



MARCH 2015

How Are Vermont's Young Children and Families?



HARNESSING THE POWER
OF VERMONT COMMUNITIES
TO IMPROVE CHILD
AND FAMILY WELL-BEING

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PURPOSE STATEMENT

The purpose of the 3rd edition, *How Are Vermont's Young Children and Families?* report, is to provide a factual depiction of the state of young child and family well-being in Vermont, 2015. We hope this report will be a useful tool for government leaders, service providers, parents and caregivers, educators, and other community members interested in improving neighborhoods and communities to better support a safe, healthy, and prosperous future for Vermont. The report is not meant to repeat data found in other places, rather it is meant to bring these sources together to be analyzed in a way that creates a more nuanced view of the state of young child and family well-being.

FROM THE GOVERNOR



Welcome to the third edition of *How Are Vermont's Young Children and Families?*

This report is produced by Vermont's early childhood advisory council, Building Bright Futures (BBF) and is designed to focus our collective attention on the well-being of young children and their families. My hope is that this annual BBF report will continue to serve as a vital resource and improve our shared understanding of how young Vermonters and

their families are faring. I trust this report will inspire you to make data-informed decisions and take action to support the healthy growth of our youngest citizens.

This report documents Vermont's successes in caring for our children, but also the challenges we face, especially for our poorest and most vulnerable children and families. While we have much to celebrate, from universal pre-K to a state Early Childhood Action Plan and two large federal grants, we must continue to work hard together to ensure that every Vermont child gets off to a strong start.

We ask you to join others in Vermont to prioritize the interests of our young children and their families so that we may ensure that all our children have a chance to succeed.

A handwritten signature in blue ink, appearing to read 'Peter Shumlin'. The signature is stylized and includes a long horizontal flourish extending to the right.

Peter Shumlin
Governor

Executive Summary



Welcome to *How Are Vermont's Young Children and Families? March 2015*, the third report prepared by Building Bright Futures. As Vermont's designated state early childhood advisory council and a 501c3 statewide network of 12 regional councils, Building Bright Futures aligns solutions at the local level with effective policy at the state level to create improvements in access, quality, and affordability of early care, health and education for young children ages 0-8 and their families.

The purpose of the annual report is to provide a factual depiction of the state of young child and family well-being at a point in time, as well as progress on selected indicators and outcomes for the early care, health, and education system. The report is designed to be a useful tool for state and local government leaders, service providers, parents and caregivers, educators, and other community members interested in supporting a safe, healthy, and prosperous future for Vermont.

This 2015 report brings together an analysis of data from multiple sources to create a comprehensive view of the state of young child and family well-being in Vermont. New in this year's report is a section that highlights key indicators for each of the 12 Building Bright Futures' regions in comparison to other regions and to the state as a whole.

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Key Findings from *How Are Vermont's Young Children and Families? March 2015*

(Data tables and graphics can be found in the specified section.)

Demographics

- The vast majority of Vermont's children live in rural areas where their families are challenged by physical isolation, lack of public transportation, limited economic opportunity, and increased risk of poverty.

- Vermont's young children are growing up in an increasingly diverse state. Minorities accounted for 59% of Vermont's population growth in the most recent census.
- The number and percent of children ages 0-3 years increased in the majority of Building Bright Futures' regions, while the total number of children of all ages decreased in Vermont.

Health & Development

- Only 26% of Vermont children age 0-3 received all three recommended developmental screens by three years of age.
- The rate of opiate-exposed infants born in Vermont more than doubled between 2008 and 2012, and is rising at a rate that outpaces the U.S. trend.

Family Economic Well-Being

- The Vermont Legislative Joint Fiscal Office's Basic Needs Budget developed for two working adults with two children is well above the 2014 Federal Poverty Level and household earnings from two full-time jobs at minimum wage.
- Lack of affordable housing is putting more children and families at risk for homelessness. There has been a 9.27% increase in the number of Vermonters experiencing homelessness during the past two years.
- Child care is unaffordable for many Vermont families, requiring 28-40% of household income for two-parent, two-child families with incomes between \$47,700 (200% federal poverty level) and the state median family income of \$82,047.

Family and Social Relationships

- In 2014, the Department for Children and Families allocated \$150,000 to support Strengthening Families Demonstration Projects in the Barre, Rutland, and St. Albans districts to provide intensive services to families with a child under the age of 3 who are at high or very high risk of maltreating their children.
- Vermont's early childhood stakeholders have a relatively small amount of outcome data to review. Outcome data that describes the difference an intervention made, or the developmental status of young children in a variety of family circumstances, is difficult to collect and analyze. Unanswered questions and data gaps continue to limit understanding of young children's family and social experiences in Vermont.

Safety

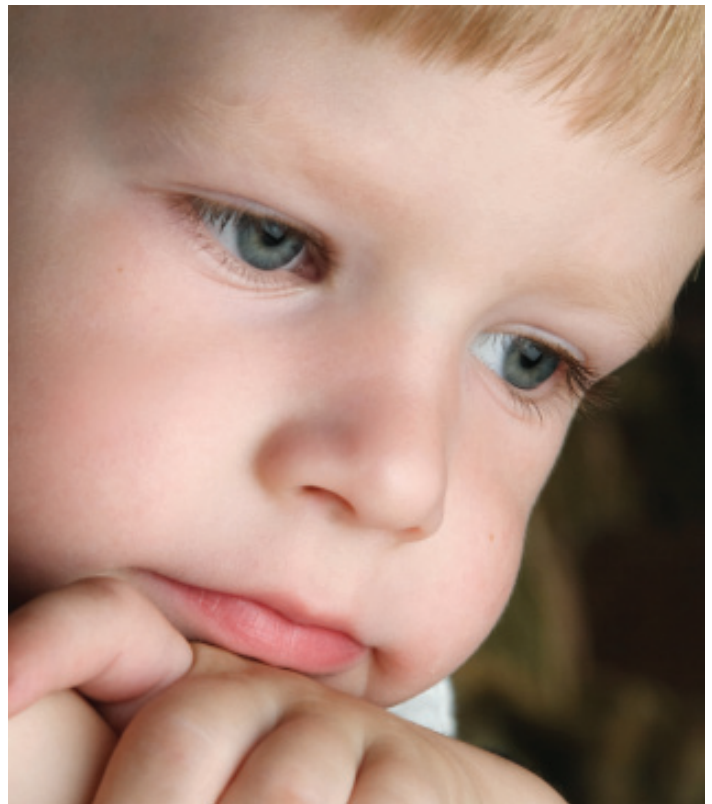
- In 2013, the number and rate of new children under age six years of age in the custody of the Department for Children and Families ("foster care") was the highest it has been over the past 12 years.
- Between 2011 and 2013, callers to the Vermont Child Protection Line named both financial stress and substance abuse as family factors increasingly often, with substance abuse the clear lead factor. The characteristics of substance abuse in Vermont have also changed; in 2013, the number of people in Vermont treated for opioid dependency surpassed the number treated for alcohol.

Community

- While Vermont's low crime rate at the state level compares well with other states, there is a noticeable variation in the major crime rate on a regional basis.

Early Learning and Education

- Most young children spend a significant amount of time in the care of someone other than their parents. The vast majority of parents are in the workforce, which drives demand for both formal and informal care for their children. While enrollment and attendance data is not available across all settings, recent estimates suggest that two groups of children are not adequately served—only 36% of infants and toddlers and 22% of school age children are enrolled in one or more regulated care and education settings (this includes Early Head Start, Head Start, public pre-K, licensed centers and registered



homes). When access to quality care and education experiences does exist, it may be too brief or piece meal in a child's life.

- Between 2013 and 2014, participation increased in STARS, Vermont's quality rating system for regulated care and education programs. Participation increased most significantly (72%) for registered family child care homes.
- Only 24.1% of Vermont's regulated care and education programs are designated as high quality programs. That is, a 4- or 5-level rating in STARS, or national accreditation.

This 2015 report marks the first year in which Building Bright Futures was able to use data from Vermont Insights to help public and private policymakers answer the question, "How Are Vermont's Young Children and Families?" ***in my region.***

We look forward to continuing to build bright futures for all Vermont's young children based on the collective impact of a shared vision, shared data and shared action.

Brain Science



Key concept: Serve and Return

Serve and return interactions shape brain architecture.¹

When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills. Much like a lively game of tennis, volleyball, or ping pong, this back-and-forth is both fun and capacity-building. When caregivers are sensitive and responsive to a young child's signals and needs, they provide an environment rich in serve and return experiences.



Because responsive relationships are both expected and essential, their absence is a serious threat to a child's development and well-being. Healthy brain architecture depends on a sturdy foundation built by appropriate input from a child's senses and stable, responsive relationships with caring adults. If an adult's responses to a child are unreliable, inappropriate, or simply absent, the developing

architecture of the brain may be disrupted, and subsequent physical, mental, and emotional health may be impaired. The persistent absence of serve and return interaction acts as a "double whammy" for healthy development: not only does the brain not receive the positive stimulation it needs, but the body's stress response is activated, flooding the developing brain with potentially harmful stress hormones.

Building the capabilities of adult caregivers can help strengthen the environment of relationships essential to children's lifelong learning, health, and behavior.

A breakdown in reciprocal serve and return interactions between adult caregivers and young children can be the result of many factors. Adults might not engage in serve and return interactions with young children due to significant stresses brought on by financial problems, a lack of social connections, or chronic health issues. Caregivers who are at highest risk for providing inadequate care often experience several of these problems simultaneously. Policies and programs that address the needs of adult caregivers and help them to engage in serve and return interactions will in turn help support the healthy development of children.

Reprinted with permission. Text adapted from Key Concept: Serve and Return by the Center on the Developing Child at Harvard University. Retrieved from <http://developingchild.harvard.edu>.

Demographics



Vermont is largely rural

Vermont is a small state (9,616.36 square miles) with a largely rural population (61.1%).^{2,3}

Vermont's only Standard Metropolitan Statistical Area lies on the western side of the State, spreading southward along the shore of Lake Champlain from Grand Isle and Franklin Counties, through urban Chittenden County, into the farmlands of Addison County. Approximately one quarter (24.91%) of Vermont's children under age nine live in Chittenden County.⁴

The vast majority of Vermont's young children live in rural areas, where their families seek to balance the potential advantages—lower-cost housing stock, strong community engagement, more opportunity to be outdoors, reduced incidence of major crime—with the real challenges of physical isolation, lack of public transportation, limited economic opportunity, and increased risk of poverty.

Vermont's young children are growing up in an increasingly diverse state

Parents raise their children today in a global community. Gradually, the people of Vermont reflect that diversity. As of 2013, there were 40,731 people (6.5% of the population) of African-American, American Indian or Alaskan Native, Asian, Hispanic or Latino origin, of some other race, or of two or more races, living in Vermont.⁵

According to Vermont Partnership for Fairness and Diversity, "Minorities accounted for 59% of Vermont's population growth in the 2010 census. These trends are relevant to Vermonters and will greatly impact our state's next generations. These demographic shifts will bring with them pressures for change in long-held social mores and expectations. These demographic changes also bring with them unexplored economic opportunity."⁶

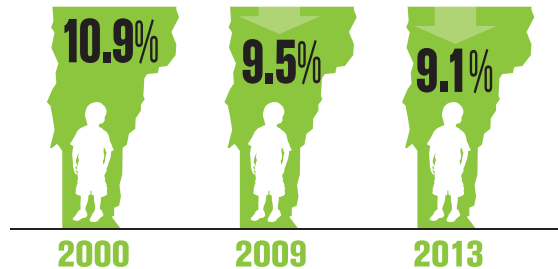
Immigrants (the foreign-born) make up 3.9% of the state's population (in 2011), and well over half of them are naturalized U.S. citizens who are eligible to vote. "New Americans"—immigrants and the children of immigrants—account for 4.3% of registered voters in the state.⁷

For some families, living as migrants in order to find employment, fear of deportation and lack of freedom are among the risks of rural life. Unauthorized immigrants comprised less than 0.5% of the state's population, or fewer than 10,000 people, in 2010.⁸ Although the population of children living in migrant farm families is small, it is no less important or vulnerable. "Children of migrant workers and adolescents that are working independently are among the neediest and least visible of Vermont's population groups. Because of their transience and isolation, it is easy for these students to fall out of step academically and socially."⁹

The number and percent of young children in Vermont is decreasing

There are 57,079 children under age nine living in Vermont, almost 16% fewer than in 2000, whereas the overall population over this time period, 2000 to 2013, grew almost 3%.¹⁰

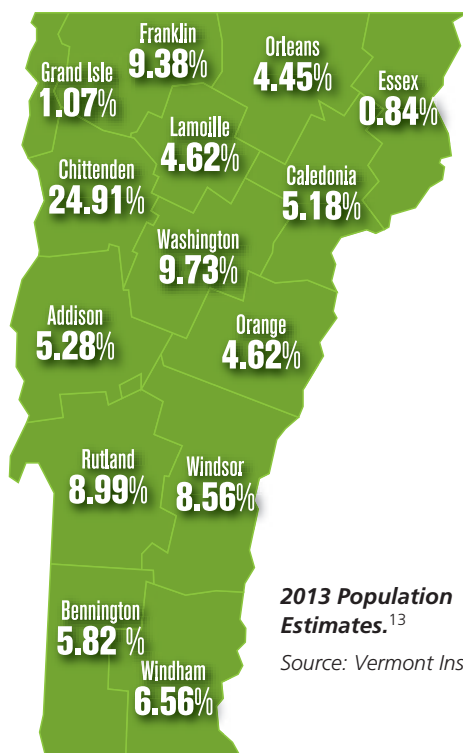
Children under age nine as percent of Vermont population¹¹



Vermont's current population of children under age 9 is a smaller percentage of Vermont's total population than it was in the past.¹²

Source: Vermont Department of Health Center for Public Health Statistics and U.S. Census Bureau

Percent of Vermont children under age nine, by county



2013 Population Estimates.¹³

Source: Vermont Insights

of Vermont children, and it is a positive one. Growing up in a two-parent household is beneficial for children emotionally, socially, and economically.¹⁶ Policies that strengthen healthy marriage and stable families can bolster child well-being.

Only 8% of Vermont children under age 18 (10,354 children) live with someone other than a parent. A slight shift in the trend, however, is that the percent of children being raised by relatives, including grandparents, has increased from 4.6% to 5.3%.¹⁷

Kinship care is well supported as a means of facilitating stability and continuity for a child.¹⁸ Grandparental care can be both stressful and rewarding. “Grandparents may need to make major psychological, social, and financial adjustments in their lives in order to share their wisdom, resources, and time.”¹⁹

Children (5,742) living with their grandparents:

- 7.9% of children under 6 years,
- 4.1% of children 6–11 year olds,
- 2.3% of 12–17 year olds.²⁰

The number and percent of children ages 0–3 years, however, increased in the majority of Building Bright Futures’ regions.¹⁴

As younger Americans move from the Northeast to the Southern and Western states, policy makers in New England states consider new approaches to meeting education, housing, transportation, home care, and other costs.¹⁵ The well-being of Vermont’s young children is the leading indicator of the state’s long term social and economic future.

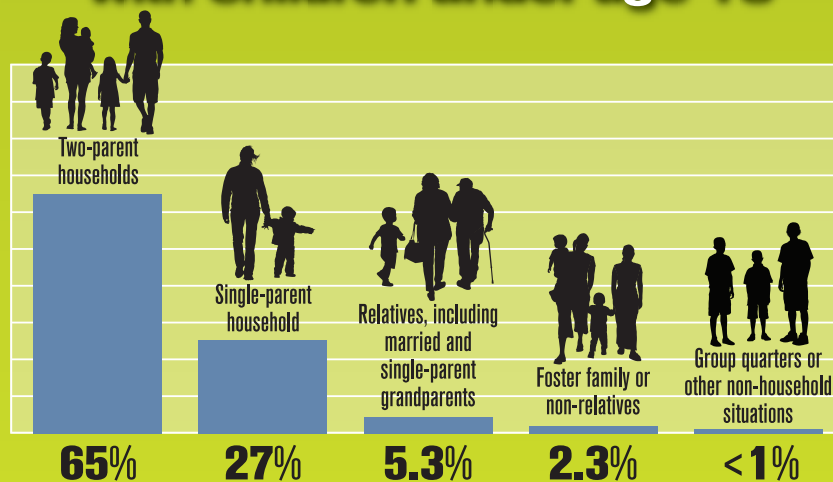
How to support young children well, in concert with shifting demographics, is one of the most pressing issues for Vermont citizens. Encouraging families with young children to move to or remain in Vermont, and take advantage of all the state has to offer, is one solution.

Children and Family Structure

More than half of Vermont children under age 18 (65%) are raised in two-parent families, and the majority of the remainder live with a single parent. This is a consistent trend in the living arrangements

Most Vermont children (94%) have the advantage of living with someone who has at least a high school diploma. This compares with 85% of children in the nation as a whole.²¹ Adults with more education are poised to read and use sophisticated vocabulary with children, expand children’s knowledge, and become involved in a child’s out-of-home educational experience, beginning with preschool.

Living arrangement of VT families with children under age 18



Source: Census Bureau, American Community Survey, 2009–2013.²²

Health & Development



There is increasing evidence from scientists that many health outcomes—everything from life expectancy to infant mortality and obesity—can be linked to the level of income within a given population. Poverty leads to worse health outcomes.

Adequate nutrition is a foundation of good health

Food insecurity is associated with negative developmental outcomes of children at different ages. Children who are food-insecure have a variety of health problems, from frequent headaches to iron deficiency anemia.²³

- Infants: insecure attachment relationships and poor performance on cognitive tests
- Three year olds: behavior problems
- Students between kindergarten and third grade: smaller gains in math and reading achievement, as well as compromised interpersonal skills, self-control, and a group of competencies including attentiveness, persistence, and flexibility
- Children ages 6 to 11: a higher likelihood of repeating a grade
- School-aged children overall: psychosocial deficits and anxiety²⁴

In a three-year average from 2011–2013, fewer Vermont households (13.2%) than those nationwide (14.6%) experienced food insecurity and significantly fewer (1.5% Vermont vs. 5.7% United States) suffered very low food security.²⁵ Both nationally and in Vermont, the upward trend in food insecurity and very low food security before 2011 has flattened.²⁶

This potentially promising trend may speak to the positive impact of Vermont’s public initiatives to promote food security. While the curve for children experiencing food insecurity may be turning in a positive direction, families’ participation in most food-based benefit programs is on the rise.

