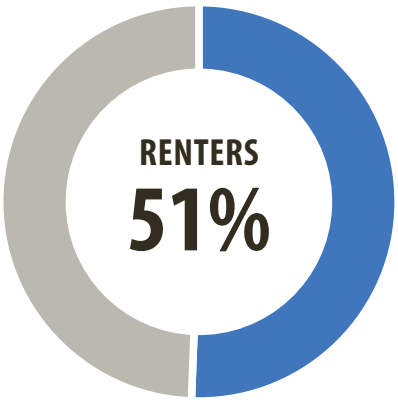
For families who earn less than a livable wage and utilize social supports and benefits to round out their household budget, it can sometimes be hard to balance program requirements and opportunities for wage growth. As a family earns increased wages, the amount of benefits they receive from a social support program may decrease, leaving the family spending more for things like food, housing, or child care than their wage increase covers. This is known as a benefits cliff. As individuals earn higher wages, they may risk their eligibility to receive benefits, causing an overall reduction in household resources.[61]

The next sections focus on two household costs particularly impacting the economic well-being of Vermont families.

Housing

As discussed in the Families and Communities chapter, housing is critical to providing a safe and stable environment for children and preventing childhood adversity. But affording housing can be a challenge for many Vermont families. In 2017, half of Vermont renters spent 30% or more of their income on rent while 32% of homeowners spent that same proportion of income on their mortgage (***Figure 16***).[62]

FIGURE 16: RENTERS WHO SPEND 30% OR MORE OF THEIR INCOME ON RENT in Vermont, 2017[F20]



According to the Vermont Affordable Housing Coalition (VAHC), Vermonters would need to make $21.90 per hour (or $45,545 per year) to afford a modest, two-bedroom apartment at the Fair Market Rent. At Vermont's current minimum wage, individuals would need to work 88 hours per week, or 2.2 fulltime jobs, to afford this housing.[63]

Child Care and Vermont's Child Care Financial Assistance Program (CCFAP)

Affording child care is another significant economic challenge for Vermont's families with young children. According to Vermont's 2017 Child Care Market Rate Survey, completed by the Vermont Department for Children and Families, the annual statewide median cost for a two-parent family with one infant and one toddler in a full-time, center-based child care program was $23,660.

TABLE 7: ESTIMATED SHARE OF HOUSEHOLD INCOME SPENT ON CHILD CARE COSTS
Vermont, 2018[T14, T15, T16, T17, T18]

MEASURE	HOUSEHOLD INCOME 2018			
	$25,100	$50,200	$75,300	$86,315
Income as percentage of FPL	*100%*	*200%*	*300%*	*344%*
CCFAP tuition assistance eligibility	*100%*	*10%*	*10%*	*Not Eligible*
Share of income directed for child care with child care financial assistance and program used is 4-STARS	**3.4%**	**41.2%**	**27.5%**	—
Share of income directed for child care with child care financial assistance and program used does not participate in STARS	**23.7%**	**42.2%**	**28.1%**	—
Share of income directed for child care without public child care financial assistance	**91.2%**	**45.6%**	**30.4%**	**26.5%**

The Child Care Financial Assistance Program (CCFAP) helps families who meet certain financial requirements and work or education requirements to afford child care for their kids aged six weeks to 13 years. Children in protective custody and with certain short-term crisis needs are also eligible for CCFAP.

CCFAP makes payments (known as the reimbursement rate) directly to a child care provider on behalf of a child. The amount of the payment is determined by the age of the child, the income and size of the child's family, the type of child care program, the program's quality designation, and the number of hours care is needed. Families pay a co-payment directly to providers to make up the difference between what the state pays and what the provider charges.

However, due to limited public funding, reimbursement rates have not kept pace with the cost of child care. This leaves a gap between reimbursement rates and the current cost of child care. As ***Table 7*** shows, a family eligible for 100% financial assistance may still have a co-pay for their child care, which can make early care and learning unaffordable. Additionally, middle-income families not receiving Child Care Financial Assistance may spend more than 43% of their household income on childcare.[64, 65, 66, 67, 68]

Strategies to Turn the Curve

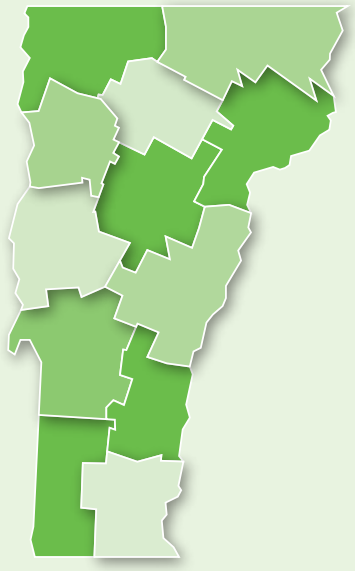
Vermont's Early Childhood Action Plan articulated that Vermont should implement policies that enhance family stability and economic security.

Below is one critical action Vermont could take to support economic well-being for families.

Increased Investment in and Restructuring of CCFAP:

Vermont's Blue Ribbon Commission on Financing High Quality, Affordable Child Care, and the subsequent Building Vermont's Future Think Tank, recommended changes to CCFAP to make child care more affordable for both families and child care providers. Both the BRC and the Think Tank proposed expanding the income eligibility for the program, meaning that more families would qualify for some type of child care financial assistance, as well as increase the amount of child care financial assistance families could receive through the program. For more information, see *Recommendations*, page 37.

About the Regions



Building Bright Futures has 12 regions within Vermont, which share boundaries with the Agency of Human Services' 12 districts. Each Building Bright Futures Regional Council brings together diverse stakeholders including professionals in healthcare, education, and childcare as well as parents and community leaders. These councils work together to identify key issues in their area, and to collectively create solutions through their regional action plans. Statewide, nearly 250 individuals representing a wide array of perspectives and sectors, participate in regional councils.

ABOUT THE REGIONAL PROFILES

The following pages offer snapshots of regional data intended to highlight how families and their young children are faring in different parts of the state.

These profiles focus on child population, poverty rates, kindergarten readiness, child care participation in STARS, and DCF custody rates. To learn more about these data points, visit Vermont Insights (www.vermontinsights.org), a program of BBF focused on collecting and providing data about young children in Vermont.

Note: The DCF custody information is point-in-time data representing children and youth in DCF custody on the last day of the reported federal fiscal year (e.g., 2016 = September 30, 2016).

Percent of All Students Statewide Ready for Kindergarten

SCHOOL YEAR	Percent of Students Surveyed	Percent Ready
2015-2016	90.2%	81.8%
2016-2017	86.6%	83.8%
2017-2018	72.1%	83.9%

The percent of children ready for kindergarten increased from 81.8% during the 2015-2016 school year to 83.9% during the 2017-2018 school year.

Statewide Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 46.1% (59,560) in 2010 to **47.1%** (55,804) in 2016.

INCREASED TO 47.1%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 38.2% (14,413) in 2010 to **39.7%** (14,344) in 2016.

INCREASED TO 39.7%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 6.4 (366) in 2012 to **12.9** (721) in 2016.

INCREASED TO 12.9

†As of September 30th each year.

STARS PARTICIPATION

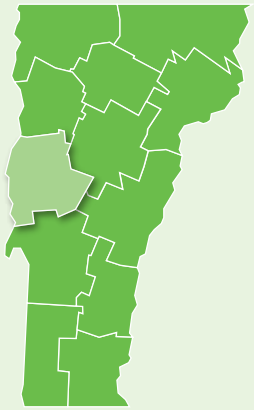
The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 28.0% (464) in 2010 to **76.6%** (962) in 2018.

INCREASED TO 76.6%

‡As of June each year.

Addison Region

About the Region



In the Addison Region the number of children living in poverty and in DCF custody under the age of 9 continues to increase, despite a decline in population of children. The region struggles with food insecurity, substance abuse, a persistent lack of high quality infant care, and a shortage of people entering the early childhood education workforce. Addison County is very rural, and a lack of transportation and affordable housing is a struggle for many.

REGIONAL PRIORITIES

The collaboration and integration of the BBF and Integrated Family Services infrastructures and community-wide focus on social-emotional development are tremendous assets to the community. The Council is focused on:

- Working with area businesses and pediatricians to explore new ways to support and fund child care
- Ways to attract and retain employees to the field of early care and education
- Holding several trainings in the area using the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 43.8% (3,279) in 2010 to **46.3%** (2,972) in 2016.

INCREASED TO 46.3%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 32.3% (688) in 2010 to **40.1%** (759) in 2016.

INCREASED TO 40.1%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 6.8 (21) in 2012 to **14.5** (43) in 2016.

INCREASED TO 14.5

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 33.7% (35) in 2010 to **70.1%** (61) in 2018.

INCREASED TO 70.1%

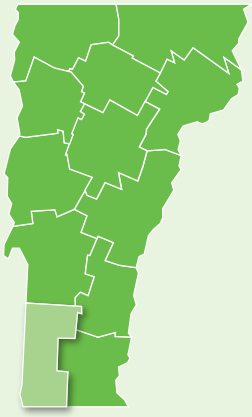
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Addison Central SD	86.9%	94.2%	89.2%
Addison Northeast SU	78.8%	84.0%	80.3%
Addison Northwest SU	87.5%	87.0%	97.9%

Bennington Region

About the Region



The Bennington Region is led by a diverse, involved council that annually prioritizes the outcomes in Bennington's regional plan using current data and regional concerns. 43.7% of children under the age of 6 in the region live below 200% of poverty, which can be a determining factor in children being ready for school. Children receiving free or reduced lunch are less likely to be ready for school in five developmental areas. Bennington has again seen an increase in the number of children in DCF custody.

REGIONAL PRIORITIES

To counteract these effects, Bennington has focused on:

- Continual professional development for early childhood providers. Because of this focus, Bennington has a high rate of STARS participation, which increased to 83.6%.
- Building strong social-emotional skills has been a long-standing priority in the Bennington region. The professional development committee has provided knowledge and skills in this area, leading to environments that promote social emotional health.

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 45.2% (3,436) in 2010 to **46.5%** (3,230) in 2016.

INCREASED TO 46.5%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **decreased** from 52.7% (1,115) in 2010 to **43.7%** (904) in 2016.

DECREASED TO 43.7%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 7.2 (24) in 2012 to **13.9** (45) in 2016.

INCREASED TO 13.9

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 27.1% (29) in 2010 to **83.6%** (61) in 2018.

INCREASED TO 83.6%

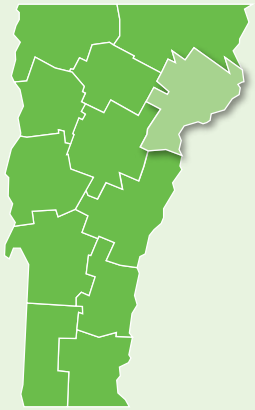
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Battenkill Valley SU	95.7%	70.0%	83.3%
Bennington Rutland SU	87.5%	91.7%	87.8%
Southwest Vermont SU	68.2%	73.0%	61.4%

Caledonia & Southern Essex Region

About the Region



The Caledonia and Southern Essex region (which aligns with the St. Johnsbury AHS District) is a beautiful, rural area in the Northeast Kingdom that is rich in outdoor recreation opportunities. The 2016 population of children under 9 in the 24 towns in the region is 3,048, making up 46.6% of the under 18 population. It also has some of the highest poverty rates in the state. There is a continued increase in children in DCF custody, many because of parental substance use. The BBF Regional Council is comprised of a diverse group with representation from registered and licensed child care programs, school districts, health, mental health, libraries, and families.