Rebounding After Recession: Children living in households that were food insecure at some point during the year²⁷

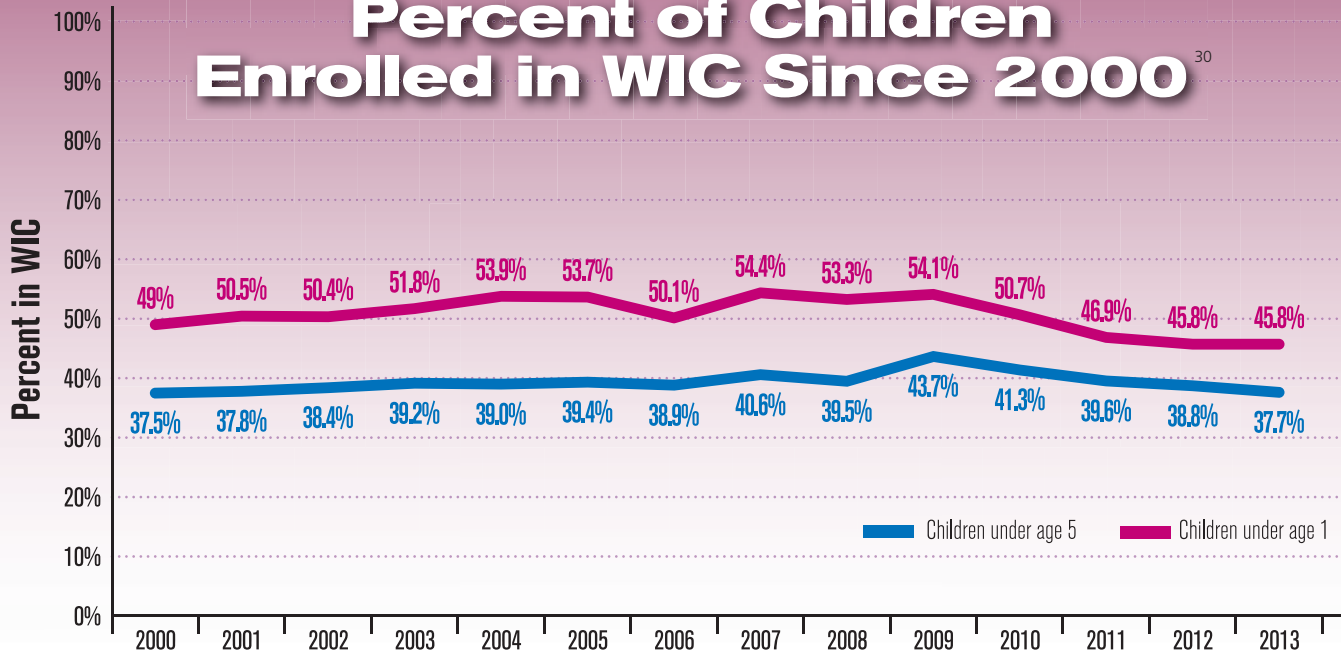
Location	Data Type	2008	2009	2010	2011	2012
Vermont	Number	25,000	27,000	27,000	26,000	23,000
	Percent	19%	21%	22%	22%	19%

Source: Kids Count Data Center

During the 2012 and 2013 school years, the percentage of students enrolled in the Free and Reduced Price School Meals Program has remained high.

Beginning in 2009, the month of April snapshot of children under age 18 enrolled in 3SquaresVT has increased steadily, from 17.3% to 27.1% in 2014. Each year represents the rolling average of data for three years. Parents may be eligible for 3SquaresVT, a federal USDA program (formerly food stamps) designed to help them stretch their food dollars, if their gross household income is equal to or less than 185% of the federal poverty level,²⁸ regardless of the resources they own, or if they receive the Vermont Earned Income Tax Credit.²⁹

Percent of Children Enrolled in WIC Since 2000 ³⁰



Source: Vermont Department of Health ³¹

Participation in WIC,³² the Federal “Special Supplemental Nutrition Program for Women, Infants and Children,” shows the opposite trend. The percentage of children enrolled in WIC was the highest in 2009 (43.7%), one year after the Great Recession, and has continued to decline with 45.8% of infants and 37.7% of children under age 5 enrolled in 2013. While poverty rates for children remain constant, there is a 14 percent decline in WIC enrollment for children under five between 2009 and 2013.

Children have been a priority in Vermont’s effort to eliminate hunger. One example is the recent policy changes enabling eligible students to eat free meals at school. Vermont has expanded students’ access:

- In 2008, by eliminating the cost to students of reduced priced breakfasts,
- In 2013, by eliminating the cost to students of reduced priced lunches,³⁴
- In 2014, by adding the Community Eligibility Provision, which allows a school or group of schools with 40% or more of their students directly certified for free meals, to offer breakfast and lunch at no charge to all students for a four-year period.³⁵

Students Enrolled in the Free & Reduced Price School Meals Program ³³

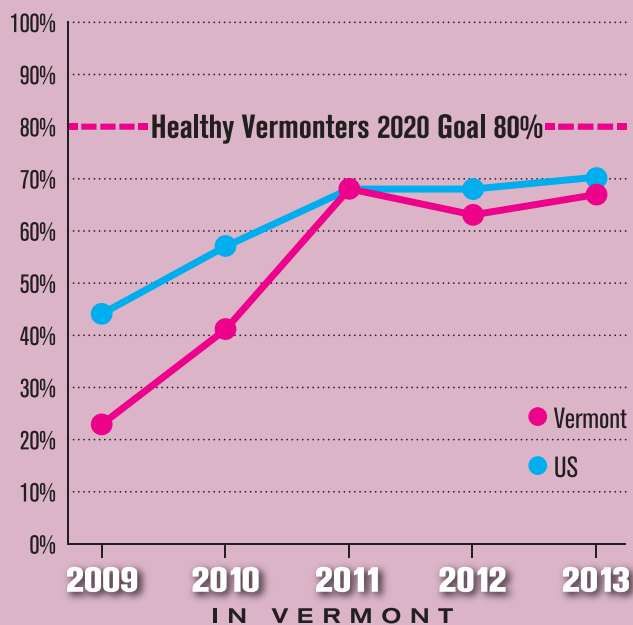
Location	Data Type	2009	2010	2011	2012	2013
		2010	2011	2012	2013	2014
Vermont	Percent	35.8%	37.9%	40.2%	40.8%	40.7%

Percent of public school children approved for free and reduced price school meals in public schools offering the National School Lunch Program, as percent of total public school student enrollment.

Source: Kids Count Data Center

Immunizations Rate

In 2013, 67% of Vermont children 19-35 months of age received the full series of recommended vaccines.³⁶



Source: Vermont Immunization Program, 2014 Annual Report, Vermont Dept. of Health

Vaccination rate

“ Without vaccines, epidemics of many preventable diseases could return, resulting in increased—and unnecessary—illness, disability, and death among children. ”

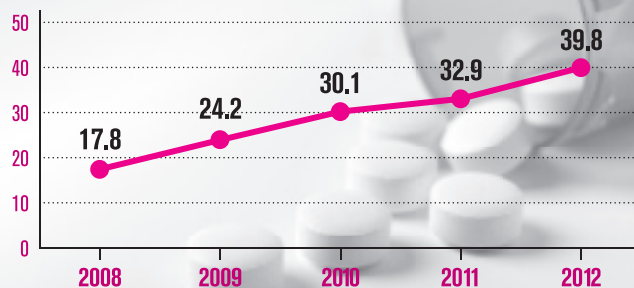
— Center for Disease Control

Less than three-quarters of Vermont’s children under age three have completed the full immunization series. In 2013, 67% of 19-35-month-old Vermont children received their full series of recommended vaccines (4:3:1:4:3:1:4). This is four percentage points higher than 2012 (63%) and three percentage points less than the national rate (70%). The Healthy Vermonters 2020 goal is for at least 80 percent of children in the 19-35 month age range to receive all recommended vaccines.³⁷ Until Vermont’s childhood immunization rates reach higher levels, outbreaks of preventable diseases could occur. The Center for Disease

Control warns that, “Without vaccines, epidemics of many preventable diseases could return, resulting in increased—and unnecessary—illness, disability, and death among children.”³⁸

The rates for children entering kindergarten who have been fully immunized have been consistent over the past three years (85.8 percent in school year 2013-14, 86.9 percent in 2012-13, 87.0 percent in 2011-12).^{39,40}

Rate of Infants Exposed to Opioids per 1,000 Vermont Hospital Deliveries to Vermont Residents



Source: Vermont Agency of Human Services

Opiates

Substance abuse plagues Vermonters’ health, safety, and community life. The alarming rise in opiate use has demanded the attention of health care providers, child protection workers, employers, parents, and interested citizens. Department for Children and Families commissioner Dave Yacovone, in his July 2014 testimony to the Legislative Panel on Child Protection, noted, “Governor Shumlin’s call to action on the opiate crisis resonates deeply within Vermont’s child protection system; substance abuse is the leading concern identified in reports of child abuse and neglect. In 2013, reports to the child protection line cited substance abuse almost twice as often as domestic violence, the next leading concern.”⁴² Ideally, all Vermont children would have a healthy start, free of exposure to toxic substances, including alcohol, tobacco, and opiates.

The story of opiate abuse and children’s well-being is a complex one. There is no doubt that the trend of opioid-exposed infants born in Vermont is a rising one that outpaces the U.S. trend (in 2009, 24.6 infants per 1,000 hospital deliveries in Vermont vs. 3.4 infants per 1,000 hospital deliveries in the U.S.).⁴³



Smoking Before and During First Trimester of Pregnancy

More Vermont women smoke before their pregnancy and into their first trimester as compared to the national average.

In 2011,
20.5%
smoked before pregnancy
and in the 1st trimester.

Of those women,
27.1%
quit and did not smoke in their
2nd and 3rd trimester.

Source: Vermont Department of Health⁴⁴

Tobacco

One out of five women in Vermont smoke before their pregnancy and into their first trimester. There is a slow but steady decline in women smoking before pregnancy since 2008. And of the women who smoke, 27.1% quit and do not smoke in their 2nd and 3rd trimester. The highest percentage of women who quit smoking during pregnancy was in 2006 at twenty-nine percent.⁴⁵

Exposure to tobacco smoke is serious risk factor from conception to delivery. Maternal cigarette smoking during pregnancy is associated with increased risks for a series of health problems, from ectopic pregnancy to placenta previa and miscarriage. Two of these problems, low birth weight and preterm birth could have lifelong consequences including a heightened risk of developing chronic diseases in adulthood. After birth, the risk for sudden infant death syndrome (SIDS) is increased among the offspring of women who smoked during or after pregnancy.⁴⁶

The negative impact of tobacco smoking on birth outcomes is not limited to its direct use by the mother. Maternal exposure to second hand smoke in pregnancy has also been associated with a modest reduction in birth weight, and can increase the risk of low birth weight (<2500 g) by 22%.⁴⁷

Alcohol

Prenatal exposure to alcohol is one of the leading preventable causes of birth defects. No amount of alcohol is safe during pregnancy. Currently, the most available information about women's alcohol consumption during pregnancy comes from their own self-report.⁴⁸

In 2011:

- In the three months prior to pregnancy, 64% of Vermont mothers report drinking at least some alcohol, and nearly one third (30%) reported at least one binge (4+ drinks/sitting)
- 13% of women reported drinking during the last three months of their pregnancy
- 26% of Vermont mothers reported they did not get advice from a healthcare worker to abstain from alcohol during pregnancy⁴⁹

Reducing the percentage of pregnant women who drink alcohol is a goal of Healthy Vermonters 2020, the state's set of public health goals for the decade.⁵⁰

Developmental Screening is a Vermont Priority

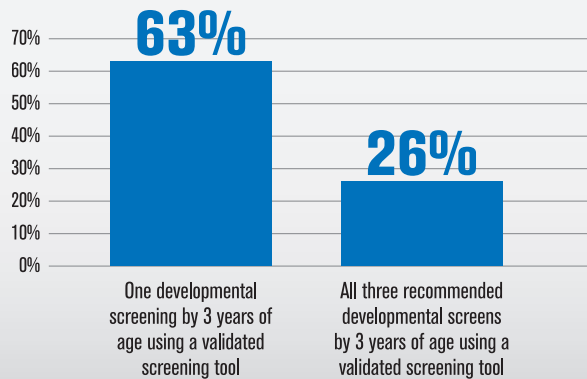
While Vermont has made significant progress, there remains ample room for improvement to ensure every child receives recommended screening.

In 2013, a University of Vermont College of Medicine study of Vermont pediatric and family medicine practices found that 63% of children (0-3 years) received at least one developmental screening using a validated screening tool while only 26% of children received all three recommended developmental screens by three years of age.

Screening is a formal process that occurs at defined intervals with use of brief and objective standardized tools. A trained workforce conducts the screenings using a brief, standardized tool at periodic intervals and any time a concern is identified. The American Academy of Pediatrics Bright Futures Guidelines set the schedule for these screenings for children under age three at 9, 18, and 24 or 30 months.⁵¹ This system improves early identification of risks and/or delays to ensure that children and families are linked to appropriate services and to support their ongoing learning and development.

Children Under 3 Receiving Developmental Screenings

A 2013 Study of 33 Vermont Pediatric and Family Practices⁵²



Source: University of Vermont College of Medicine

There has been no coordinated system for developmental screening data collection in Vermont, but a system for universal developmental screening is now under way across multiple settings.

Development

Achieving developmental milestones and receiving support when needed, is an important part of children's health. Children's development is influenced by a variety of environmental and genetic factors, as well as the interaction between the two. Vermont's prevention and early intervention initiatives are part of the environment for young children in the state, and children's developmental outcomes are one measure of those initiatives.

Percent of Population Who are Children with Disabilities Ages birth—twenty-one

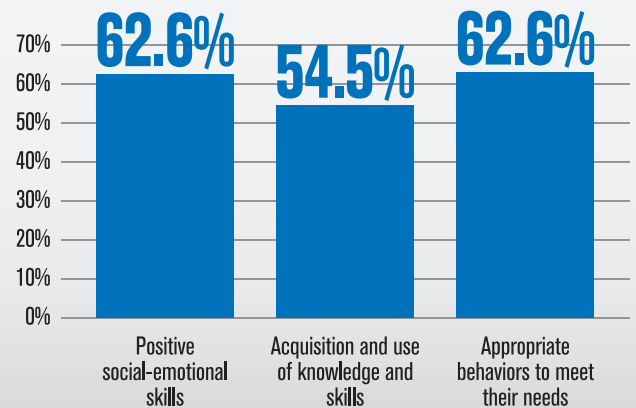
Age	State (%) SY 2012-13	Nation (%) SY 2012-13
Birth to 3 (Early Intervention)	4.2	2.8
3 to 5 (Essential Early Intervention)	9.5	6.1
6 through 21	9.3	8.6

Source: Vermont Agency of Education, 2014, VT AHS 2014 (SNAPSHOT)^{53,54}

Together, developmental surveillance (ongoing monitoring of developmental progression), periodic developmental screening (using a brief, standardized tool), and appropriate referral allow for early identification of developmental delays and timely entrance into intervention services.⁵⁵ Vermont consistently serves a higher percent of the population through the Individuals with Disabilities Education Act (IDEA) than does the country as a whole.⁵⁶

Children's Integrated Services Early Intervention Outcomes

2012 percent of children functioning within age expectation by the time they turned age 3 or exited the program.



Source: Vermont Department for Children and Families⁵⁷

Vermont meets or exceeds its state targets for developmental growth of the children served through Early Intervention. During the Federal Fiscal Year 2012, a little over half of children who received Children's Integrated Services Early Intervention (CIS EI) in Vermont were functioning within age expectations by the time they turned three years of age or exited the program.

Family Economic Well-being



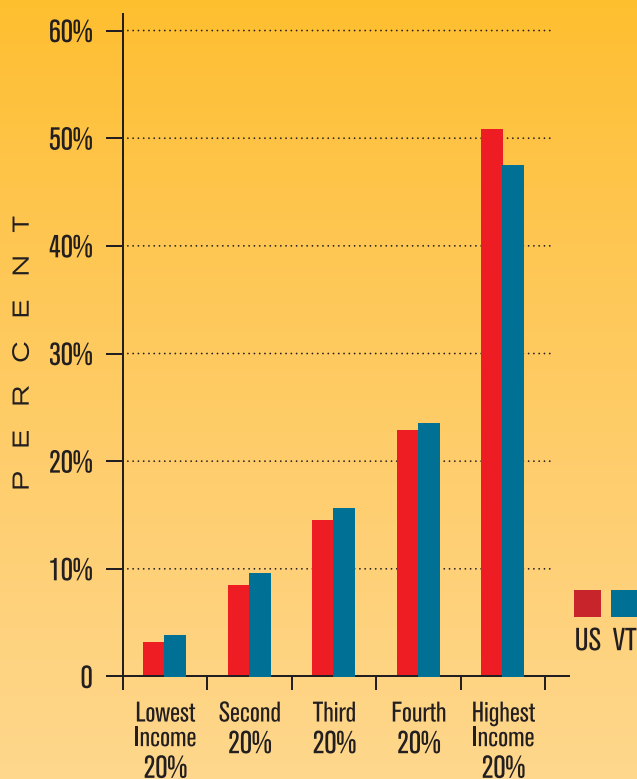
“...the main cause of persistent poverty now is high inequality...”

— Paul Krugman, Nobel Prize Economist⁵⁸

While five years after the official end of the Great Recession the state’s economy as a whole shows signs of growth, the benefits of recovery are not evenly distributed. Many Vermonters continue to experience challenging economic times and the median income for Vermont households is the lowest it has been since 2004.⁵⁹

Income Inequality

US and Vermont Share of Aggregate Household Income⁶⁰



The bottom 20% of Vermont households earned 4% of the total Vermont income.

Source 2009-2013 American Community Survey

Poverty

Poverty is the single greatest threat to children’s well-being. Children who experience poverty during their first years, and/or who experience deep or persistent poverty, are particularly at risk.⁶¹ Vermont median household income, adjusted for inflation, reached a peak in 2004, at \$57,394. In 2013, it was down to \$52,578, the lowest level since the 2004 peak.⁶² A major contributing factor is the continuing rise in poverty.

*Poverty rose among all Vermonters, but children and households headed by single females are hit hardest. **More than four out of every 10 children under age six live below 200% of the federal poverty level (FPL).***⁶³



Source: U.S. Census Bureau, American Community Survey, 2009-2013

Between 2007 and 2013, the poverty rate for families headed by single mothers climbed above 40 percent. For single mothers with the youngest children, the increase was even greater.⁶⁴

Basic needs budget

For 2014, the basic needs budget for two working adults with two children is almost equal to the median four-person family income in Vermont 2013, \$82,047. The basic needs budget for this family is well above the FPL and the minimum wage.⁶⁵

2014 Vermont Basic Needs Budget

66

The average Vermont family with 2 children must spend \$81,799 a year to meet only their basic needs. The Vermont median family income is \$82,047.

Category	Two Working Parents with Two Children (Rural) Cost estimates per month	Two Working Parents with Two Children (Urban) Cost estimates per month
Food	\$1025	\$1025
Housing (including utilities)	926	1328
Transportation	1174	955
Child Care	1128	1,258
Personal and Household Expenses	683	683
Health & Dental Care	559	559
Insurance & Savings	338	357
Taxes	984	1101
Monthly	\$6,817	\$7,266
Annual	\$81,799	\$87,181

Note: Costs per month shown may not add up to the annual cost due to rounding.

Source: Vermont Legislative Joint Fiscal Office

Housing is expensive and scarce

Thirty-two percent of children in Vermont live in households with a high housing cost burden, where adults spend more than 30 percent of their monthly incomes on rent, mortgage payments, taxes, insurance, and/or related expenses. This leaves parents with less financial resources to meet their children's basic needs and make other investments in their children's development.⁶⁷

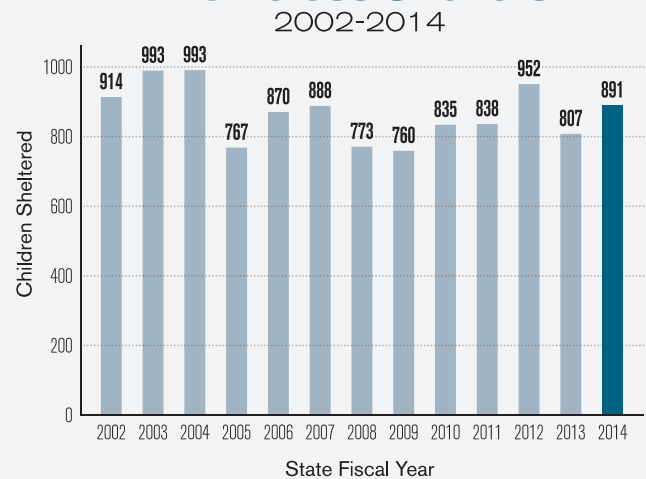
A statewide median-priced home of \$200,000, requiring \$16,700 for down payment and closing costs, and annual earnings of about \$59,000 is out of reach for more than half of Vermont households. Vermont's rental vacancy rates fall well below a healthy market 5% vacancy rate: in Burlington the vacancy rate is about 1%; in Bennington it's about 2%.⁶⁸

Children are increasingly at risk of being homeless

There has been a 9.27% increase in the number of Vermonters experiencing homelessness during the past two years.⁶⁹ The night of January 28, 2014, the annual Point-in-Time count found 1,556 homeless Vermonters. Nearly one in four (371 or 24%) of them were children under age 18.⁷⁰ This one-night count likely underrepresents the actual numbers as it does not include those precariously housed, doubled up with friends and family, or couch surfing.⁷¹ During the 2011 – 2012 school year, 1,202 homeless students were enrolled in Vermont schools, a 35% increase from the 2010 – 2011 school year.⁷²

The impact of homelessness is most profound for young children, especially infants, whose brain architecture is still under construction. Changes in the developing brain caused by toxic, or unrelenting, stress can have long-term consequences for children's learning, behavior, and both physical and mental health.⁷³

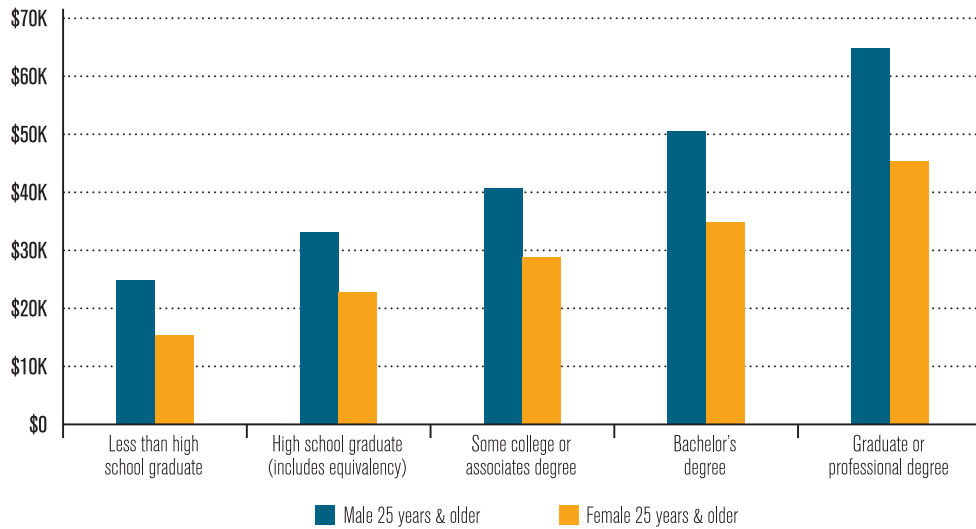
Children in Vermont's Emergency Solutions Grant Homeless Shelters⁷⁴



Source: Vermont Department for Children and Families, Emergency Solutions Grants

VT Median Earnings by Education and Gender⁷⁵

In Vermont, a working adult with a bachelor's degree will earn nearly twice as much as a person with a high school diploma.



Source: U.S. Census Bureau, 2008-2012 American Community Survey

The link between gender, educational attainment, and Vermont earnings

If women achieved the same education level and earnings as men, it would have a dramatic impact on their families.

Parents' higher levels of education are associated with higher earnings and an increased likelihood of being involved in their children's schools. As a parent graduates from high school, and completes graduate school or professional school, he or she is more likely to attend a school event and even more significantly, to volunteer at school. Students with parents who are involved in their school tend to have fewer behavioral problems and better academic performance. Especially at the elementary level, parental involvement has a positive effect on student outcomes.⁷⁶

Child care is unaffordable for many Vermont families

The annual median child care cost in 2014 for a two-parent family with an infant and preschooler in a full-time, center based program was \$20,280. These two parent working families with incomes between 200% of poverty (\$47,700) and the state median income (\$82,047) have the highest share of their income directed towards child care, 28-40%. Even families under 150% of poverty and receiving the highest subsidy can spend 7-25% of their income on child care.⁷⁷

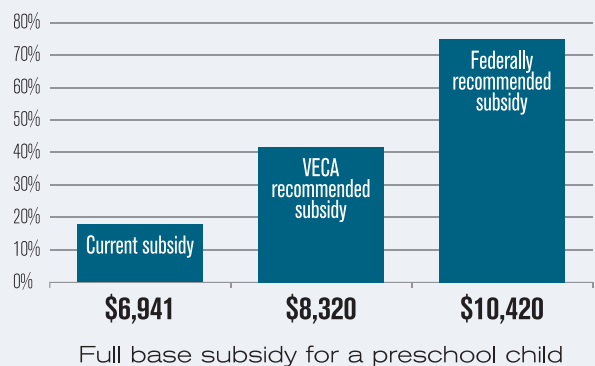
STARS makes child care more affordable

When a low-income, two-parent two-child family is eligible for full child care financial assistance AND their children are enrolled in a four STAR rated program, the estimated net cost of child care to the family is reduced to less than 7.2% of total income. The same family will pay an estimated 25.1% of their income for child care if their children are not enrolled in a STARS-rated program.⁷⁸



State Subsidy is Below Fees of Most Licensed Providers⁷⁹

Percent of providers with fees at or below current and proposed subsidy, 2013



Source: Building Bright Futures Early Childhood Budget Report FY2013

Family & Social Relationships



Young children learn about the world through their relationships

Young children's first and primary experiences are social. They learn about the world through their interactions with their parents and other caregivers.⁸⁰ Children's sense of competence and well-being, "who they are, what they can become, and how and why they are important to other people," depend upon the quality and stability of their relationships.⁸¹

Safety, stability, and nurturing are three critical qualities of relationships that make a difference for children as they grow and develop. They can be defined as follows:

- **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.
- **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment.
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child.⁸²

Children's social learning sets the stage for their development in other areas, including their cognitive development. Babies whose needs are met quickly and warmly develop a bond of affection, or attachment, with their caregivers in which they learn that the outside world is a welcoming place.⁸³ With this security, infants are more likely to explore and interact with their environment, to become active learners. Unlike adults, who are often able to generalize learning from a concentrated lesson or class, children learn through repeated interactions with the environment—over time.⁸⁴ How well Vermont children engage with their environment, and the quality of their experiences, depends largely on their social and family relationships.

Many of our early care and education policies focus on language and literacy as well as other cognitive functions. Often forgotten is the foundation on which cognitive growth is built—an emotionally and socially stable young child.⁸⁵

The context for social and family relationships

Parenting is one of the most rewarding, and challenging, jobs the world has to offer. Vermont parents, like parents everywhere, rely upon a wide variety of supports. When those supports are strong, parents are most effective in promoting their children's healthy development. When



Healthy Relationships and Child Development

life is particularly demanding, or social supports are weak, parents are more prone to stress and depression, which can interfere with nurturing interactions with their children. For these reasons, two-generation strategies, those that address the well-being of both parents and children, are particularly important.⁸⁶

Two-generation programs

Vermont implements various two-generation programs and continuously seeks quality improvement within them:

Head Start and Early Head Start

The Head Start Program's goal is to promote the school readiness of children from low-income families, who are three- and four-year-olds and five-year-olds not age-eligible for kindergarten, by supporting their growth in language, literacy, math, science, social and emotional functioning, creative arts, physical skills, and approaches to learning. To achieve this goal, Head Start provides a comprehensive range of education, child development, health, nutrition, and family support services to Head Start enrolled children and their families. The Early Head Start Program serves pregnant women, infants, and toddlers under the age of three and provides comprehensive child development and family support services to them.⁸⁷ Recently, the Office of Head Start for the first time awarded federal grants to start Early Head Start-Child Care Partnership programs. Early Head Start-Child Care Partnership programs are Early Head Start grantees that partner with regulated center-based or family child care providers who agree to meet the *Head Start Program Performance Standards and Other Regulations*. Central to Head Start and Early Head Start's two-generational approach to early childhood education is the premise that parents are important partners in their children's education.⁸⁸ The participation of Head Start programs in the newly awarded federal pre-K expansion grant to the State of Vermont will ensure that increasing numbers of children and their families in the fall of 2015 will experience the benefits of Head Start's two-generational approach.

In Vermont, seven community-based organizations receive federal grants from the Office of Head Start (OHS) to operate seven Head Start programs. Of these seven organizations, four receive federal grants to operate Early Head Start programs, and two of four receive federal grants to operate Early Head Start-Child Care Partnership programs. During Federal Fiscal Year 2015, the total funded enrollment of the seven Head Start programs and the four Early Head Start programs was 1,516 slots (1,083 Head Start slots, 365 Early Head Start slots, and 68 Early Head Start-Child Care Partnership slots).⁸⁹ The 1,516 enrollment figure represents an estimated 21 percent of all Vermont age-eligible children below 100% of FPL.⁹⁰



Children's Integrated Services (CIS)

CIS is a resource for families when they have questions or concerns about their child's development during pregnancy, infancy and early childhood. Parents and professionals work together to:

- Learn about a child's growth and development.
- Provide screenings if there are questions or concerns a child's development.
- Coordinate and provide the best possible services for a child and family. Those services include Nursing, Family Support, Specialized Child Care, Early Intervention, and Early Childhood and Family Mental Health.⁹¹

CIS implements two evidence based home visiting programs, the Nurse Family Partnership and Parents as Teachers. During Fiscal Year 2014 (July 2013 – June 2014):

- More than 80% of children and families have achieved one or more goals in their family centered One Plan.
- More than 4,000 children and families were referred to CIS in FY2014.
- More than 3,000 children and families started to receive CIS services in FY2014.
- More than 2,000 children and families exited CIS in FY2014.⁹²

The Strengthening Families™ Protective Factors Framework

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children⁹³

Many programs incorporate and Vermont's Child Development Division of the Department for Children and Families (DCF), Agency of Human Services, supports implementation of the Strengthening Families approach with grants to high quality early care and education programs (43 programs for 2013 - 2016), 15 Parent Child Centers, and community agencies delivering BBF Direct Services.⁹⁴

In addition, the Strengthening Families Demonstration Project provides intensive family services to families who have open family support cases with Vermont's Family Services Division of the DCF because they were assessed as being at "high or very high risk" of maltreating their children in the future. In the first one and a half years of this intensive program, only 7% of children with open family support cases in DCF's Family Services Division have come into custody. Historically, 30% of children of families with open cases come into custody. In 2014, DCF allocated \$150,000 to support Strengthening Families Demonstration Projects in the Barre, Rutland, and St. Albans districts to provide intensive services to families with a child under the age of 3 who are at high or very high risk of maltreating their children.⁹⁵

Adverse Childhood Experiences (ACEs)

In Vermont and nationwide, in 2011/12, four percent of children younger than six years had three or more early childhood adverse experiences, as reported by their parents. This translates to an estimated 1,508 Vermont children less than six years old.⁹⁶ (Most current data available.) As the number of ACEs increases, the risk of developing significant health and development problems amplifies in a strong and graded fashion.

Prolonged, unbuffered stress affects a number of health and other life-course outcomes. While a degree of stress is unavoidable and positive, when stress reaches "toxic" levels

it interferes with the optimal development of the body's neurological, endocrine, and immune systems, leading to increased susceptibility to disease.⁹⁷ Specifically, the more adverse experiences in childhood, the greater the likelihood of developmental delays, heart disease, diabetes, substance abuse, and depression. Fortunately, research also indicates that nurturing relationships "with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response."⁹⁸

Effects of the Stress Response System on the Body

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships

Toxic

Prolonged activation of stress response system,
in the absence of protective relationships

Source: Center on the Developing Child, Harvard University⁹⁹

Questions and data gaps

An understanding of young children's family and social experiences is an essential piece of the puzzle describing how Vermont's young children are faring. Ironically, this is an area where early childhood stakeholders have a relatively small amount of data to review. Outcome data that describes the difference an intervention made or the developmental status of young children in a variety of family circumstances is difficult to collect and analyze. Sometimes, data collection occurs, but data aggregation, analysis, or reporting does not. One way to address a data gap about young children's family experiences is to survey families directly about their routines and rituals, how parents and other caregivers spend time with their children. Another strategy is to observe with their permission, parents and children interacting in a specific situation. Gathering, studying, and sharing data requires time, expertise, and funding. It is an appealing investment, however, if Vermonters consider the well-being of the state's young children a vital statistic for its prosperity and sustainability.

Safety



The case for child safety

A child cannot thrive if she or he is not safe. Unable to defend themselves, children need and deserve the protection of the adults in their world. The American Academy of Pediatrics affirms that every child needs the opportunity to grow and develop free from preventable illness and injury.¹⁰⁰

This does not mean that parents and other caregivers should greatly restrict children's activity in the name of safety; some risk taking is important and necessary for young children's growth and development. Developmentally appropriate, adventurous exploration allows children to learn actively, gaining all sorts of new information as they test themselves and their environment.¹⁰¹ It does mean assuring that no child experiences abuse or neglect.

It is easy to speak out against child maltreatment. Child abuse and neglect put children at risk for cognitive delay, emotional difficulties, and challenging behavior.¹⁰² Health problems (e.g., alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases) are more likely among adults who experienced abuse or neglect as children.¹⁰³ Child maltreatment imposes a weighty cost burden on society, even when compared to other public health concerns.¹⁰⁴

It is more difficult to prevent child maltreatment, and to intervene to protect children from its most devastating consequences. A vast body of research and science exists about both prevention and intervention; yet, we continue to fall far short in applying our knowledge.¹⁰⁵

Despite the significant commitment of many Vermont citizens, child abuse

and neglect continue to occur in our state. The 2014 tragic deaths of two toddlers due to physical abuse have sparked a thorough review of Vermont's child protection system, and may lead to new policies and resources for safeguarding our youngest children.

Lifetime Economic Burden From Child Maltreatment, 2013

\$210,012 Estimated average lifetime cost* per victim of nonfatal child maltreatment (in 2010 dollars)

868 Vermont child and youth (under age 18) victims of substantiated abuse or neglect in 2013

AT LEAST

\$182,000,000 The total lifetime economic burden resulting from nonfatal child maltreatment in Vermont in 2013 (not accounting for inflation between 2010 and 2013)

This could send at least 21,000 children to college.**

Note: The * indicates a combination of costs in childhood health care, adult medical care, child welfare, criminal justice, special education, as well as productivity losses. The ** indicates the average published tuition and fees for in-state students at public four-year US colleges and universities: \$8,655 in 2012-13.

Sources: BBF analysis of Fang et al. (2012),¹⁰⁶ Vermont Agency of Human Services, (2013)¹⁰⁷ and US Department of Health and Human Services (2012)¹⁰⁸

The Vermont challenge

The rate and number of victimized children and youth under 18 years of age showed a sharp 20% increase in 2013 as compared to 2012 in both the number and rate of children abused or neglected.¹⁰⁹

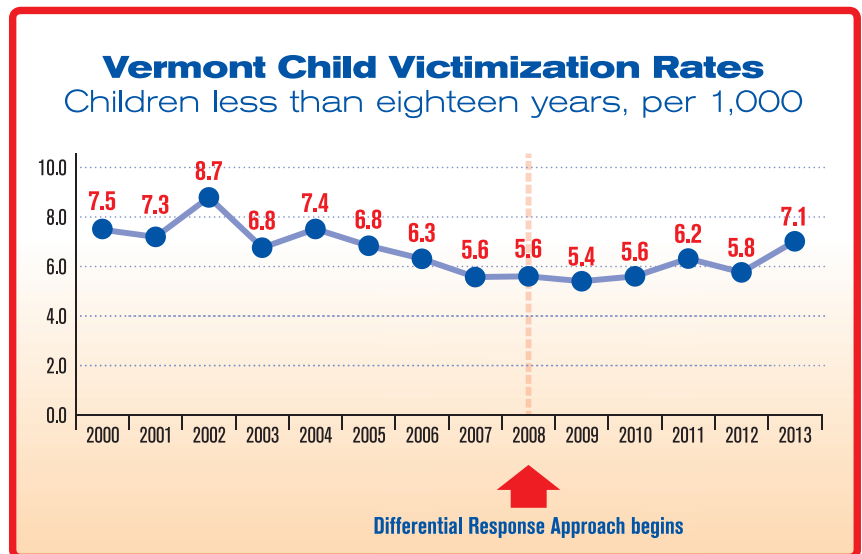
Traditionally, the only available response to an accepted report of child abuse or neglect was a child abuse investigation. That changed in 2008 when the Vermont legislature amended Title 33, Chapter 49 of statute to allow child abuse assessment as an alternative. Differential response allows the Department for Children and Families (DCF) to respond differently to reports based on factors such as the type and severity of the alleged maltreatment, the number of previous reports, and the family's willingness to engage in services to reduce risk.

The number and rate of new children under six years of age in DCF custody ("foster care") is the highest it has been over the past twelve years with 230 children in DCF custody in 2013.¹¹⁰

Spotlight on infants and toddlers

“ Because [the] early years set the stage for all that follows, they hold the greatest danger for long-term damage and the greatest potential for successful intervention. ”¹¹¹

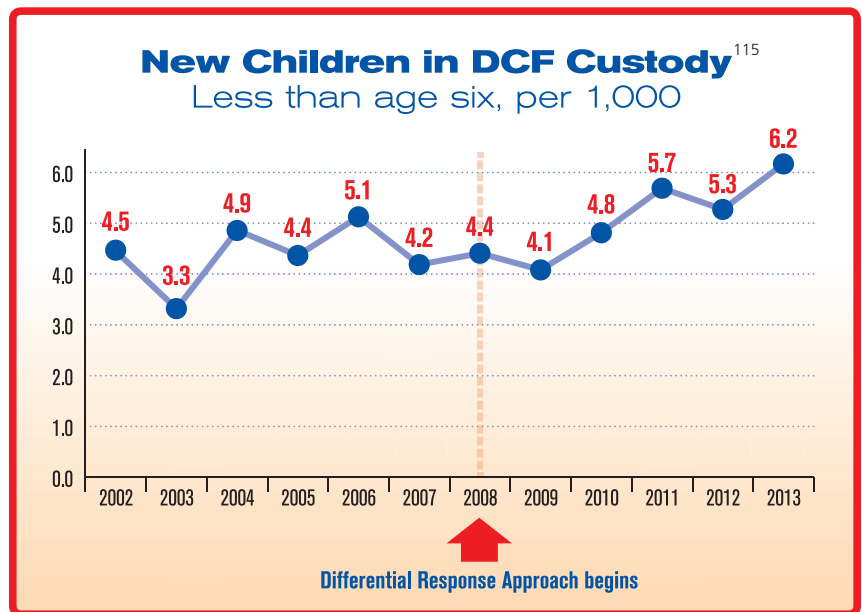
Children under age three are most vulnerable to child abuse and neglect. In Vermont, very young children are most at risk of experiencing physical abuse, risk of harm, and neglect/emotional abuse.¹¹² A little over one-quarter of the children entering foster care are under age 3.¹¹³ Nationally, infants and toddlers account for over three-quarters of child maltreatment fatalities.¹¹⁴ The experience of trauma at such a young age has a significant impact on developing brain architecture, placing children at risk of poor developmental outcomes and disrupting the foundation for a thriving, prosperous society.



Source: Vermont Department for Children and Families, Family Services Division

Victim is defined as a child for whom the State determined at least one maltreatment was found to be substantiated or indicated; and a disposition of substantiated, indicated, or alternative response victim was assigned.

The rates were calculated using the Vermont 2000 - 2010 Intercensal and 2011 and 2013 Postcensal Population Estimates for Children Under Age 18 Years



Source: Custody Management Report, Department for Children and Families, Margo Bryce.