REGIONAL PRIORITIES

Based on current data, the Council has highlighted several strategies to address concerns and to enhance community connectedness for all families, including:

- School readiness activities
- Promotion of the Strengthening Families Protective Factors framework
- Offering on-going, advanced professional development opportunities

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **decreased** from 46.9% (3,467) in 2010 to **46.6%** (3,048) in 2016.

DECREASED TO 46.6%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 44.9% (959) in 2010 to **46.0%** (906) in 2016.

INCREASED TO 46.0%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 6.8 (23) in 2012 to **15.1** (46) in 2016.

INCREASED TO 15.1

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 21.2% (21) in 2010 to **83.6%** (61) in 2018.

INCREASED TO 83.6%

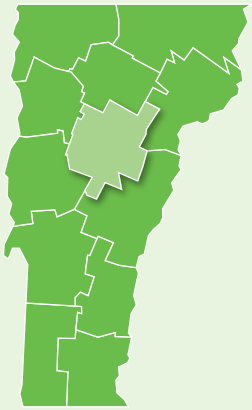
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Blue Mountain SD	92.9%	84.0%	80.0%
Caledonia Central SU	92.0%	97.1%	81.3%
Caledonia North SU	85.0%	83.8%	90.9%
Essex Caledonia SU	81.6%	86.7%	88.9%
Orange East SU	74.5%	76.2%	69.7%
St Johnsbury SD	81.4%	80.6%	87.1%

Central Vermont Region

About the Region



The Central Vermont Building Bright Futures Region includes almost all of Washington County and several towns in northern Orange County. Home to the state capital of Montpelier, the region, which shares boundaries with the Barre AHS district, has both urban and rural challenges. Growing income inequality in the region and across the state, combined with an increased understanding of the social determinants of health, have highlighted how poverty drives outcomes for young families and children in the region.

REGIONAL PRIORITIES

Working collaboratively with partners at the local and state level, the Central Vermont Council is focused on:

- Improving child care capacity and quality
- Supporting professional development capacity for the early childhood workforce

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **did not change** from 47.1% (6,516) in 2010 to **47.1%** (5,968) in 2016.

NO CHANGE 47.1%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **decreased** from 41.1% (1,642) in 2010 to **39.4%** (1,571) in 2016.

DECREASED TO 39.4%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 6.6 (41) in 2012 to **9.9** (59) in 2016.

INCREASED TO 9.9

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 16.4% (32) in 2010 to **64.6%** (93) in 2018.

INCREASED TO 64.6%

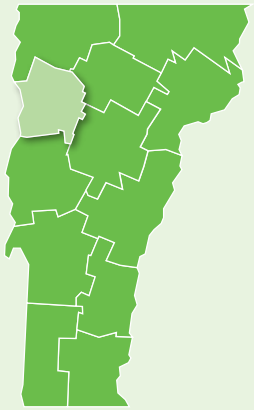
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Barre SU	61.9%	65.2%	71.0%
Harwood Unified Union SD	Unavailable	Unavailable	94.6%
Montpelier SD	Unavailable	91.5%	95.6%
Orange North SU	78.4%	70.0%	62.2%
Orange Southwest SU	87.3%	80.9%	82.1%
Washington Central SU	86.3%	81.7%	94.1%
Washington Northeast SU	80.0%	77.4%	Unavailable
Washington South SU	96.0%	95.6%	93.8%

Chittenden Region

About the Region



Chittenden County is very populous and includes Vermont's largest city, Burlington. It's no surprise that many choose to live close to where they can easily find employment and access commercial and cultural centers. Chittenden County is rich in diversity, including race, socio-economic status, and the often overlooked rurality of its smaller towns.

REGIONAL PRIORITIES

The Chittenden Regional Council is focused on:

- Improving communication among the family-serving organizations, and what we call our *Circles of Influence*, to enhance our collective impact
- Improving service delivery and integrated support for children and families impacted by substance use disorder, and working across sectors to identify systemic gaps
- Promoting inclusion of diverse families by offering training, writing about best practices, and promoting the use of *Vermont's Guiding Principles for Supporting Each and Every Young Child and Family's Full and Equitable Participation*

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 46.8% (14,662) in 2010 to **47.9%** (14,159) in 2016.

INCREASED TO 47.9%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 28.4% (2,688) in 2010 to **28.9%** (2,723) in 2016.

INCREASED TO 28.9%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 4.0 (56) in 2012 to **5.2** (74) in 2016.

INCREASED TO 5.2

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 28.8% (97) in 2010 to **77.2%** (203) in 2018.

INCREASED TO 77.2%

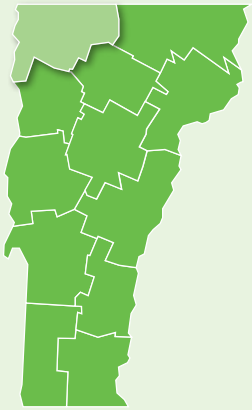
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Burlington SD	76.0%	68.9%	85.7%
Champlain Valley SD	Unavailable	Unavailable	95.0%
Chittenden East SU	92.4%	93.8%	89.9%
Colchester SD	81.6%	94.7%	91.9%
Essex Westford SD	Unavailable	Unavailable	84.9%
Milton SD	81.6%	80.5%	81.5%
South Burlington SD	91.5%	95.7%	93.1%
Winooski SD	79.6%	81.3%	75.0%

Franklin Grand Isle Region

About the Region



Franklin and Grand Isle counties' rolling hills contain both isolated poverty and wealthier communities. The level of commitment to improve outcomes for children and families is robust across the region. The BBF council, and other tables where stakeholders gather, are consistently gathering data to inform the direction of their efforts. A wide range of variables contribute to a significantly higher number of children in DCF custody than in past years, which is why the region takes a multi-pronged approach to supporting vulnerable populations.