New Custody is an accepted investigation that results in a substantiated allegation and placement in Department for Children and Families (DCF) custody. On occasion some unsubstantiated allegations will result in a child placed in custody. Not all children that have a substantiated allegation(s) are placed into DCF custody.

The Strengthening Families™ Demonstration Project

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect by providing intensive family services to families who have open family support cases with the Family Services Division (FSD) because they were assessed as being at “high or very high risk” of maltreating their children in the future.

In the first one and a half years of Strengthening Families Demonstration Project, only 7% of children with open family support cases in DCF’s Family Services Division came into custody. (Historically, 30% of children of families with open cases come into custody.)

Based on these results, in 2014 DCF allocated \$150,000 to support Strengthening Families Demonstration Projects in the Barre, Rutland, and St. Albans districts to provide intensive services to families with a child under the age of 3 who are at high or very high risk of maltreating their children.¹¹⁶

Child safety is a shared responsibility with shared benefits

Vermont’s child protection system has a central role to play in the safety and well-being of our young children. Professionals implement that system in an evolving social context. One way to characterize the social context of child protection work is to track the family factors reporters identify when they call Vermont’s Child Protection Line.

Substance abuse, domestic violence, mental health challenges, and financial insecurity all correlate strongly with child maltreatment, while parental resilience, social connections, concrete supports, knowledge of parenting and child development, and children’s social and emotional competence all decrease its likelihood. *Between 2011 and 2013, callers to the Vermont Child Protection Line named both financial stress and substance abuse as family factors increasingly often, with substance abuse the clear lead factor.*¹¹⁷

*The characteristics of substance abuse have also changed; in 2013, the number of people in Vermont treated for opioid dependency surpassed the number treated for alcohol.*¹¹⁸ See page 9 for more on effects of opioid dependency.

““ People work hard to keep children safe every day: the teacher who checks in with the first grader who comes to school crying and exhausted; the pediatric sexual assault nurse examiner who responds with a gentle, listening ear to a youngster who has been sexually abused; the grandparents who step in to help care for their grandchildren when the children’s own parents can’t; the parent who struggles to leave an abusive partner in order to keep their child safe; the social worker who works overtime to make sure a stable home is found for three siblings who can’t safely stay at home but want desperately to be together.””¹¹⁹

— Sally Borden, Executive Director, KidSafe Collaborative

Community



Harnessing the power of Vermont communities to improve child and family well-being

One predictor of a child's well-being is the community in which she lives. "When communities have strong institutions and the resources to provide safety, good schools and quality support services, families and their children are more likely to thrive."¹²⁰ Vibrant communities help protect families against poverty, substance abuse, violence, and isolation — all identified risk factors for young children.

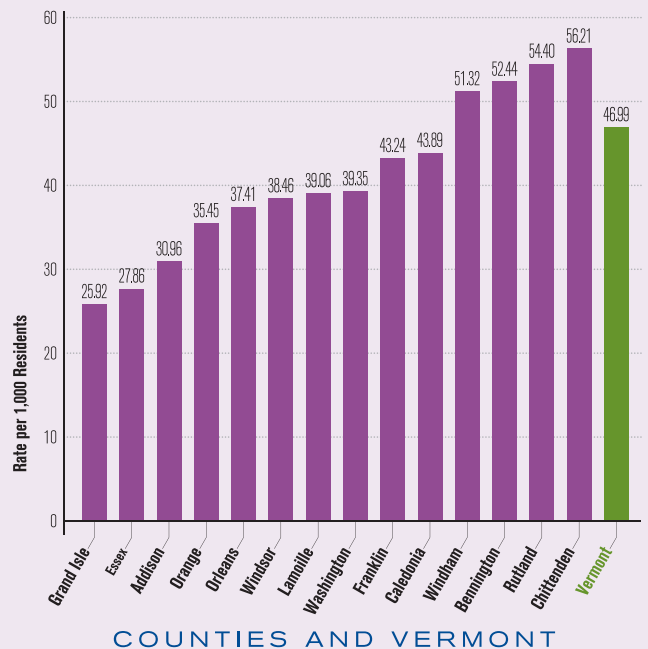


Vermont is seen as a great place to raise a child. Young children in Vermont are growing up in a state regularly ranked in the top tier for its natural environment, health outcomes, livability, and support for children and families. The Annie E. Casey Foundation's *2014 Kids Count Data Book*¹²¹ placed Vermont second among fifty states in the overall well-being of its children, and third overall for the strength of its families and communities and its education.¹²² Vermont ranks lower overall, though, for health indicators (6th) and economic well-being (8th).

Vermont community life and crime

Vermont's low crime rate at a state level helps protect young children's developing brains, both structurally and in terms of fear conditioning.¹²³ Nonetheless, on a regional basis the major crime rate in Vermont shows noticeable variations.

Major Crime* Rate per 1,000 Residents BY COUNTY, 2012



Source: Vermont Department of Public Safety¹²⁴

*Major crimes (23 categories)¹²⁵ are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Free, community-based activities to strengthen families with young children

Primary prevention happens at the community level. Families with young children thrive when they have access to free and fun activities that meet their needs for information, social connection, and play.¹²⁶ Libraries, faith organizations, and playgrounds or recreation centers often provide the settings for such activities. In Vermont, there is an intentional effort to mitigate the expected stress of parenting and actively enhance well-being. In every region, public sector funds support targeted community activities, such as playgroups, outreach to families with new babies, and parenting strategy sessions. These activities are informed by the Center for the Study of Social Policy's Strengthening Families Framework,¹²⁷ and are designed to prevent child maltreatment and promote parental resilience at the community level. Both the public and private sectors' investment in primary prevention is a positive trend in Vermont.

Volunteering

Volunteering strengthens communities, which in turn provide the context for strong families with resources to raise resilient children. Volunteering continues to be a priority among Vermonters. Adults and children engage in their communities by sponsoring a refugee family, participating in Green Up Day, reading to children in early care and education programs, responding to local and state emergencies, staffing call centers, becoming mentors, spending time with families experiencing homelessness, and in countless other ways. Between 2011-2013 one out of three (33.7%) of Vermont residents volunteered, ranking them 12th among the 50 states and Washington, DC.¹²⁸ Volunteering helps people connect with their neighbors and provides a chance to offer time and talents for the common good of the community.



“ A stable workforce and stable families are essential components in a sustainable economic system. Establishing a state mandate of paid leave for Vermont’s workforce will benefit employees, employers and society.”¹²⁹ ”

Early Learning & Education



The early experiences of Vermont's young children

All a child's experiences, whether at home, in child care, in other preschool settings, or in school, are educational.

To focus only on the education of children beginning with kindergarten is to ignore the science of early development and deny the importance of early experiences.¹³⁰

Knowing where Vermont's young children spend their time, and the quality of their experiences in those different environments, is key to reporting on their growth and development. All of their experiences, whether at home, in child care, in other preschool settings, or in school, are educational.¹³¹ Children are constantly learning and their experiences, falling on a continuum from nurturing to harmful, affect their brain development in corresponding ways. As children's first and most important teachers, parents launch their children's education with the words they speak, the variety of experiences they provide, and the emotional tone they set.

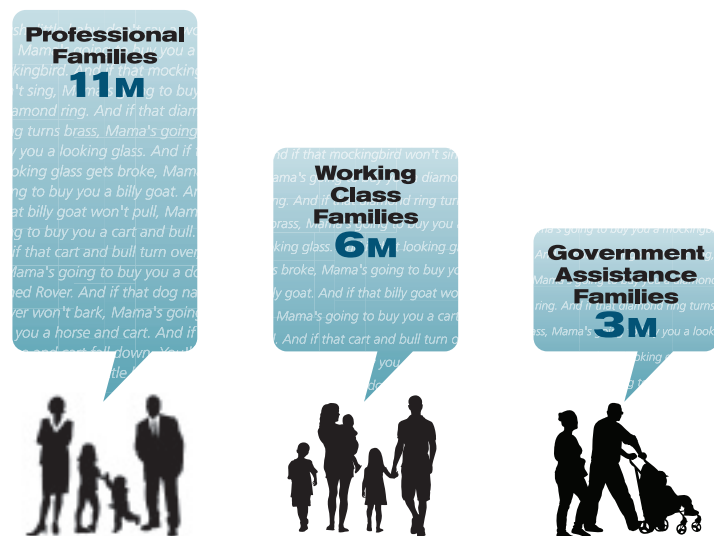
Most young children spend a significant amount of time in the care of someone other than their parents. With 71.1% of Vermont children under 6, and 79.2% of children 6 to 17 years, with all parents in the workforce, the demand by parents for formal and informal, in home and away from home care is evident.¹³³ While enrollment and attendance data is not available across all settings, December 2014 estimates suggest that 35.8% of infants and toddlers, 76.4% of preschoolers and 21.6% of school age children

are enrolled in one or more regulated care and education settings (this includes Early Head Start, Head Start, public pre-K, licensed centers and registered homes).¹³⁴ Cultural and familial values, access, and affordability are all determining factors in families' selection of care and education programs for their young children.

The impact of these choices, however, is not limited to the child or the family. The quality of children's early learning experiences affects social expenditures, the breadth of the achievement gap, and the availability of a well-educated workforce and citizenry in the future. Early childhood programs are the most cost-effective way to ensure the healthy development of children in poverty and offer the greatest returns to society.¹³⁵

The learning starts at home

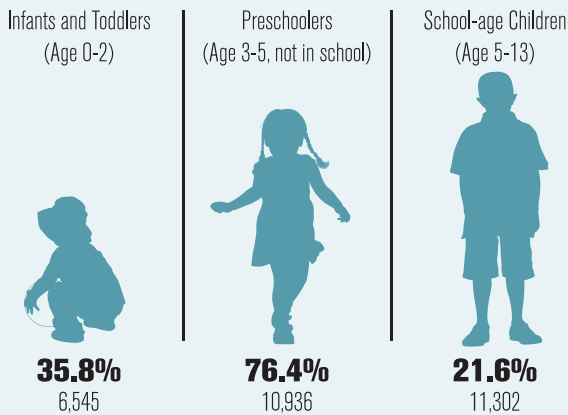
The number of words a child hears before age 3 dramatically affects their school readiness. It also has a permanent effect on their IQ, literacy and academic success.



WORDS SPOKEN BY PARENT PER YEAR

Source: Betty Hart and Todd Risley; *Meaningful Differences in the Everyday Experience of Young American Children*, 1995.¹³²

Estimated Enrollment in One or More Regulated Care and Education Settings



Source: Child Development Division, Department for Children and Families, Agency of Human Services¹³⁶

Quality matters

Two heartening trends in the quality of young child's early learning experiences are the increasing participation in STARS, Vermont's quality recognition and Improvement system for early childhood care, education and after school programs, and the movement toward universal publicly funded prekindergarten. STARS is a quality initiative jointly administered by the Vermont Agency of Human Services, Department for Children and Families and the Agency of Education



The STARS program

Overall, registered family child care homes and licensed center-based programs combined—including school-operated, after school, Early Head Start and Head Start—have increased their participation in the STARS program from 46.6% (815) in 2013 to 62.6% (1069).¹³⁷ This increased participation by regulated early care and education programs is very good news for Vermont.

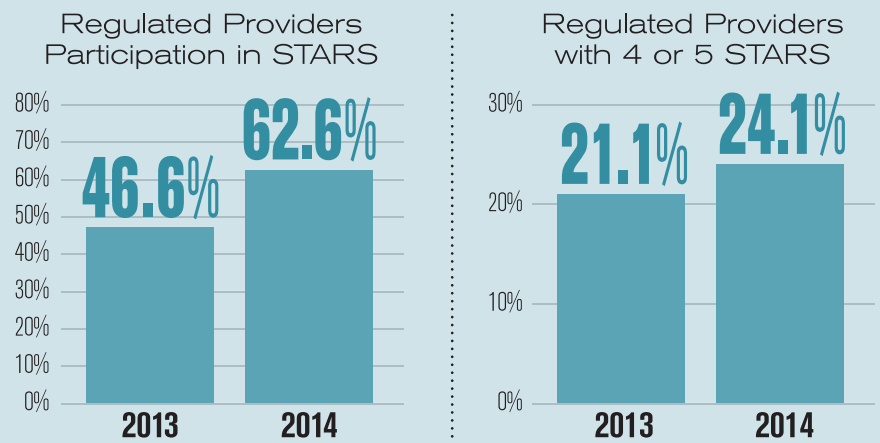
The percent of registered family child care homes participating in STARS

(60.6%, 584 programs) across the state has almost reached the same level as licensed center-based programs (65.3%). This 71.8% increased participation rate in STARS by registered family child care homes between 2013 and 2014 can be attributed to the efforts of the Vermont Birth to Three initiative (<http://vermontbirthtothree.org/>) and the Vermont Association for the Education of Young Children (<http://vaeyc.org>). Vermont is making very good progress in meeting its 95% STARS participation rate goal for 2017.¹³⁸

Both licensed center-based programs and registered family child care homes made modest gains in the percent of programs designated as high quality, 4 or 5 Star-level, between 2013 and 2014, however, and licensed center-based programs still outpace the registered family child care homes, 47.8% to 5.9%.¹³⁹

Vermont Birth to Three has been addressing gaps and augmenting existing services to directly support registered home based child care providers, children, and families.¹⁴⁰ Its quality improvement initiatives (e.g., professional development, peer mentoring, and creating sustainable business practices) have had significant impact on the participation rate of registered home-based child care providers in STARS.

Vermont's Participation in STARS



Source: Vermont Insights, www.vermontinsights.org¹⁴¹

Change in Participation in STARS 2013-2014

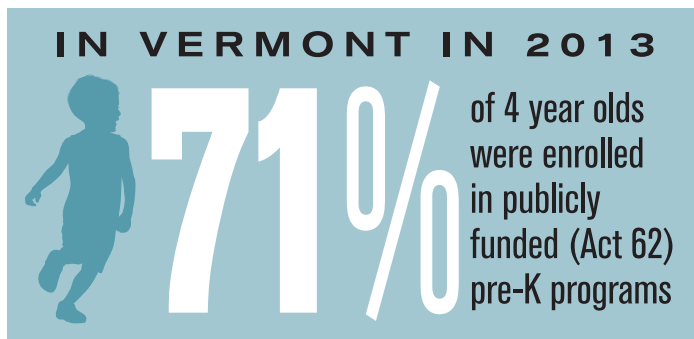
	2013	2014	Change
Registered Homes	35.3%	60.6%	71.8%
Licensed Centers	62.3%	65.3%	4.9%

Source: Vermont Insights, www.vermontinsights.org¹⁴²

Publicly funded pre-K

Since 2008, Act 62 has provided state and local support for publicly funded prekindergarten education (pre-K) for three to five-year-old children. Under Act 62, the provision of publicly funded pre-K is voluntary; it allows interested communities to provide limited prekindergarten education services in quality settings.¹⁴³ In July 2016, when Act 166 is fully implemented by all school districts, all three, four, and five year old children not enrolled in kindergarten will be eligible for a minimum of 10 hours per week, for thirty-five weeks annually, of publicly funded pre-K.¹⁴⁴ In this way, Vermont is increasing families' access to quality early learning experiences for their three- to five-year-olds.

In 2013, 71% of Vermont's four-year-olds were enrolled in Vermont's school and community-based programs receiving Act 62 public funds. This is a 9% increase from 2012. For three-year-olds, 21% were enrolled in publicly funded (Act 62) pre-K programs. This is a 31% increase.¹⁴⁵



Source: *The State of Preschool, 2013*¹⁴⁶

Midstream results

Early learning outcomes for Vermont's young children reflect the midstream status of the state's quality initiatives in early care and education. Efforts to support programs in achieving high quality (i.e., 4 or 5 Stars or national accreditation) and to ensure families' access to those programs are gaining momentum. Yet too few young children are enrolled in programs with quality recognition. When access to quality experiences does exist, it may be too brief or compartmentalized in a child's life. To ensure children's readiness for success in kindergarten and beyond, Vermont will require a multi-pronged approach that promotes rich learning experiences and supportive relationships throughout a child's day.

Kindergarten readiness

In Vermont, the definition of kindergarten readiness does not focus exclusively on mastery of cognitive skills. Increasingly,

teachers and parents recognize the social-emotional foundation of learning and the impact of a child's health status. Some social-emotional skills that support school readiness are:

- **Confidence** A child will be able to participate in child-directed play
- **Curiosity** A child will take interest in the world outside of themselves
- **Intentionality** A child will be able to take the initiative in activities
- **Self-Control** A child will be able to sit calmly and listen to a story
- **Relatedness** A child will show concern for a hurt or upset friend
- **Capacity to Communicate** A child will be able to work through conflict with peers
- **Cooperativeness** A child will be able to fully participate in a group activity¹⁴⁷

These skills and others are part of Vermont's Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete the KRS for each of their students during the fall of every school year. The KRS consists of 30 items across the domains of "Social and Emotional Development," "Approaches to Learning," "Communication," "Cognitive Development and General Knowledge," and "Physical Development and Wellness." The teacher rates each child's skills as either "beginning", "practicing" or "performing independently" on the first 27 items and judges if hunger, illness, or fatigue inhibit the child's learning on the last three items. The KRS is not a direct assessment of children; rather, it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.¹⁴⁸

“As a kindergarten teacher, I can tell you that getting our kids ready for school means more than helping them with their ABCs, packing their lunches, filling their backpacks, and getting them to the bus on time. It means giving them the quality early experiences they need to develop strong cognitive, social and emotional skills from day one.”

— Let's Grow Kids, Blog: Jessica Perrotte, JFK Elementary School, Winooski Vermont

The Vital Link: Early Childhood Investment is the First Step to College, Career and Citizenship Readiness

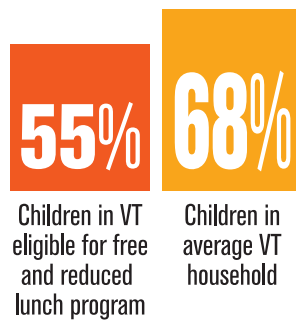
VT children in kindergarten ready in five areas



Kindergarten Readiness In 2013-14, 49% of Vermont children were kindergarten ready in all areas of health and development. This is a 13 percentage point decrease compared to the 62% of children ready in school year 2012-13. It's difficult to discern the story behind that drop, but the Agency of Education points to several factors related to the increased participation in the survey as well as a change in the collection of data. (See data explanation below.) This cohort of children was born in 2008, when the recession was in full swing. By continuing to track these survey results, Vermonters will learn more about the trend in kindergarten readiness. The results of school year 2014-15 will be released in March 2015.

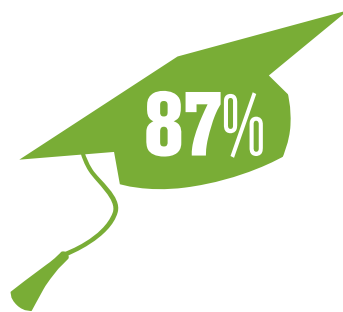
2013-14 School Year Data Explanation: Decreases to kindergarten readiness could be due to: 1) the new data collection method; 2) The percentage of surveys submitted rose from 82% last year to 91%; or 3) more surveys were submitted for children who are eligible for Free and Reduced Lunch (FRL) and/or are receiving special education services.