REGIONAL PRIORITIES

The Franklin and Grand Isle Council has been focused on:

- Continuing to increase the number of early care and learning programs in the STARS program
- Promoting kindergarten readiness
- Identifying and providing concrete supports to families in areas of food insecurity and affordable, stable housing, and working to mitigate the risks and reduce the likelihood of families experiencing homelessness

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 46.5% (6,145) in 2010 to **48.5%** (6,048) in 2016.

INCREASED TO 48.5%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **decreased** from 39.9% (1,421) in 2010 to **36.9%** (1,382) in 2016.

DECREASED TO 36.9%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 10.3 (62) in 2012 to **20.3** (123) in 2016.

INCREASED TO 20.3

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 27.9% (56) in 2010 to **79.7%** (106) in 2018.

INCREASED TO 79.7%

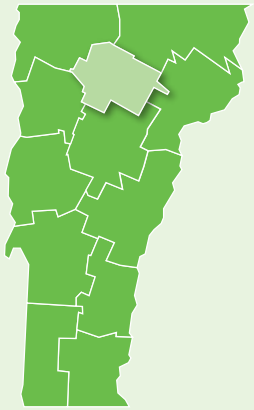
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Franklin Northeast SU	85.2%	85.9%	97.4%
Franklin Northwest SU	77.3%	81.3%	76.4%
Franklin West SU	84.2%	92.2%	89.0%
Grand Isle SU	83.1%	92.9%	97.0%
Maple Run SD	Unavailable	Unavailable	80.3%

Lamoille Valley Region

About the Region



The Lamoille Valley Region shares boundaries with the Morrisville AHS district, covering fifteen towns which range from one of Vermont's wealthiest, to some of the state's poorest communities. A focus on collaboration, communication, and coordination among organizations supporting early childhood continues to be a strength in the region. Areas for concern include a lack of child care capacity and finding and developing early care professionals. The costs of child care are high, and the wages in the field remain low. While child custody rates remain low in the region, the percentage of children in custody who are very young is rising — mirroring a similar and ongoing trend across Vermont.

REGIONAL PRIORITIES

The Lamoille Valley Council is focused on three primary areas:

- Parent education
- Monitoring and measuring how the early childhood system supports young families
- Increasing communication and cooperation for those providing supports for families and young children

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **decreased** from 47.9% (3,248) in 2010 to **47.4%** (3,052) in 2016.

DECREASED TO 47.4%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 40.5% (919) in 2010 to **48.9%** (974) in 2016.

INCREASED TO 48.9%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 3.8 (12) in 2012 to **7.5** (23) in 2016.

INCREASED TO 7.5

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 31.2% (29) in 2010 to **83.1%** (59) in 2018.

INCREASED TO 83.1%

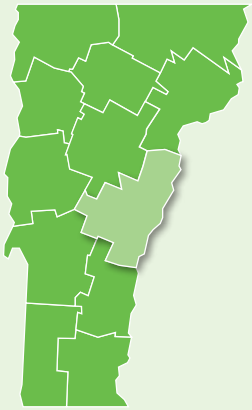
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Lamoille North SU	82.9%	87.7%	90.8%
Lamoille South SU	88.4%	92.0%	93.6%
Orleans Southwest SU	78.2%	81.0%	79.7%

Northern Windsor & Orange Region

About the Region



The Northern Windsor and Orange County region, which shares boundaries with the Hartford AHS district, has pockets of densely populated areas along with some very rural areas, and faces challenges surrounding income inequality. The region also has families accessing services in a variety of counties including Windsor, Orange, and Washington, as well as across the border in New Hampshire. This can cause difficulty for families navigating through the system or for providers creating partnerships.

REGIONAL PRIORITIES

The council has focused on:

- Addressing the increasing numbers of children under the age of six living in poverty and those in DCF custody
- Supporting outreach around WIC and promotion of the Early Multi-Tiered Systems of Support (MTSS)
- Despite the increase in the number of high-quality child care programs in this region, there are challenges in workforce recruitment and retention in the early childhood sector. The council has also made improvement in this area of focus.

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 44.8% (4,433) in 2010 to **45.5%** (4,076) in 2016.

INCREASED TO 45.5%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 34.4% (1,014) in 2010 to **41.8%** (1,084) in 2016.

INCREASED TO 41.8%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 4.3 (18) in 2012 to **12.0** (49) in 2016.

INCREASED TO 12.0

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 27.1% (29) in 2010 to **86.0%** (74) in 2018.

INCREASED TO 86.0%

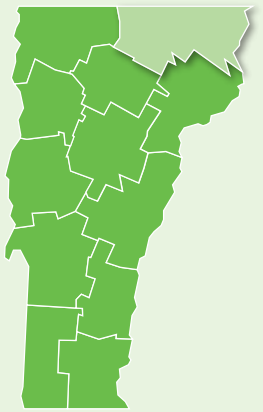
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Hartford SD	68.3%	82.5%	76.9%
Orange East SU	74.5%	76.2%	69.7%
Orange Southwest SU	87.3%	80.9%	82.1%
Rivendell Interstate SD	94.9%	91.2%	86.2%
SAU 70	83.3%	Unavailable	Unavailable
White River Valley SU	Unavailable	90.4%	77.1%
Windsor Central SU	91.4%	87.5%	Unavailable
Windsor Southeast SU	67.0%	85.7%	81.4%

Orleans & Northern Essex Region

About the Region



The Orleans and Northern Essex (ONE) counties contains some of Vermont's most beautiful natural landscapes, providing families access to many outdoor recreational opportunities exploring our lakes and mountains. However, the region also has the state's highest child poverty rates and poorest health outcomes.

REGIONAL PRIORITIES

The ONE Regional Council implements an annual process of selecting priority strategies by reviewing current data and assessing community needs. The council is focused on:

- Continuing to prioritize the social and emotional skill-building for caregivers and children through our regional Early MTSS pilot project and demonstration sites
- Promoting, supporting and creating high-quality child care in our region
- Increasing family supports by addressing food insecurity, promoting social connections and child development, and resource sharing through initiatives like the Welcome Baby Bag pilot project at two pediatric offices, and support for the Troy and Newport Promise Communities

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 45.3% (2,707) in 2010 to **46.7%** (2,537) in 2016.

INCREASED TO 46.7%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **decreased** from 55.5% (879) in 2010 to **53.4%** (876) in 2016.

DECREASED TO 53.4%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 5.1 (13) in 2012 to **11.4** (29) in 2016.

INCREASED TO 11.4

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 33.3% (29) in 2010 to **81.1%** (60) in 2018.

INCREASED TO 81.1%

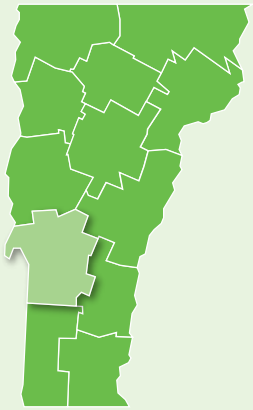
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Essex North SU	76.9%	83.3%	81.8%
North Country SU	74.9%	80.5%	79.8%
Orleans Central SU	81.9%	84.6%	87.7%

Rutland Region

About the Region



The Rutland Region covers all of Rutland County, the second most populated county in the state. The region is a combination of rural and urban areas where income levels fall below the state median. While the population of youth under 9 years old is falling, the number of children in DCF custody is on the rise. Child care providers report an increase in children with social-emotional needs. Like many other regions, Rutland struggles with food insecurity, affordable housing, and transportation, along with a lack of access to affordable high quality infant care.

REGIONAL PRIORITIES

The Rutland BBF Council is focused on:

- Working with the local WIC office to help increase access to healthy foods
- Working with the Stern Center for Language and Learning to train area members in the BUILDING BLOCKS FOR LITERACY® program
- The council is forming a kindergarten Readiness Team to make the transition to school a positive one for children, families, and teachers.

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 44.9% (5,347) in 2010 to **46.2%** (4,951) in 2016.

INCREASED TO 46.2%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **decreased** from 43.2% (1,426) in 2010 to **42.2%** (1,302) in 2016.

DECREASED TO 42.2%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 6.4 (33) in 2012 to **16.4** (81) in 2016.

INCREASED TO 16.4

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 26.2% (44) in 2010 to **65.4%** (83) in 2018.

INCREASED TO 65.4%

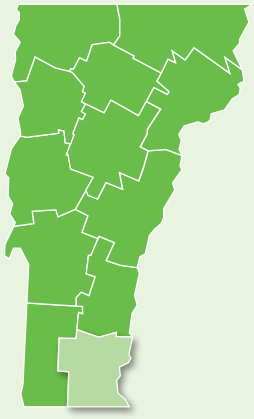
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Addison Rutland SU	77.2%	83.2%	85.7%
Bennington Rutland SU	87.5%	91.7%	87.8%
Mill River Unified Union SD	Unavailable	76.4%	74.6%
Rutland Central SU	92.5%	100.0%	91.4%
Rutland City SD	61.2%	69.4%	61.4%
Rutland Northeast SU	85.6%	87.2%	91.8%
Rutland Southwest SU	84.2%	70.6%	78.4%
Two Rivers SU	83.1%	80.3%	84.1%
Windsor Central SU	91.4%	87.5%	Unavailable

Southeast Vermont Region

About the Region



The Southeast Vermont region has a vibrant early childhood landscape, including a large proportion of high quality early care and learning programs, dedicated service providers, and collaboration and investment from school districts, healthcare providers, and more recently, local businesses. The dedication and collaboration are highlighted in the annual Month of the Child in the area and increased promotion of resources. Even with this investment, both the proportion of children under 6 living in poverty and the children in DCF custody have increased between 2010 and 2016. These indicators shine a light on the overall health of children and families.

REGIONAL PRIORITIES

For 2019, the Regional Council, in collaboration with other groups and organizations, will focus on:

- Increasing child care capacity
- Maternal and child health, including social-emotional development
- Pre-kindergarten policy
- Child and family safety

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 44.5% (3,174) in 2010 to **45.6%** (2,902) in 2016.

INCREASED TO 45.6%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 37.6% (793) in 2010 to **49.8%** (907) in 2016.

INCREASED TO 49.8%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 10.9 (33) in 2012 to **30.3** (88) in 2016.

INCREASED TO 30.3

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 46.1% (41) in 2010 to **72.6%** (45) in 2018.