Vermont Third Graders reading at or above grade level



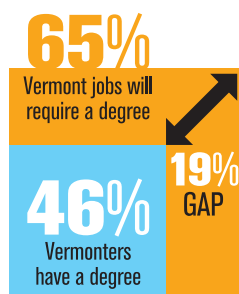
3rd Graders Reading at Grade Level Third grade achievement is a reliable predictor of high school graduation. It's when children make the leap from learning to read to reading to learn. At that point, children must read well in order to understand other subjects. Up to half of the printed 4th grade curriculum, for example, is incomprehensible to students who read below that grade level.¹⁴⁹ An estimated 68% of Vermont third graders (2011-12 teaching year) were reading at or above grade level. For children in families eligible for free and reduced lunch program, the rate of reading at or above grade level dropped to 55%.¹⁵⁰ Note: 2012-13 (teaching year) 3rd Grade statewide reading assessment data are not available.¹⁵¹

The majority of VT students graduate high school on time



High School Graduation Statewide, in 2012-13, 87% of Vermont high school freshman in public schools graduate on time. This is one percentage point lower than last school year. Twelve high schools fell below the 80% graduation rate while eighteen high schools were above the 90% rate.¹⁵²

The majority of Vermont jobs will require a college education



College Education By 2020 sixty-five percent of jobs in Vermont will require a postsecondary education, reports the Georgetown University Center on Education and the Workforce. Forty six percent¹⁵³ of the state's 338,323 working age adults (25-64 years) hold an Associates Degree or higher.¹⁵⁴

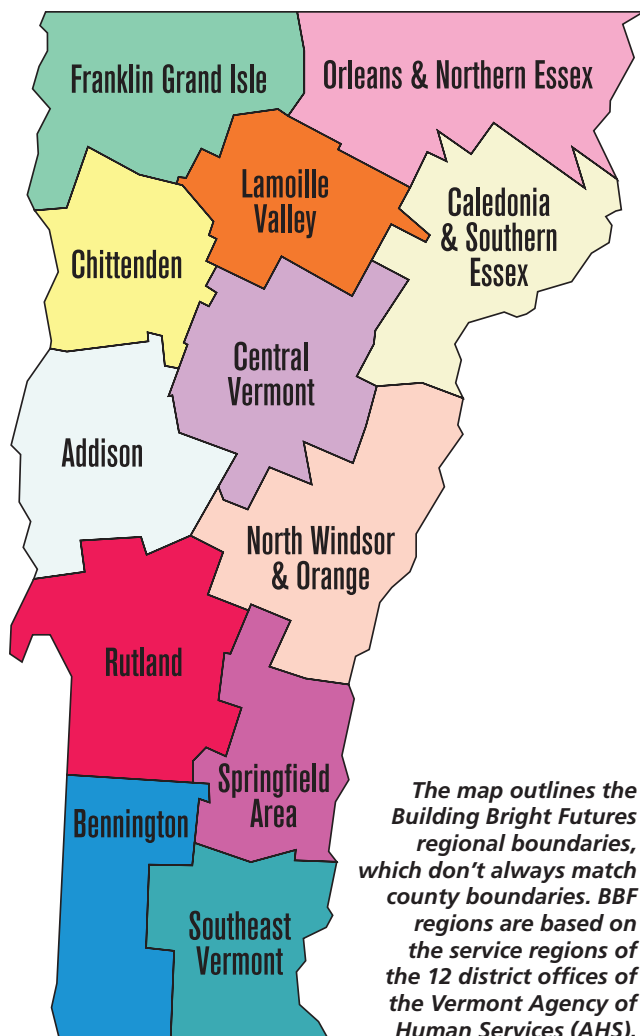
GAP: 19 percentage points

Twelve Regions



The 12 Building Bright Futures Regional Councils are the key agents used to harness “the power of communities” to improve the well-being of Vermont’s young children and their families.

A coordinator facilitates the work of each regional council. Each regional council’s membership is comprised of local parents, local school districts, local government, local early childhood and child welfare providers, physicians and nurses, law enforcement and criminal justice, advocates, and any other interested community members. To find out more about a specific region, go to buildingbrightfutures.org.



About regional data

The pages that follow are snapshots of some regional data that will help the public and policy makers answer the question, “How are the young children and families in my region?” Some data are only available at the county level, but some data are available at the Agency of Human Services (AHS) District level. Where identified, the AHS data gives the most accurate representation of the well-being of young children and their families by BBF region.

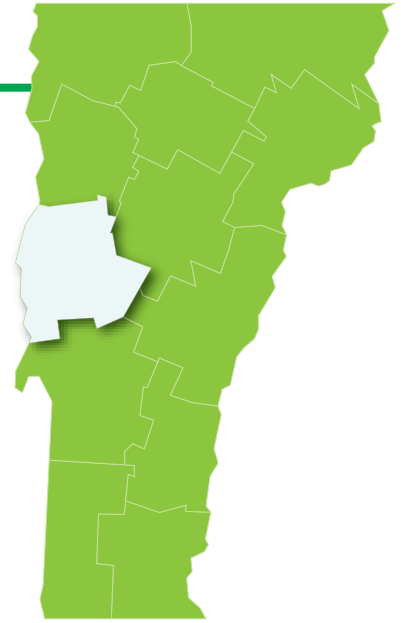
Vermont Insights

Building Bright Futures is using a new tool this year to track and report on the well-being

of young children and their families. Vermont Insights, a project of Building Bright Futures, is a publicly available online integrated data reporting system for child, family and community data in Vermont. www.vermontinsights.org



Addison Region



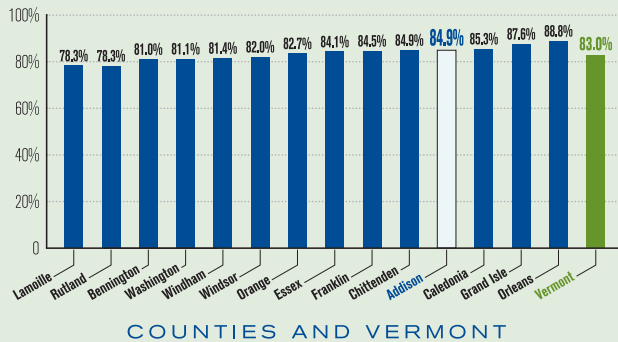
The Addison Building Bright Futures (BBF) Region includes all the towns of Addison County. This BBF region has the same boundaries as the Agency of Human Services (AHS) District of Middlebury. Middlebury is the shire town with Bristol and Vergennes being the other significant population centers. There are many small villages located throughout the county.

Child population 2011-2013¹⁵⁵

3,007 children under age 9 lived in the region in 2013

- **4.6%** change in population of children under 3 years old (Vermont +1.5%)
- **7.0%** change in population of children under 6 years old (Vermont -1.9%)
- **5.1%** change in population of children under 9 years old (Vermont -2.1%)
- **5.9%** change in population of children under 18 years old (Vermont -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



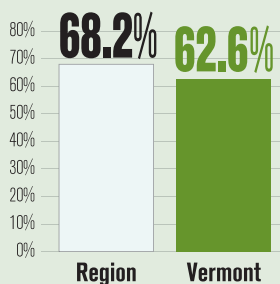
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Addison BBF Region and Middlebury AHS district match the boundaries of Addison County. The percent of mothers receiving early prenatal care in Addison and Chittenden tie for the fourth highest percent among counties, almost two percentage points higher than the statewide percent.

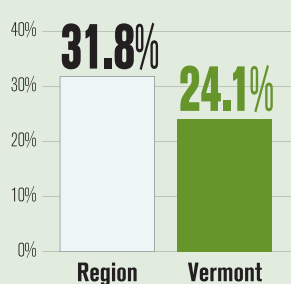
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



Middlebury AHS District had a higher STARS participation rate at 68.22% in 2014 than the state. The statewide goal is 95% STARS participation rate for 2017.

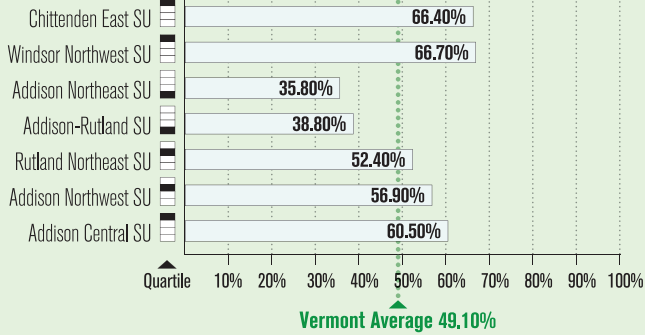
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Addison Region: Building Bright Futures

Percent of Children Ready for Kindergarten Addison Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Middlebury AHS District contains portions of seven Supervisory Unions/Districts.

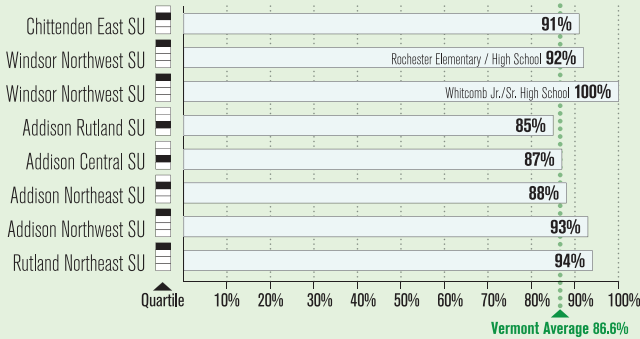
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Addison Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

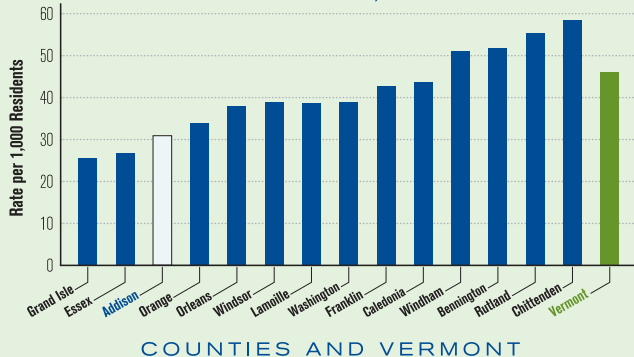
The Middlebury AHS District contains portions of seven Supervisory Unions/Districts in 2012/13. Whitcomb Jr/Sr High School in Windsor Northwest S.U. was one of three schools in the state with a 100% cohort graduation rate.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

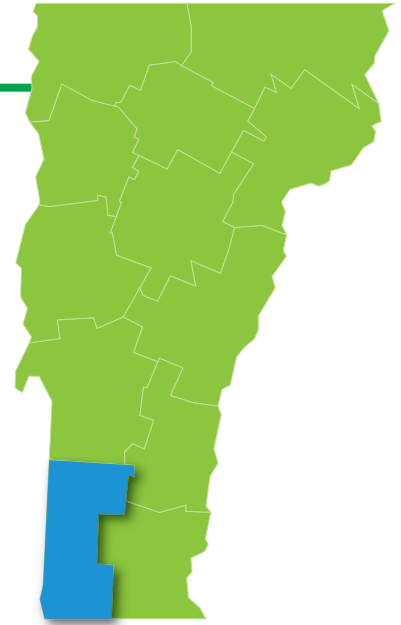


Source: Vermont Department of Public Safety¹⁶⁰

Addison County, highlighted, had a major crime rate of 30.96 per 1,000 residents in 2012. Only two counties had lower rates. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Bennington Region



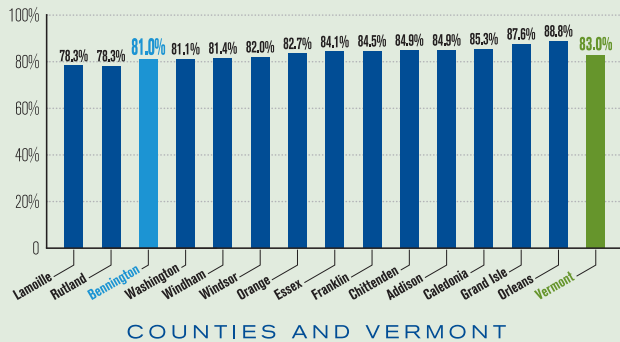
The Bennington Building Bright Futures Region and the Agency of Human Services (AHS) District of Bennington include all the towns of Bennington County. For purposes of data collection, all three areas are interchangeable. The county is divided into the Northshire and the Southshire, clustered around the towns of Manchester and Bennington, respectively. Some areas of the county are highly rural in character.

Child population 2011-2013¹⁵⁵

3,323 children under age 9 lived in the region in 2013

- **7.4%** change in population of children under 3 years old (Vermont +1.5%)
- **2.3%** change in population of children under 6 years old (Vermont -1.9%)
- **2.1%** change in population of children under 9 years old (Vermont -2.1%)
- **2.9%** change in population of children under 18 years old (Vermont -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



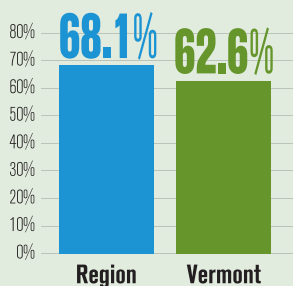
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

Bennington County, highlighted, shows the percent of mothers receiving early prenatal care below the statewide percent, but similar to Washington and Windham.

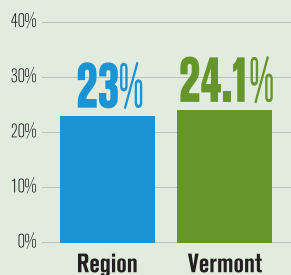
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



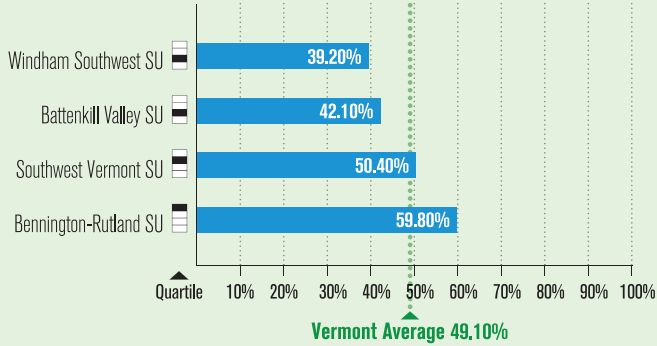
Bennington AHS District's participation rate at 68.14% in 2014, was higher than the statewide percent. The statewide goal is 95% STARS participation rate for 2017.

* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Bennington Region: Building Bright Futures

Percent of Children Ready for Kindergarten Bennington Region 2013-2014 BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

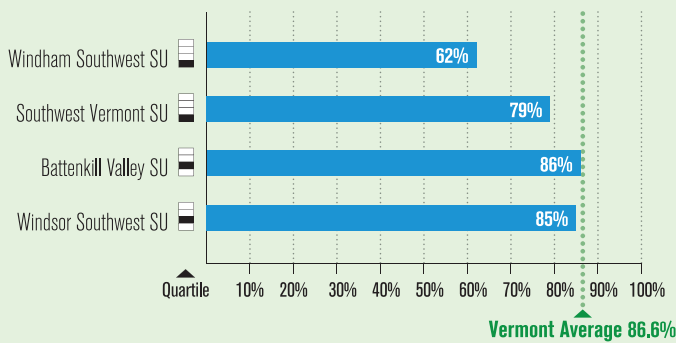
The Bennington AHS District contains portions of four Supervisory Unions/Districts.

Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Bennington Region 2012-2013 BY SUPERVISORY UNION



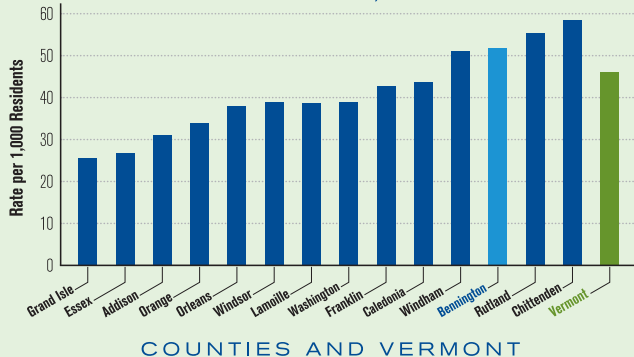
Source: Vermont Agency of Education¹⁵⁹

The Bennington AHS District contains portions of five Supervisory Unions/Districts in 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents BY COUNTY, 2012

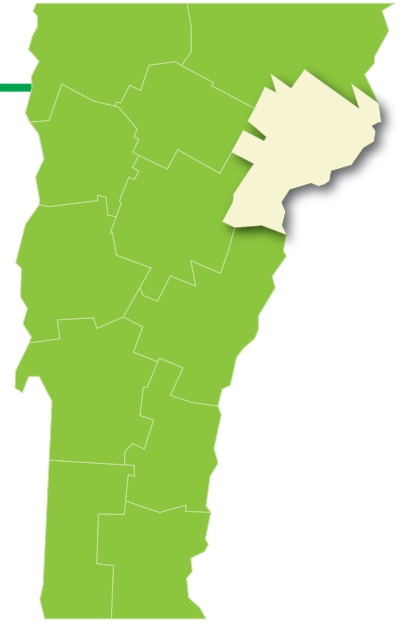


Source: Vermont Department of Public Safety¹⁶⁰

Bennington County, highlighted, had the third highest rate of major crimes at 52.44 per 1,000 residents in 2012. Bennington County is one four counties (Windham, Rutland and Chittenden) with major crime rates above the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Caledonia & Southern Essex Region



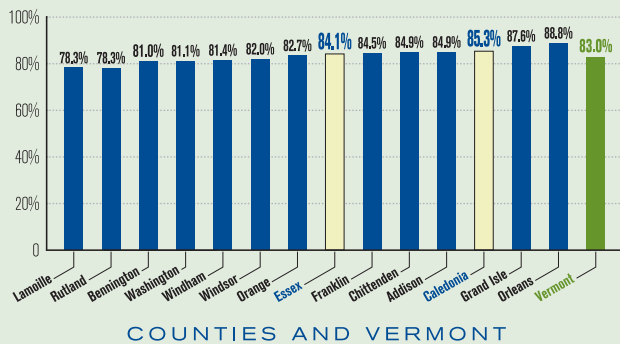
The Caledonia and Southern Essex Building Bright Futures (BBF) Region encompasses towns in three counties, all towns in Caledonia County, the southern half of Essex County and a small portion of upper Orange County. The Agency of Human Services (AHS) District of St. Johnsbury is a close approximation of this region and we use AHS data, when available, to reflect the Caledonia and Southern Essex BBF Region. This area is part of the Northeast Kingdom and is among the most sparsely populated in Vermont.

Child population 2011-2013¹⁵⁵

3,231 children under age 9 lived in the region in 2013

- **5.5%** change in population of children under 3 years old (Vermont +1.5%)
- **6.2%** change in population of children under 6 years old (Vermont -1.9%)
- **6.2%** change in population of children under 9 years old (Vermont -2.1%)
- **3.5%** change in population of children under 18 years old (Vermont -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



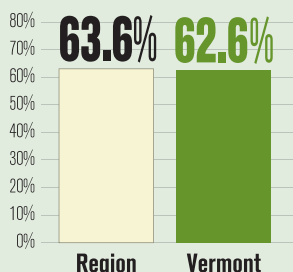
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Caledonia and Southern Essex BBF Region, which includes all towns in Caledonia County, about half of Essex County and just a couple in Orange County, is best represented by the available data in the two counties highlighted. The percent of mothers receiving early prenatal care in both Caledonia and Essex counties are above the statewide percent.