INCREASED TO 72.6%

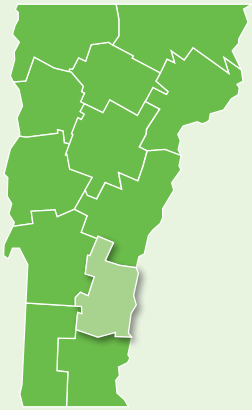
‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Windham Central SU	Unavailable	90.4%	95.4%
Windham Northeast SU	87.5%	81.9%	82.5%
Windham Southeast SU	76.0%	87.0%	86.0%
Windham Southwest SU	100.0%	93.3%	93.3%

Springfield Region

About the Region



The Springfield Region contains towns in northern Windham County and Southern Windsor County, sharing boundaries with the Springfield AHS district. The Springfield region has experienced increasing rates of poverty, unemployment, and income inequity since the loss of many of its manufacturing jobs with few replacement jobs. Despite this, or perhaps due to this, the region has a long history of working collaboratively with a variety of sectors to better the community, and that includes those serving our young children and families. The Springfield area once had low rates of STARS participation and high quality childcare but now holds some of the highest rates.

REGIONAL PRIORITIES

The Springfield Area Council has dedicated its work in:

- Helping families meet their basic needs
- Assisting caregivers accessing opportunities to understand, and providing family events that support, child development
- Working with the VT Department of Health to promote WIC and the developmental screening registry

Current Status

CHILD POPULATION
under age 9

The percent* of children under 9 years old **increased** from 47.0% (3,146) in 2010 to **47.3%** (2,861) in 2016.

INCREASED TO 47.3%

**Denominator is children under 18 years old.*

CHILDREN LIVING IN POVERTY *under age 6*

The percent of children under 6 years old living in poverty** **increased** from 41.7% (761) in 2010 to **50.1%** (956) in 2016.

INCREASED TO 50.1%

***Living below 200% of the Federal Poverty Level*

CHILDREN IN DCF CUSTODY
under age 9 (rate per 1,000)

The rate† of children under 9 years old (per 1,000) in DCF custody **increased** from 9.9 (30) in 2012 to **21.3** (61) in 2016.

INCREASED TO 21.3

†As of September 30th each year.

STARS PARTICIPATION

The percent of regulated child care, early learning, and afterschool programs with 1-5 STARS‡ **increased** from 31.4% (22) in 2010 to **88.9%** (56) in 2018.

INCREASED TO 88.9%

‡As of June each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION/DISTRICT	SCHOOL YEAR 2015-16	SCHOOL YEAR 2016-17	SCHOOL YEAR 2017-18
Bennington Rutland SU	87.5%	91.7%	87.8%
Springfield SD	86.7%	63.4%	74.1%
Two Rivers SU	83.1%	80.3%	84.1%
Windham Central SU	87.3%	90.4%	95.4%
Windham Northeast SU	87.5%	81.9%	82.5%
Windsor Central SU	91.4%	87.5%	Unavailable
Windsor Southeast SU	67.0%	85.7%	81.4%

Recommendations

Recommendations of the BBF State Advisory Council

The State Advisory Council (SAC) is the Governor-appointed early childhood advisory body that works to set priorities and direction for statewide initiatives on behalf of Vermont's young children. In 2018, the SAC worked to drive collective action in Vermont around two key areas: addressing trauma and adverse childhood experiences (ACEs) through a focus on protective factors and social and emotional wellness, and building capacity for Vermont's early care and learning system.

Addressing Adverse Childhood Experiences (ACEs) through a focus on promoting protective factors and social and emotional wellness for children

Why It Matters

Current brain and social sciences have shed light on the negative impact of childhood adversity, risks, and toxic stress on healthy child development. Young children learn about the world through their social interactions and relationships, primarily with their families and other caregivers.[1] Children's sense of "who they are, what they can become, and how and why they are important to other people," depends upon the quality and stability of their relationships with others.[2] These relationships and the stability of their environment set the stage for children's social, emotional and cognitive development.

Opportunity for Vermont to Turn the Curve

We have an opportunity to ensure that our early care and learning settings create environments that support resilience and protective factors and have staff and leadership that are trained to support the positive social, emotional and behavioral development of children. Access to safe, nurturing environments with caring adults can prevent or reverse the damaging effects of toxic stress response. Brain science indicates that early childhood is a critical time where architecture of the growing child's brain is established and patterns of behavior are likely to be reinforced or changed depending on the environment of the child.

It is also important to set a strengths-based frame to addressing trauma and ACEs. Resilience is a key construct and we need to focus on identifying strengths and collecting information on assets. An exclusive focus on adverse experiences neglects to turn attention toward the possibility for flourishing even in the face of adversity and the promotion of protective factors and the positive experiences that children need.

Further, Vermont should continue to focus on the measure of Adverse Family Experiences (AFEs), which was developed to understand potential destructive events or circumstances that children face from a more contextual and environmental perspective, and how stressors like AFEs have immediate impact on the behavioral and social development of children.

1 Centers for Disease Control and Prevention. (2016). Essentials for Childhood Framework: Steps to Create Safe, Stable, Nurturing Relationships and Environments for All Children. Retrieved from http://www.cdc.gov/ violenceprevention/childmaltreatment/essentials.html.

2 National Scientific Council on the Developing Child. (2014). Young Children Develop in an Environment of Relationships: Working Paper #1. Retrieved from http://developingchild.harvard.edu/resources/wp1/.

Throughout 2018, the BBF Early Childhood Interagency Coordinating Team, including leadership from the Department for Children and Families, Department of Health, Department of Mental Health, and Agency of Education, explored how to promote positive social and emotional development and strengthen protective factors in early care and learning settings. Two key frameworks emerged:

- **Early Multi-Tiered System of Support (Early MTSS)** seeks to increase the social and emotional competence of Vermont's young children through the effective use of evidence-based strategies by an informed early childhood workforce. The Early MTSS Pyramid Model arranges evidence-based practices into a tiered system that includes universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant delays in social skills or persistent challenging behavior.
- **The Strengthening Families Protective Factors Framework** is a research-informed approach for supporting families and children's development. The framework includes strategies and tools for building resilience in families, preventing issues of abuse and leveraging parenting skills to best meet children's developmental needs.[3]

Supporting the scale up of Early MTSS and Strengthening Families at the state, regional and local level is a critical strategy to addressing the impact of ACEs in Vermont.