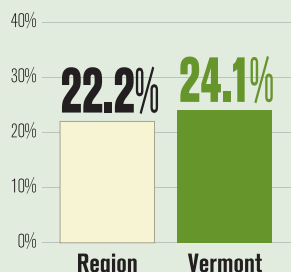
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



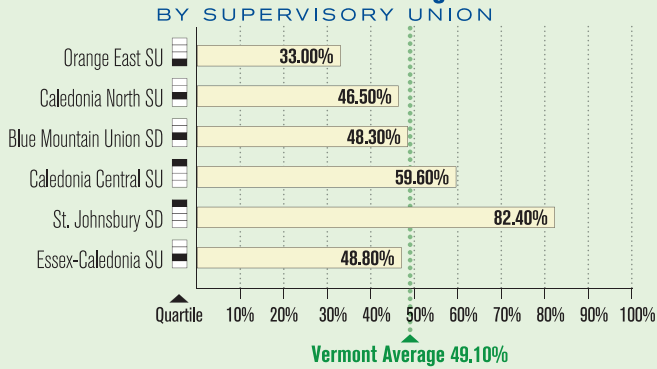
The St. Johnsbury AHS District raised their STARS participation rate at all levels by 17.11 percentage points between 2013-2014. The statewide goal is 95% STARS participation rate for 2017.

* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Caledonia & Southern Essex Region: Building Bright Futures

Percent of Children Ready for Kindergarten Caledonia and Southern Essex Region 2013-2014



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

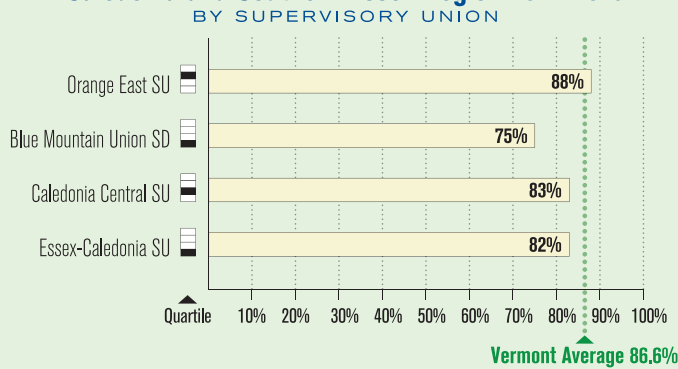
The St. Johnsbury AHS District contains portions of six Supervisory Unions/Districts.

Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Caledonia and Southern Essex Region 2012-2013



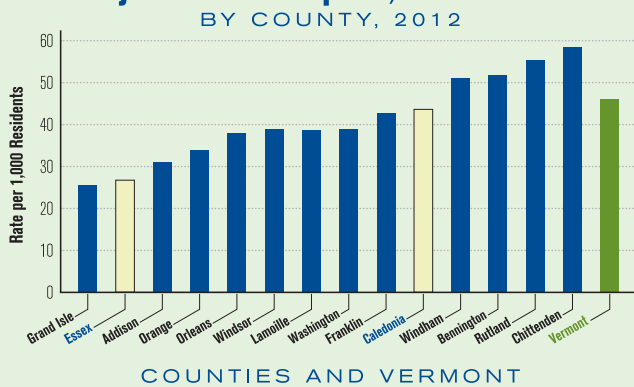
Source: Vermont Agency of Education¹⁵⁹

The St. Johnsbury AHS District contains portions of six Supervisory Unions/Districts in 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

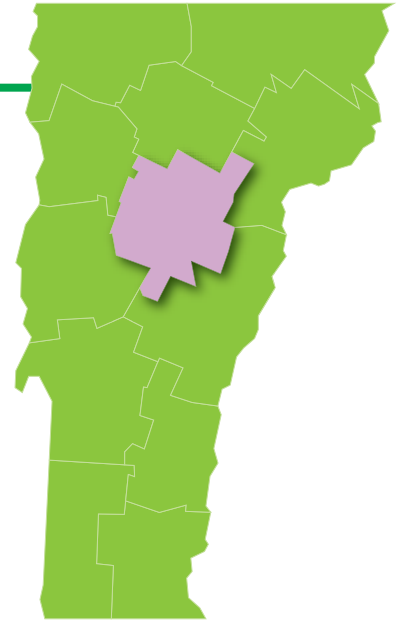


Source: Vermont Department of Public Safety¹⁶⁰

The Caledonia and Southern Essex BBF Region, which includes all towns in Caledonia County, about half of Essex County and just a couple in Orange County, is best represented by the available data in the two counties highlighted. In 2012, Essex County had the second lowest major crime rate of 27.86 per 1,000 residents. Caledonia County's rate of 43.89 per 1,000 residents is lower than the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Central Vermont Region

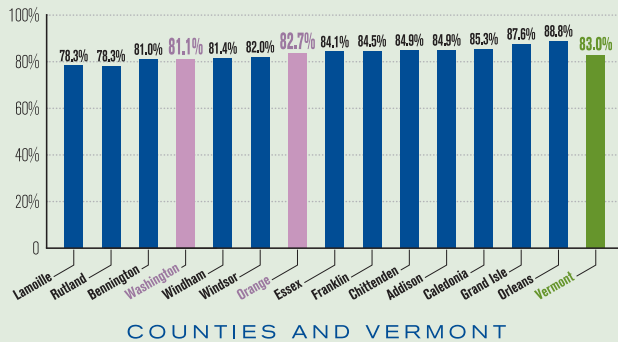


The Central Vermont Building Bright Futures (BBF) Region shares the same boundaries as the Agency of Human Services (AHS) Barre District. The district comprises all but one town in Washington County and five towns in western Orange County that borders Washington County. These communities are small and rural in character.

Child population 2011-2013¹⁵⁵

- 6,216** children under age 9 lived in the region in 2013
- + 2.0%** change in population of children under 3 years old (Vermont: +1.5%)
- 1.7%** change in population of children under 6 years old (Vermont: -1.9%)
- 3.2%** change in population of children under 9 years old (Vermont: -2.1%)
- 2.4%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



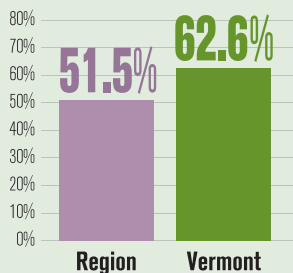
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Central Vermont BBF Region, which includes most of Washington County and a portion of Orange County, highlighted, shows the percent of mothers receiving early prenatal care below the statewide percent.

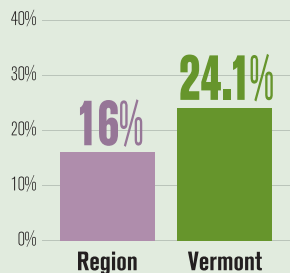
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



The Barre AHS District grew its STARS participation rate in all levels from 35.5% in 2013 to 51.5% in 2014. The statewide goal is 95% STARS participation rate for 2017.

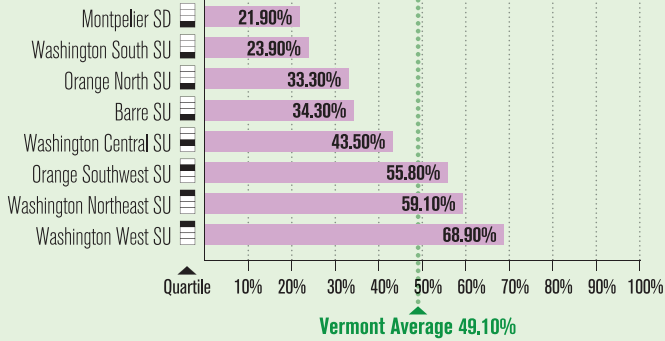
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Central Vermont Region: Building Bright Futures

Percent of Children Ready for Kindergarten Central Vermont Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Barre AHS District contains portions of eight Supervisory Unions/Districts.

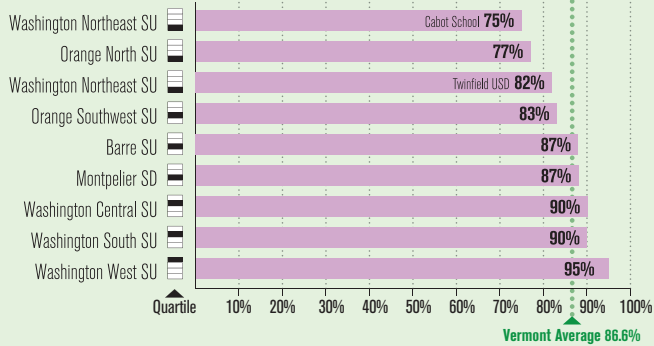
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Central Vermont Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

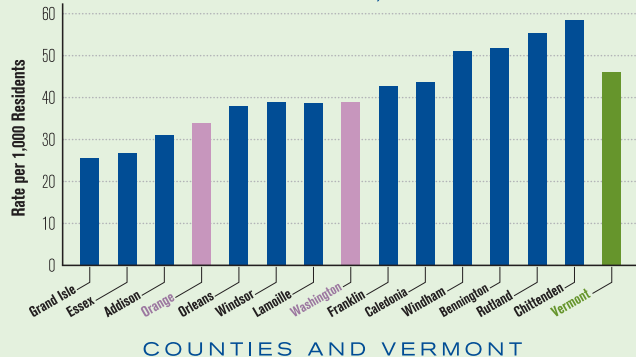
The Barre AHS District contains portions of eight Supervisory Unions/Districts.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

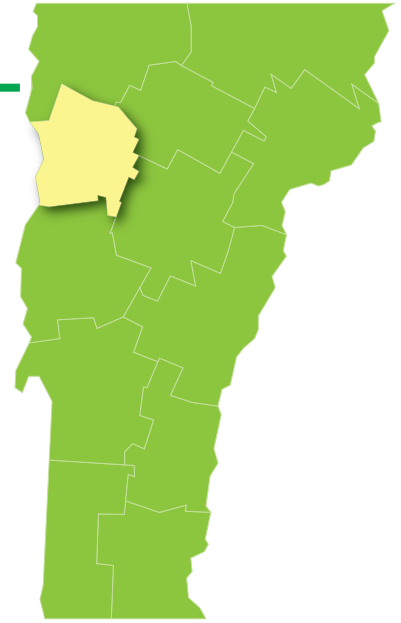


Source: Vermont Department of Public Safety¹⁶⁰

The Central Vermont BBF Region contains portions of the two counties, highlighted. In 2012, Washington and Orange counties had major crime rates of 39.3 and 35.4 per 1,000 residents, respectively. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Chittenden Region



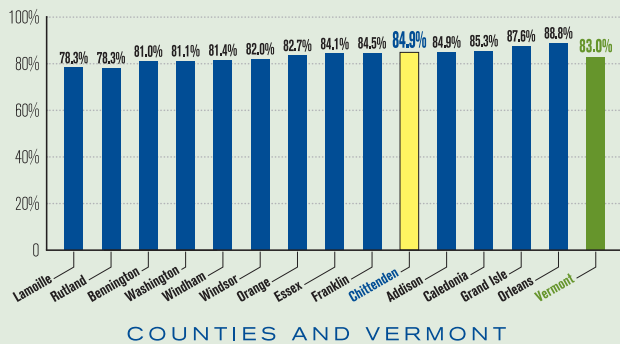
The Chittenden Building Bright Futures (BBF) Region and the Burlington Agency of Human Services (AHS) District share the same boundaries as Chittenden County. For purposes of data collection, all three areas are interchangeable. It is the most populated county and is the center of the state's only metropolitan area, as defined by the census. Unlike most of the state, Chittenden is home to a mixture of recent immigrants and long-time residents.

Child population 2011-2013¹⁵⁵

14,215 children under age 9 lived in the region in 2013

- + 5.0%** change in population of children under 3 years old (Vermont: +1.5%)
- + 0.1%** change in population of children under 6 years old (Vermont: -1.9%)
- 0.4%** change in population of children under 9 years old (Vermont: -2.1%)
- 1.6%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



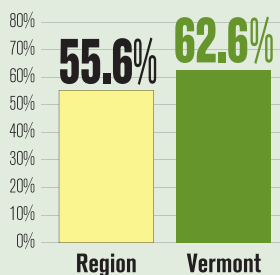
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Chittenden BBF Region, highlighted, shows the percent of mothers receiving early prenatal care above the statewide percent, and at the same percent as Addison County.

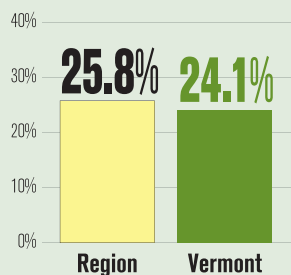
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



Burlington AHS District participation rate in all levels was below the state percent, but was higher than the state percent for programs with the highest ranking of 4 and 5 STARS in 2014. The statewide goal is 95% STARS participation rate for 2017.

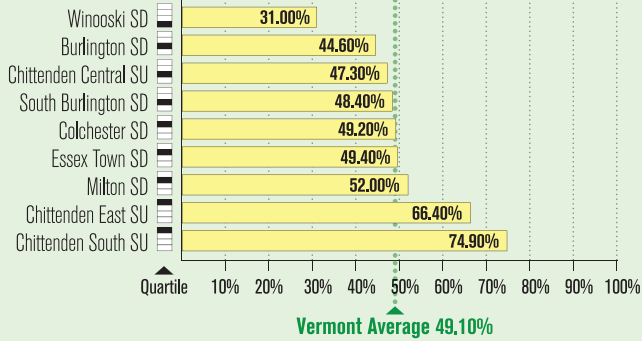
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Chittenden Region: Building Bright Futures

Percent of Children Ready for Kindergarten Chittenden Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Burlington AHS district contains portions of nine Supervisory Unions/Districts.

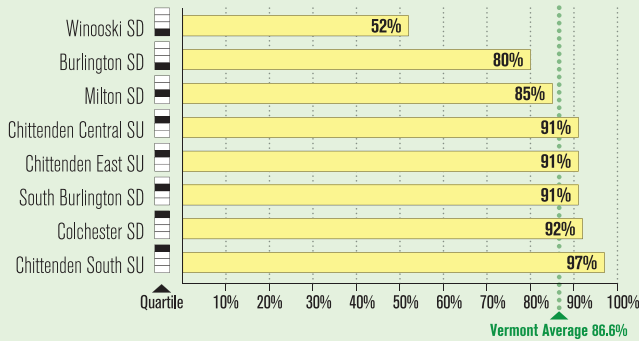
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Chittenden Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

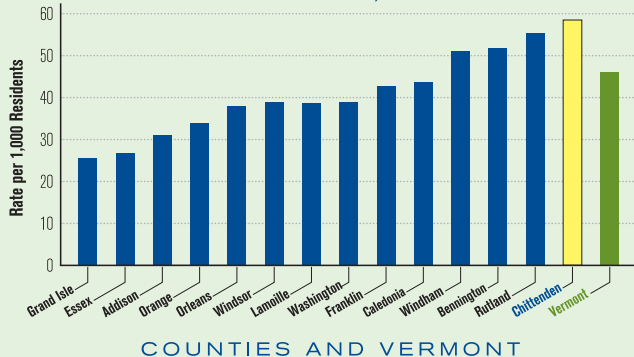
The Burlington AHS District contains portions of nine Supervisory Unions/Districts in 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

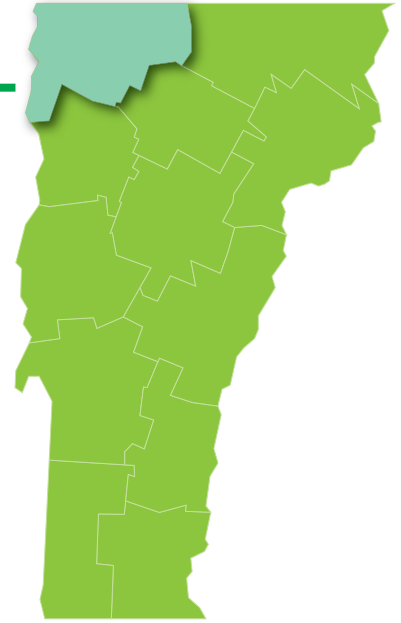


Source: Vermont Department of Public Safety¹⁶⁰

Chittenden County, highlighted, had the highest major crime rate of any other county, at 56.2 per 1,000 residents. Chittenden is one of four counties—Windham, Bennington, Rutland and Chittenden—that had major crime rates above the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Franklin Grand Isle Region



The Franklin Grand Isle Building Bright Futures (BBF) Region and the St. Albans Agency of Human Services (AHS) District share the same boundaries as Franklin and Grand Isle counties combined. The neighboring counties are nestled between Lake Champlain, Jay Peak and the Canadian border in the northwest corner of Vermont.

Grand Isle is the smallest county in Vermont by area. Four of its five towns (North Hero, South Hero, Grand Isle and Isle La Motte) are situated entirely on islands in Lake Champlain.

Child population 2011-2013¹⁵⁵

5,962 children under age 9 lived in the region in 2013

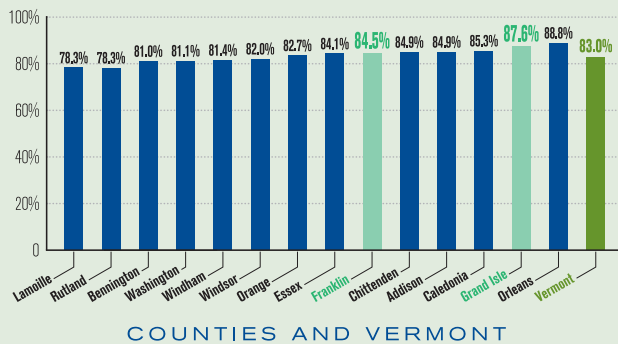
+ 5.4% change in population of children under 3 years old (Vermont: +1.5%)

+ 0.2% change in population of children under 6 years old (Vermont: -1.9%)

- 1.7% change in population of children under 9 years old (Vermont: -2.1%)

- 2.7% change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



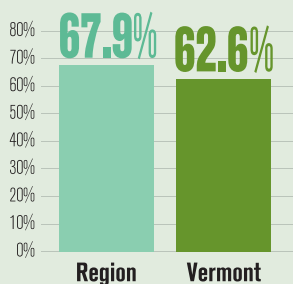
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Franklin Grand Isle BBF Region, which spans the two counties highlighted, shows the percent of mothers receiving early prenatal care above the statewide percent.

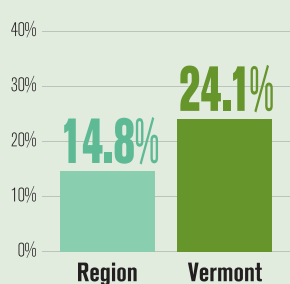
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



St. Albans AHS District has a higher participation rate in STARS at all levels than the statewide percent in 2014. The statewide goal is 95% STARS participation rate for 2017.

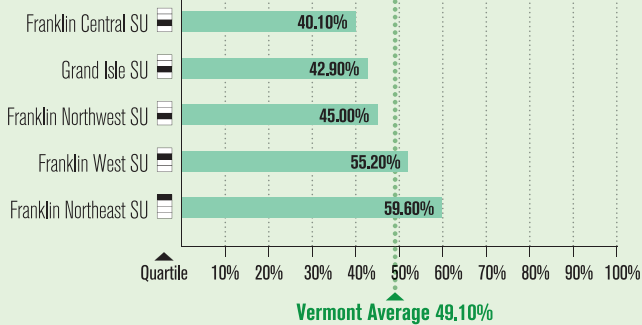
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Franklin Grand Isle Region: Building Bright Futures

Percent of Children Ready for Kindergarten Franklin Grand Isle Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The St. Albans AHS District contains portions of five Supervisory Unions/Districts.