RECOMMENDATION 1: Increase the coordination and alignment of services and funding that support the social and emotional development of children through the scale up of Early Multi-Tiered Systems of Support (Early MTSS) Pyramid Model in early care and learning programs in Vermont.

Vermont intends to use lessons learned from implementation of Early MTSS under the Race to the Top grant, and assets gained through the development of a cadre of coaches and aligned cohort sites, to expand this framework statewide. The Early Childhood Interagency Coordinating Team has committed to:

- Reviewing and analyzing current implementation of Early MTSS Model, including the budget for successful implementation
- Engaging with the field (schools & local providers) to identify implementation successes and barriers
- Developing draft models for state level implementation
- Identify resources including funding and personnel to support scale up of the model across the state

RECOMMENDATION 2: Support the implementation of the Strengthening Families Protective Factors Framework across early care and learning settings.

In Vermont, this framework is integrated into the early care and learning system in a variety of ways, including a grant program through the Child Development Division that supports providers who adopt the framework as their primary prevention strategy, along with other qualifications. Children's Integrated Services (CIS) was designed to maximize children's health, development, and learning by providing individualized support to families and child care programs. CIS is built on the Strengthening Families Framework and is designed to promote the 5 Protective Factors. Strengthening Families is also supported by Help Me Grow® Vermont (HMG VT), which addresses families' concerns and questions about their child's behavior, development, and learning and connects them to community resources. By strengthening protective factors in families, HMG VT and CIS support parents and caregivers to better understand and promote their child's social and emotional well-being. Vermont's early care and learning providers play a critical role in providing stable, nurturing care for children facing adverse experiences and help to educate parents and families on how to build and strengthen protective factors. Now putting this knowledge to work in policies, practices, and systems is critical.

[3] *https://www.cssp.org/young-children-their-families/strengtheningffamilies/about*

Building Capacity for Vermont's Early Care and Learning System

Why It Matters

As highlighted in the Early Care and Learning Chapter, 67.4% of all children under age 5 who need child care will not have access to a high-quality, regulated program. The unmet need for infant (children 1.5 to 23 months) care is even greater, with 85% of infants who need care not having access to a high-quality, regulated program and 65% not having access to any regulated program at all. With 70% of all Vermont children under 5 having all available parents in the workforce, child care becomes an important factor not just for child and family wellbeing, but for family economic stability and to sustain the state's economy.

In Vermont's efforts to address the availability of high-quality childcare, retaining and recruiting the early care and education workforce has emerged as a significant road block to expanding capacity. Child care programs around the state highlight high numbers of vacant positions and the struggle to hire and retain qualified staff. This staffing crisis is being experienced by all types of child care programs including those with strong business and staffing practices. The reasons for Vermont's early childhood staffing crisis are multifaceted. Perhaps the most obvious deterrent to working in the field is that early educators make significantly less than similarly-qualified professionals. Secondly, in an effort to ensure staff have the level of training and education needed to ensure the wellbeing of children, child care regulations now require additional qualifications for some positions. These regulations are necessary and research-based, but, given the low wages in the field, affected workers need financial support to access the training and higher education required. Finally, the implementation of Act 166 (Universal Pre-Kindergarten) in Vermont has been a beneficial development in expanding child care capacity but has increased the need for staff.

Opportunity for Vermont to Turn the Curve

In early 2018, the Child Development Division (CDD), inspired by the BBF SAC's commitment to address capacity as a priority issue in 2018, convened a Capacity Coalition that identified six critical strategies to help move the needle on this systemic issue:

- **Strategy 1:** Conduct a child care demand study
- **Strategy 2:** Design a recruitment campaign
- **Strategy 3:** Support start up and expansion of child care programs
- **Strategy 4:** Addressing the barriers to recruitment and expansion
- **Strategy 5:** Provide business supports, including training, to promote the successful operation and management of childcare programs
- **Strategy 6:** Building capacity of the early childhood workforce through supporting education costs in the immediate future (*see Recommendation 2*)

The BBF Early Learning and Development (ELD) Committee has been coordinating action and monitoring progress on these strategies throughout the year. A demand study and recruitment campaign are currently being developed and executed. Funding and technical assistance for program start up and expansion is being provided by Vermont Birth to Five's Make Way for Kids Program. The ELD Committee has identified Strategy 6 as a priority for action in the coming year.

RECOMMENDATION: Support education costs for the early childhood workforce, including scholarships and debt forgiveness.

The BBF Early Learning and Development committee has identified two immediate opportunities to support workforce development and training opportunities for early educators — both of which are proven strategies for workforce development and require state-level policy change:

- Funding for and expansion of scholarship programs for early educators, and
- A mechanism and funding to support early educators with student debt

Scholarships support child care professionals who need and/or desire to increase their qualifications. For those who have already accrued related educational expenses, paying back their student loans is a barrier to employment in the field with wages at their current levels. Immediate action is needed to ensure an educated and stable early care and education workforce exists to meet the needs of Vermont's kids, families and employers.

Recommendations of the Building Vermont's Future Think Tank

Background

Over the last few years, the *How Are Vermont's Young Children and Families* report has provided updates on a multi-year effort to develop a design for Vermont's future early care and learning system. In the 2016 report, we presented the recommendations of Vermont's Blue Ribbon Commission on Financing High Quality, Affordable Child Care (BRC). The BRC charged Building Bright Futures with engaging diverse stakeholders in a statewide effort to explore and develop recommendations for a comprehensive integrated early care and learning system.