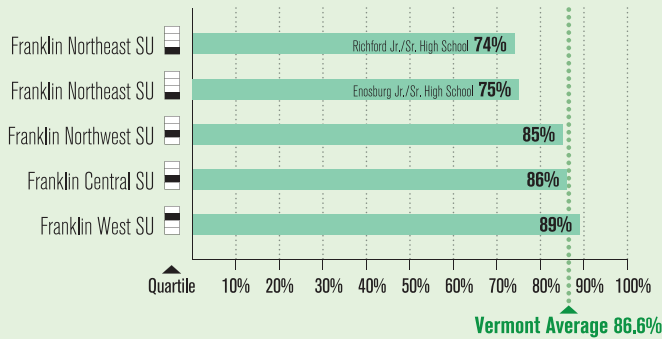
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Franklin Grand Isle Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

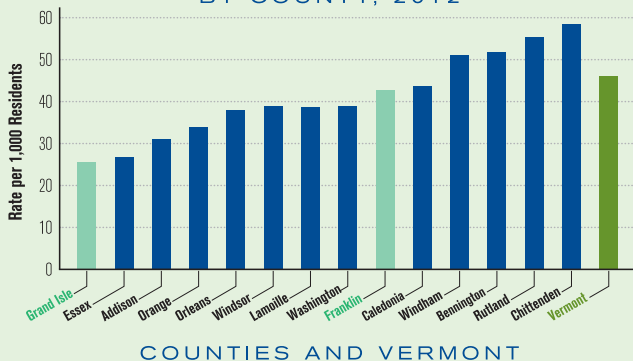
The St. Albans AHS District contains portions of five Supervisory Unions/Districts in 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

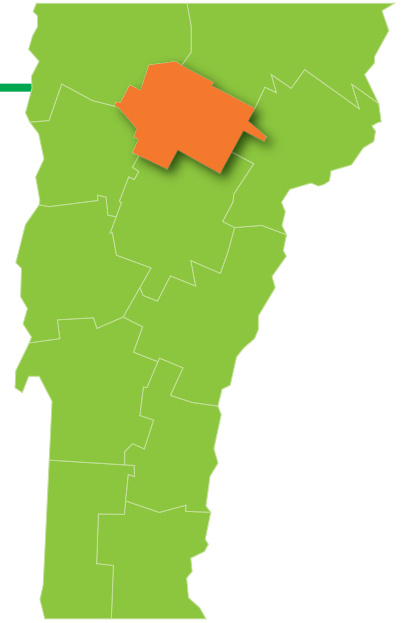


Source: Vermont Department of Public Safety¹⁶⁰

The Franklin Grand Isle BBF Region contains the two counties highlighted. In 2012, Grand Isle County had the lowest major crime rate of all counties, at 25.9 per 1,000 residents. Franklin County had a major crime rate of 43.2 per 1,000 residents. Both counties were below the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Lamoille Valley Region



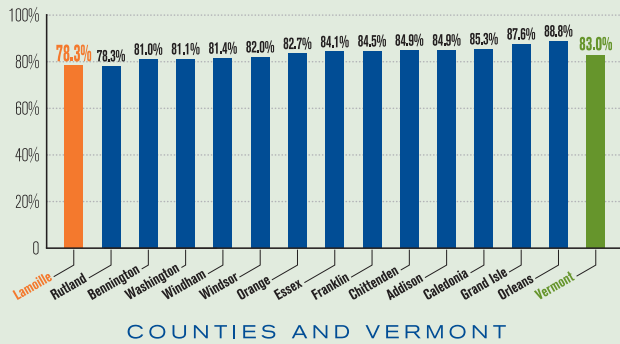
The Lamoille Valley Building Bright Futures (BBF) Region shares the Morrisville Agency of Human Services (AHS) District. The region encompasses fifteen rural communities including all of Lamoille County, as well as towns in Caledonia, Washington, and Orleans counties. Socioeconomic conditions vary among towns in this region.

Child population 2011-2013¹⁵⁵

3,184 children under age 9 lived in the region in 2013

- **5.3%** change in population of children under 3 years old (Vermont: +1.5%)
- **4.8%** change in population of children under 6 years old (Vermont: -1.9%)
- **1.1%** change in population of children under 9 years old (Vermont: -2.1%)
- **1.3%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



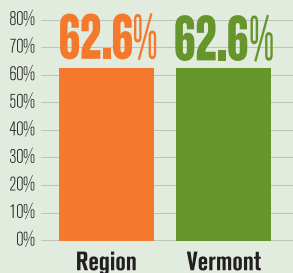
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Lamoille Valley BBF Region, which is mostly made up of Lamoille County, highlighted, shows the smallest percent of mothers receiving early prenatal care, well below the statewide percent.

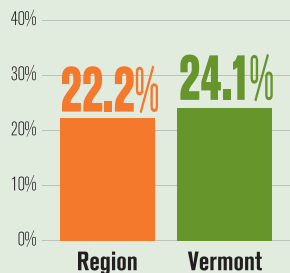
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



The Morrisville AHS District increased the STARS participation rate in all levels from 40% in 2013, to 62.6% in 2014. The statewide goal is 95% STARS participation rate for 2017.

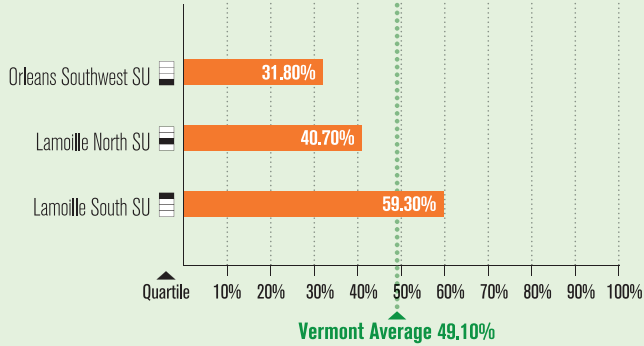
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Lamoille Valley Region: Building Bright Futures

Percent of Children Ready for Kindergarten Lamoille Valley Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Morrisville AHS District contains portions of three Supervisory Unions/Districts.

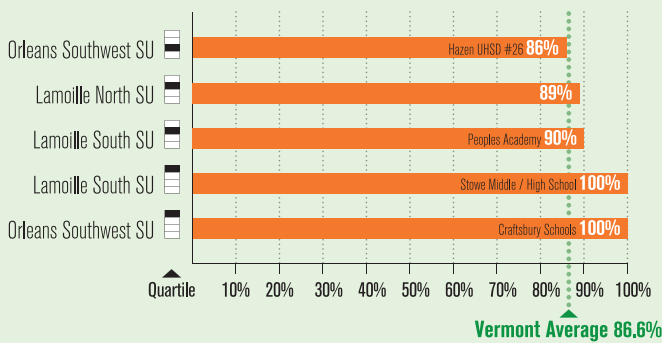
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Lamoille Valley Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

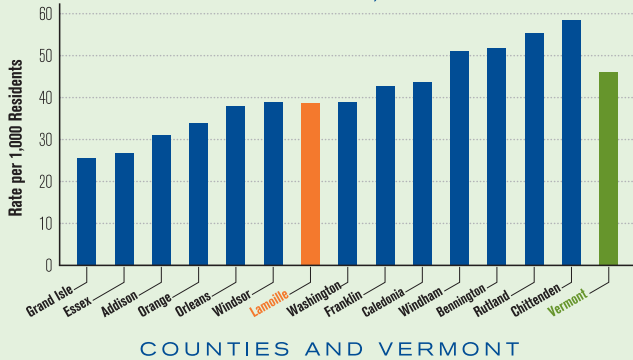
The Morrisville AHS District contains portions of three Supervisory Unions/Districts in 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

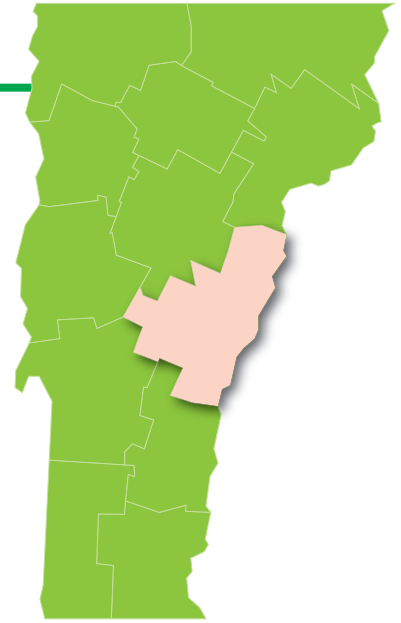


Source: Vermont Department of Public Safety¹⁶⁰

The Lamoille Valley BBF Region is made up of mostly towns in Lamoille County, highlighted. In 2012, Lamoille County had a major crime rate of 39.1 per 1,000 residents, which is below the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Northern Windsor & Orange Region

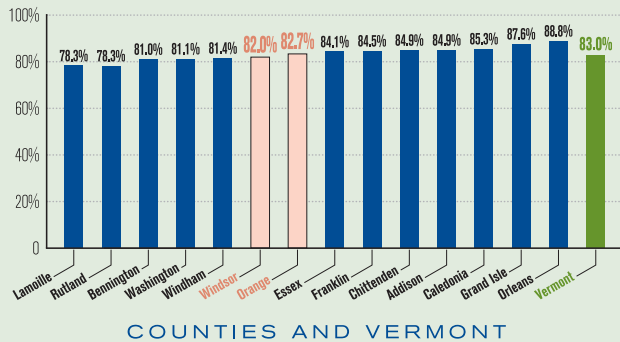


The Northern Windsor and Orange Building Bright Futures (BBF) Region shares the same boundaries as the Hartford Agency of Human Services (AHS) District. The region officially encompasses towns in the northern half of Windsor County and the southeastern half of Orange County. It is part of the larger bi-state area known as the Upper Valley, along the Connecticut River.

Child population 2011-2013¹⁵⁵

- 4,246** children under age 9 lived in the region in 2013
- + 5.1%** change in population of children under 3 years old (Vermont: +1.5%)
- 0.7%** change in population of children under 6 years old (Vermont: -1.9%)
- 1.8%** change in population of children under 9 years old (Vermont: -2.1%)
- 2.8%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011

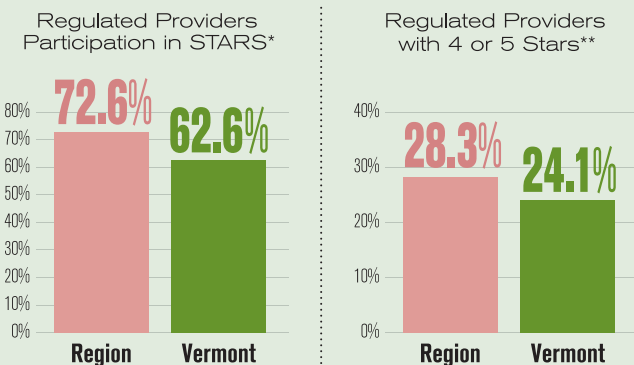


Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Northern Windsor and Orange BBF Region, which spans portions of the two counties highlighted, shows the percent of mothers receiving early prenatal care just below the statewide percent.

Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.

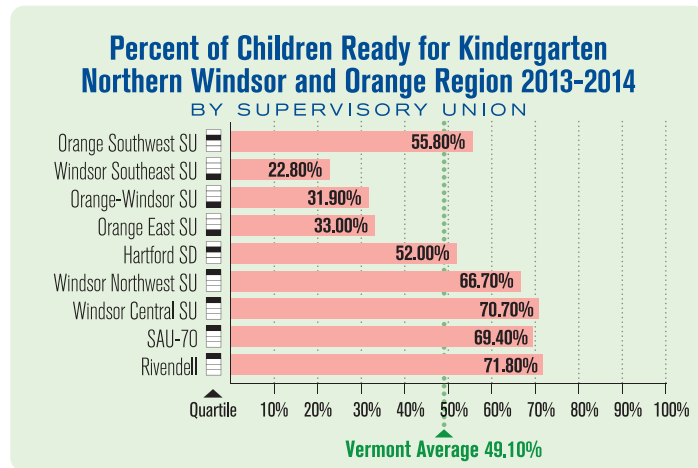


Hartford AHS District increased STARS participation rate in all levels from 58.8% in 2013 to 72.6% in 2014. The statewide goal is 95% STARS participation rate for 2017.

* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Northern Windsor & Orange Region: Building Bright Futures



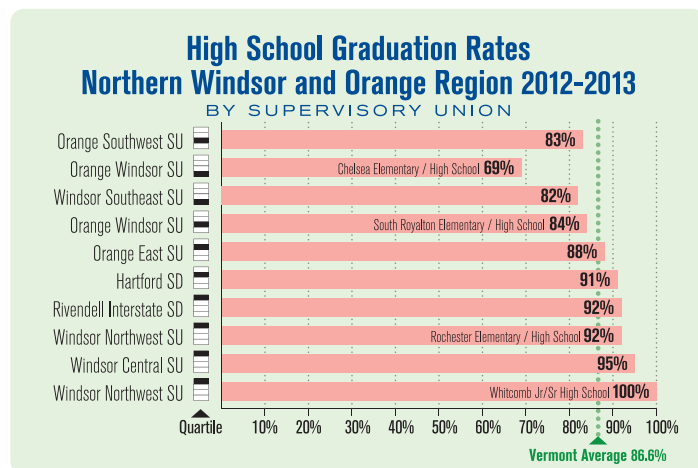
Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Hartford AHS District contains portions of nine Supervisory Unions/Districts.

Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

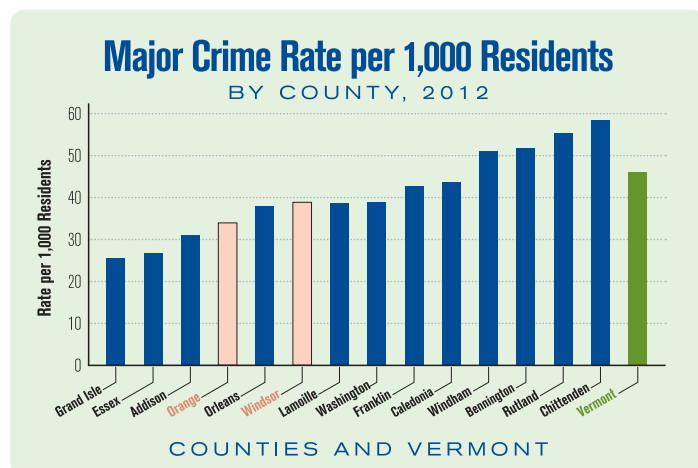


Source: Vermont Agency of Education¹⁵⁹

The Hartford AHS District contains portions of nine Supervisory Unions/Districts in 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

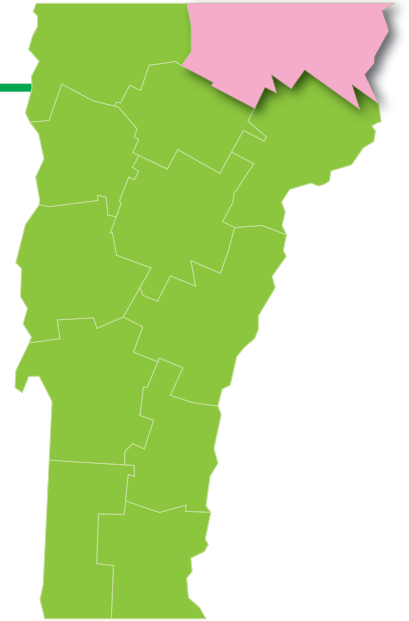


Source: Vermont Department of Public Safety¹⁶⁰

The Northern Windsor and Orange BBF Region contains portions of the two counties, highlighted. In 2012, Windsor and Orange counties had major crime rates of 38.5 and 35.4 per 1,000 residents, respectively. Both counties have rates below the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Orleans & Northern Essex Region

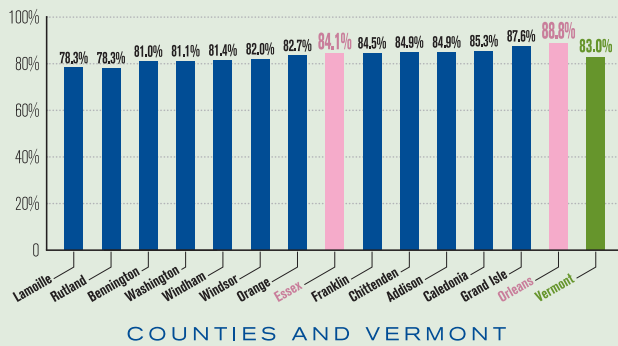


The Orleans and Northern Essex Building Bright Futures (BBF) Region shares most of the same towns as the Newport Agency of Human Services (AHS) District. The region covers most towns in Orleans County and the northern half of Essex County. The region is situated on the border with Canada, and is in the Northeast Kingdom.

Child population 2011-2013¹⁵⁵

- 2,591** children under age 9 lived in the region in 2013
- + 1.6%** change in population of children under 3 years old (Vermont: +1.5%)
- 3.0%** change in population of children under 6 years old (Vermont: -1.9%)
- 1.3%** change in population of children under 9 years old (Vermont: -2.1%)
- 1.7%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



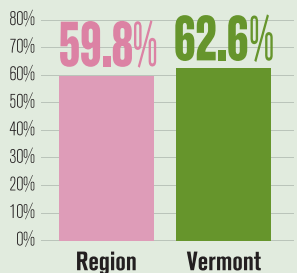
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Orleans and Northern Essex BBF Region, which spans portions of the two counties highlighted, illustrates the gap of prenatal care between two neighboring counties. Both Essex County and Orleans County show a percent of mothers receiving early prenatal care above the statewide percent. But Essex County is 4.3 percentage points lower than Orleans County, which has the highest percent of mothers receiving early prenatal care.

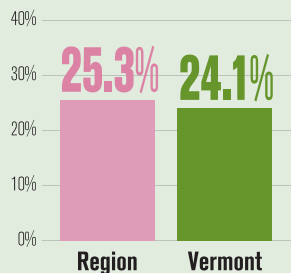
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



Newport AHS District increased STARS participation rate from 41.6% in 2013 to 59.8% in 2014. The statewide goal is 95% STARS participation rate for 2017

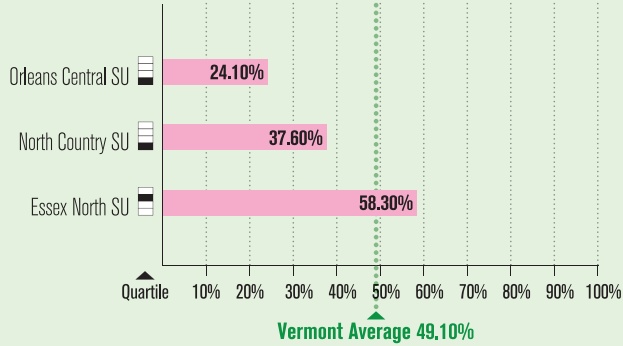
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Orleans & Northern Essex Region: Building Bright Futures

Percent of Children Ready for Kindergarten Orleans Northern Essex Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Newport AHS District contains portions of three Supervisory Unions/Districts.