Last year, we provided updates on the subsequent *Building Vermont's Future from the Child Up* summit. At this two-day event, BBF engaged over 200 Vermonters, representing a wide variety of early childhood sectors, in a collaborative design process to identify what works best in the current early care and learning system, and how to leverage these strengths toward our future system. The ideas generated at the summit provided tangible opportunities for innovation and implementation but did not present a comprehensive blueprint for the future system, as envisioned by the BRC.

Building Vermont's Future Think Tank Recommendation

In 2018, BBF convened a small group of stakeholders with the policy and implementation expertise needed to build on the ideas generated through the BRC and the summit, and develop an actionable blueprint for the future of Vermont's 0-5 early care and learning system; which should include identification of what is required to move the recommendations forward in terms of policy, legislative, and administrative action, and a timeline and tiered implementation plan and strategy. This group met four times between April and October 2018.

In November 2018, the Building Vermont's Future Think Tank released a report with six recommendations related to key components of a future early care and learning system:

- **Recommendation 1: High-Quality Program Support and Accountability**
- **Recommendation 2: Professionalize Workforce and Professional Compensation**
- **Recommendation 3: Early Care and Learning Hubs**
- **Recommendation 4: New Sources of Revenue**
- **Recommendation 5: Redesigned Family Tuition Assistance**
- **Recommendation 6: A Dedicated Early Childhood Fund**

The full report can be found at buildingbrightfutures.org.

Connection to Recommendations of the BBF State Advisory Council

- Addressing educational attainment costs for the early childhood workforce aligns with the Think Tank's recommendation to support a well-qualified and compensated workforce.
- BBF envisions the scale up of the Early MTSS and Strengthening Families frameworks as a key component of practice improvement under the early care and learning hubs recommended by the Think Tank.

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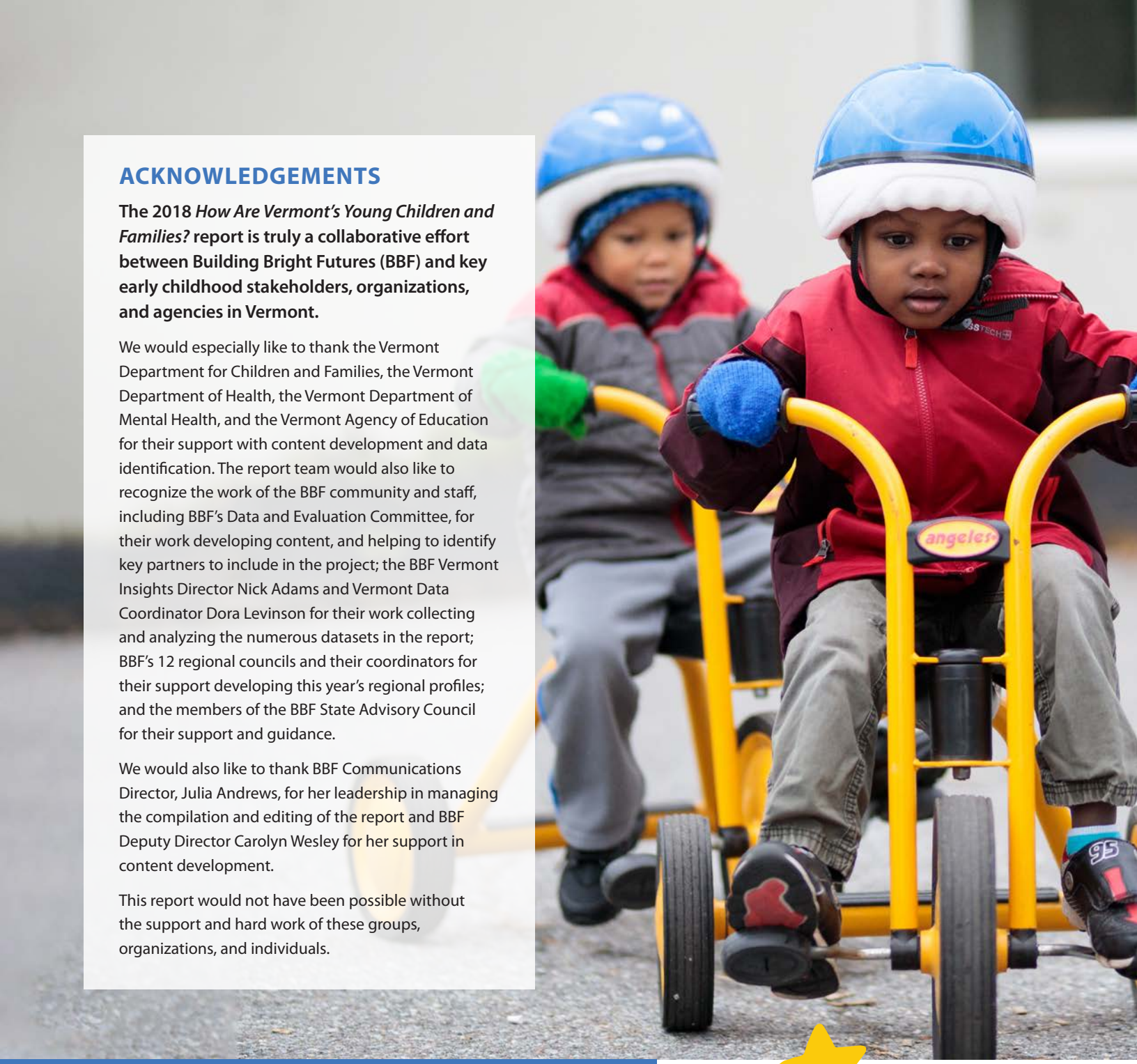

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