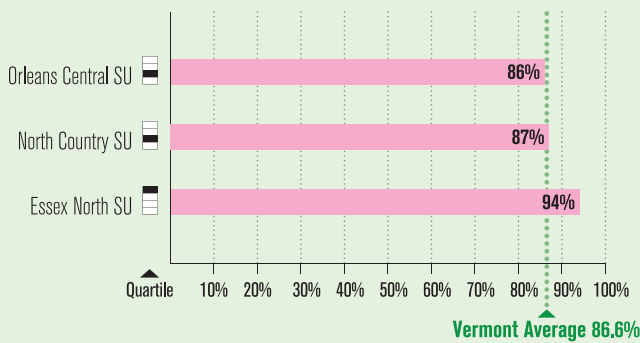
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Orleans Northern Essex Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

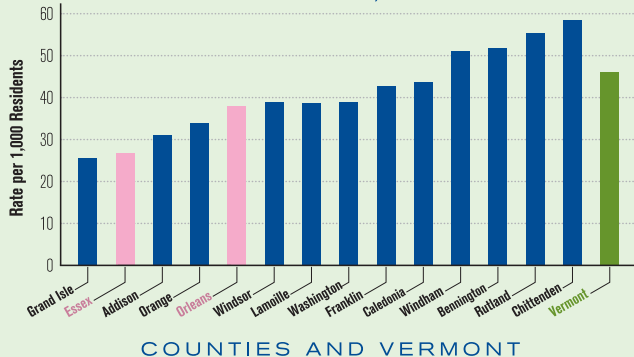
The Newport AHS District contains portions of three Supervisory Unions/Districts.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

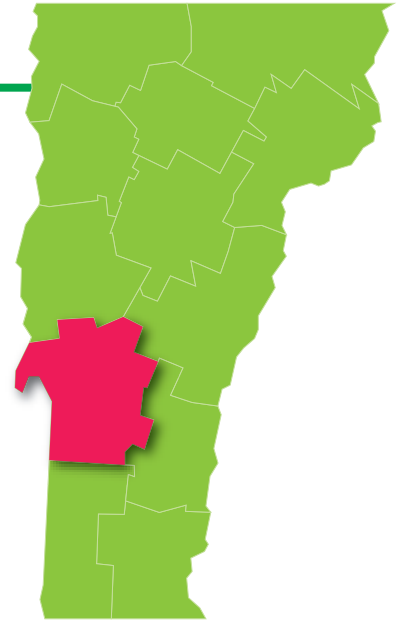


Source: Vermont Department of Public Safety¹⁶⁰

The Orleans and Northern Essex BBF Region contains portions of two counties, highlighted. In 2012, Orleans and Essex counties had major crime rates of 37.4 and 27.9 per 1,000 residents, respectively. Essex County had the second lowest rate among counties. Both counties have rates below the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Rutland Region



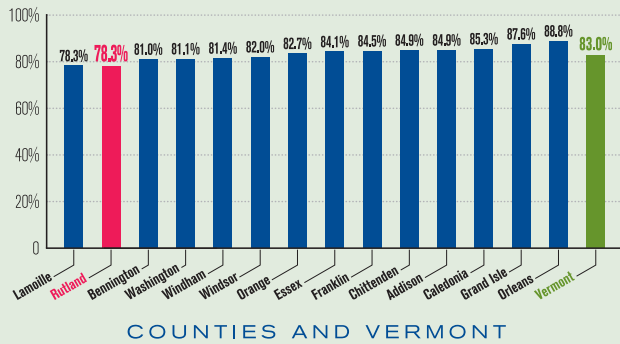
The Rutland Building Bright Futures (BBF) Region and the Rutland Agency of Human Services (AHS) District share the same boundaries as Rutland County. For purposes of data collection, all three areas are interchangeable. Rutland is Vermont's second-most populous county after Chittenden. The town of Rutland is the largest municipality within Rutland County

Child population 2011-2013¹⁵⁵

5,139 children under age 9 lived in the region in 2013

- + **2.4%** change in population of children under 3 years old (Vermont: +1.5%)
- **1.5%** change in population of children under 6 years old (Vermont: -1.9%)
- **1.5%** change in population of children under 9 years old (Vermont: -2.1%)
- **3.2%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011



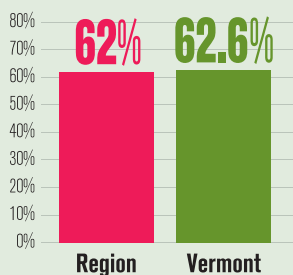
Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

Rutland County, highlighted, shows the second smallest percent of mothers receiving early prenatal care, well below the statewide percent.

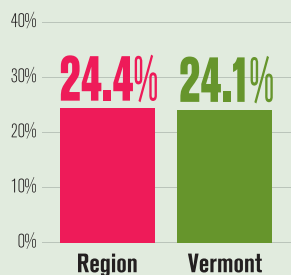
Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS

Regulated Providers Participation in STARS*



Regulated Providers with 4 or 5 Stars**



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



Rutland AHS District increased the STARS participation rate in all levels from 40.9% in 2013 to 62.0% in 2014. The statewide goal is 95% STARS participation rate for 2017.

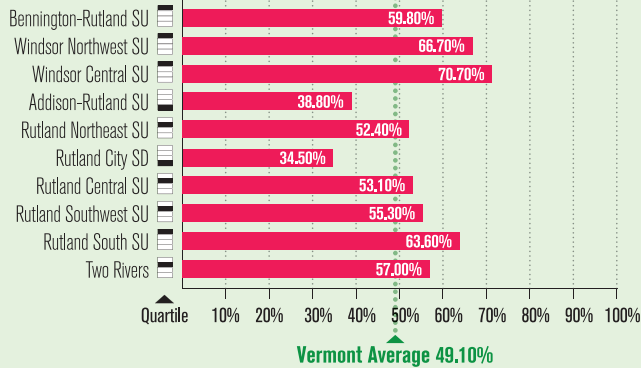
* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Rutland Region: Building Bright Futures

Percent of Children Ready for Kindergarten Rutland Region 2013-2014

BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

The Rutland AHS District contains portions of 10 Supervisory Unions/Districts.

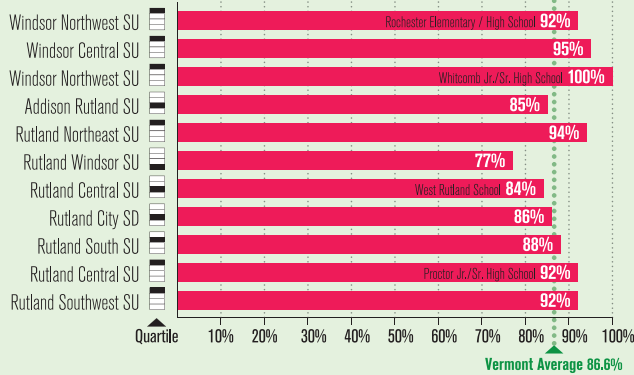
Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Rutland Region 2012-2013

BY SUPERVISORY UNION



Source: Vermont Agency of Education¹⁵⁹

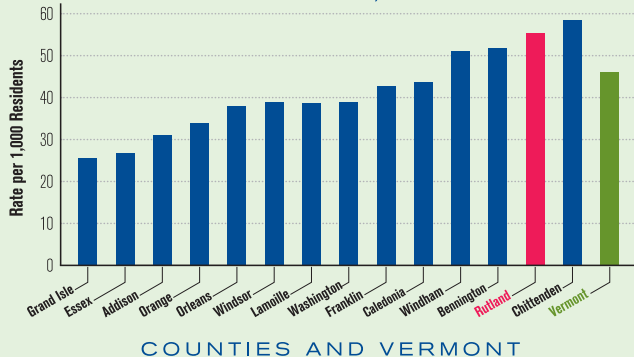
The Rutland AHS District contains portions of 10 Supervisory Unions/Districts 2012-2013.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents

BY COUNTY, 2012

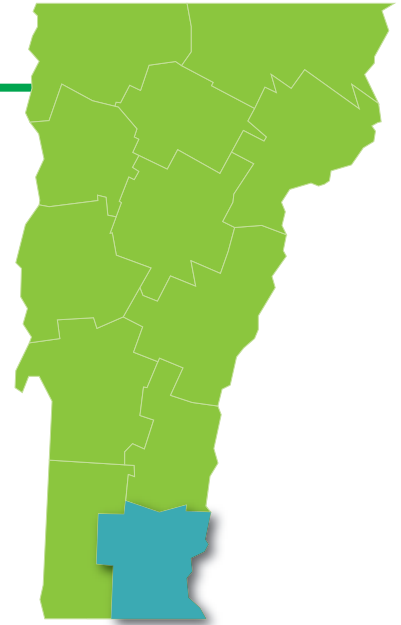


Source: Vermont Department of Public Safety¹⁶⁰

In 2012, Rutland County had the second highest major crime rate among counties, at 54.4 per 1,000 residents, considerably higher than the state rate. Rutland is among four counties—Windham, Bennington, Rutland and Chittenden—that had major crime rates above the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Southeast Vermont Region

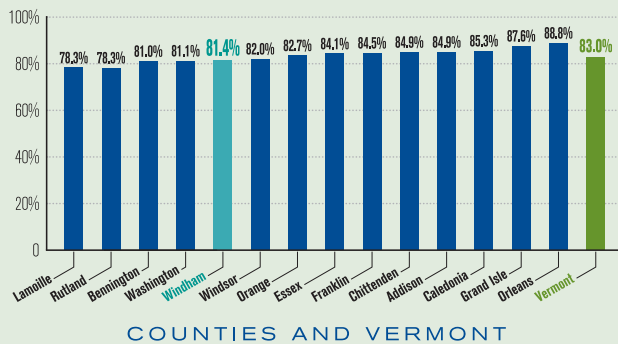


The Southeast Vermont Building Bright Futures (BBF) Region shares the same boundaries as Brattleboro Agency of Human Services (AHS) District. The region consists of the southern two-thirds of Windham County, located in the southeast corner of Vermont.

Child population 2011-2013¹⁵⁵

- 2,982** children under age 9 lived in the region in 2013
- + 0.3%** change in population of children under 3 years old (Vermont: +1.5%)
- 3.4%** change in population of children under 6 years old (Vermont: -1.9%)
- 2.9%** change in population of children under 9 years old (Vermont: -2.1%)
- 2.9%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011

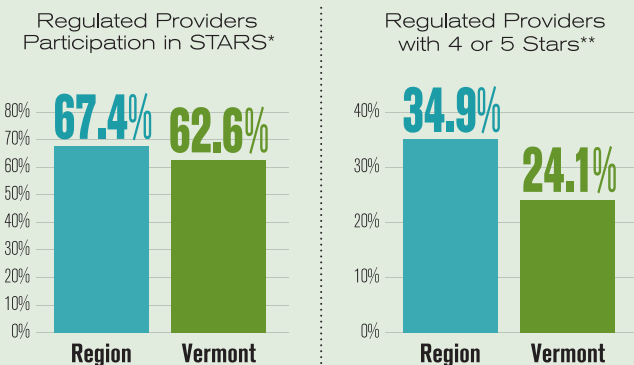


Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Southeast Vermont BBF Region, which covers most of Windham County, highlighted, shows the percent of mothers receiving early prenatal care below the statewide percent.

Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



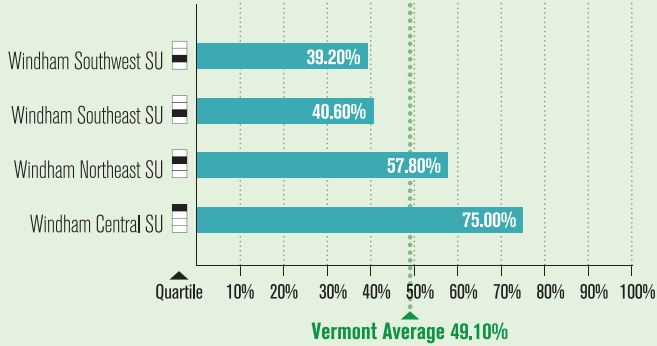
Brattleboro AHS District increased the STARS participation rate in all levels from 61.2% in 2013 to 67.4% in 2014. The statewide goal is 95% STARS participation rate for 2017.

* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Southeast Vermont Region: Building Bright Futures

Percent of Children Ready for Kindergarten Southeast Vermont Region 2013-2014 BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

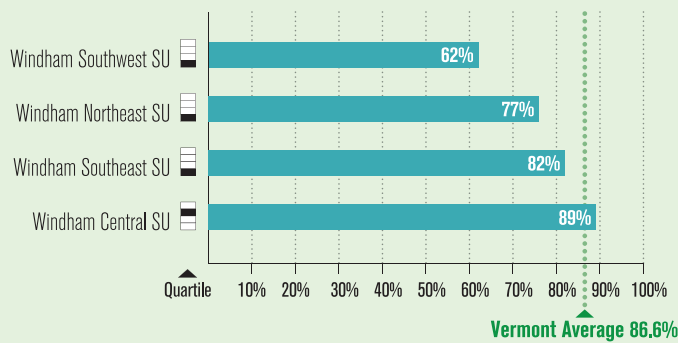
The Brattleboro AHS District contains portions of four Supervisory Unions/Districts.

Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Southeast Vermont Region 2012-2013 BY SUPERVISORY UNION



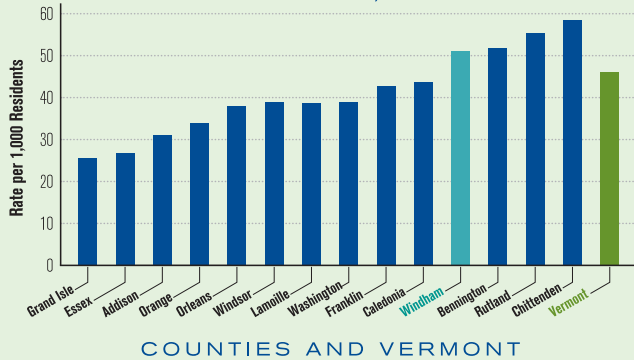
Source: Vermont Agency of Education¹⁵⁹

The Brattleboro AHS District contains portions of four Supervisory Unions/Districts.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents BY COUNTY, 2012

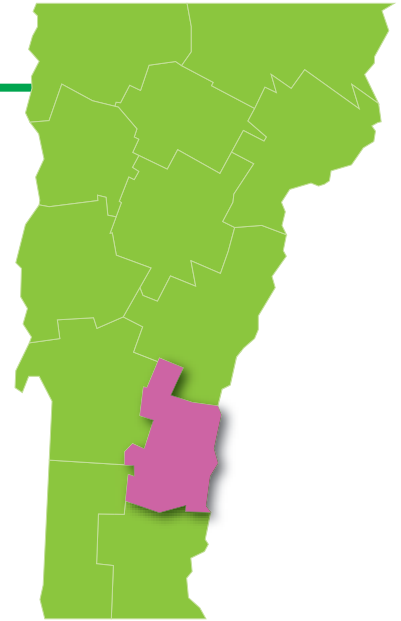


Source: Vermont Department of Public Safety¹⁶⁰

The Southeast Vermont BBF Region covers most of Windham County, highlighted. In 2012, Windham County had a major crime rate of 51.3 per 1,000 residents, which is above the state rate. It is one of four counties—Windham, Bennington, Rutland and Chittenden—that had major crime rates above the state rate. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹

Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Springfield Area Region

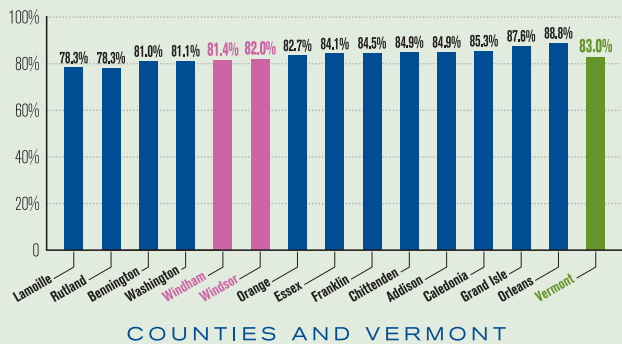


The Springfield Area Building Bright Futures (BBF) Region is comprised of sixteen towns in southern Windsor and northern Windham counties. This BBF region has the same boundaries as the Agency of Human Services (AHS) District of Springfield. These communities are small and rural in character.

Child population 2011-2013¹⁵⁵

- 2,983** children under age 9 lived in the region in 2013
- + 1.9%** change in population of children under 3 years old (Vermont: +1.5%)
- 3.1%** change in population of children under 6 years old (Vermont: -1.9%)
- 3.8%** change in population of children under 9 years old (Vermont: -2.1%)
- 3.7%** change in population of children under 18 years old (Vermont: -2.6%)

Percent of Mothers Receiving Early Prenatal Care 2009-2011

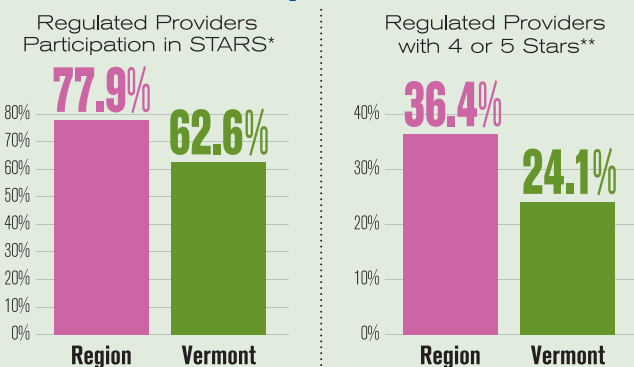


Source: Vermont Department of Health Vital Statistics and Vermont KIDS COUNT¹⁵⁶

The Springfield Area BBF Region, which spans portions of the two counties highlighted, shows the percent of mothers receiving early prenatal care just below the statewide percent.

Early prenatal care (care that starts in the first trimester) is an accepted way to assess the access to care for pregnant women and is a reflection of timely initiation of prenatal care. Since early prenatal care is associated with positive pregnancy outcomes, increasing performance on this measure is correlated with positive health outcomes for mothers and babies. Vermont's rate is much higher than the national rate of 73.7%.

2014 Participation in STARS



Source: Vermont Insights, www.vermontinsights.org¹⁵⁷

STARS is Vermont's quality recognition and improvement system for early childhood care, education and after school programs.



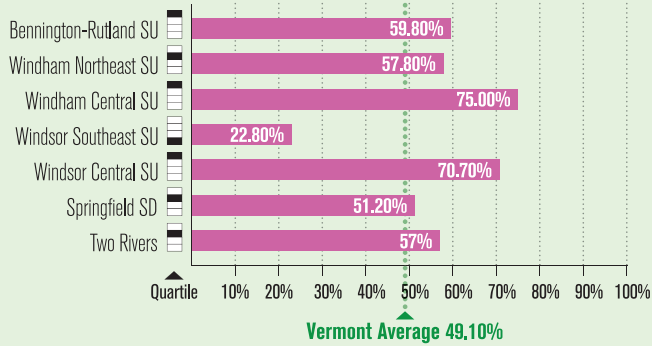
Springfield AHS District has the highest participation rate at 77.9% in 2014. The statewide goal is 95% STARS participation rate for 2017.

* Regulated providers includes registered family child care homes and licensed center-based programs.

** 4 and 5 Stars are the highest quality rating.

Springfield Area Region: Building Bright Futures

Percent of Children Ready for Kindergarten Springfield Area Region 2013-2014 BY SUPERVISORY UNION



Data Source: Vermont Agency of Human Services and Agency of Education¹⁵⁸

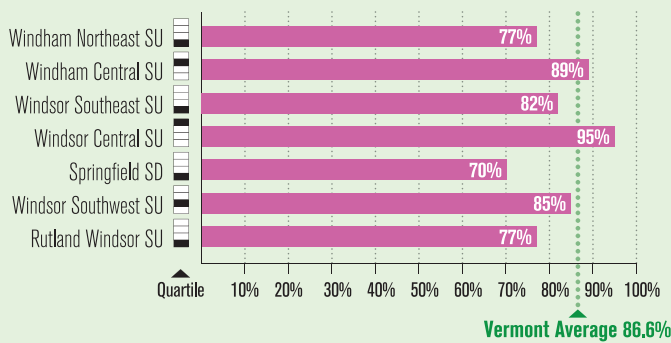
The Springfield Area BBF Region contains portions of seven Supervisory Unions/Districts.

Kindergarten readiness is measured by the Kindergarten Readiness Survey (KRS). Kindergarten teachers from around the state are asked to complete a Kindergarten Readiness Survey for each of their students during the fall of each school year. The KRS is not a direct assessment of children; rather it relies on the accumulated observational knowledge the teacher has developed about the child during the first few weeks of kindergarten.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had results less than 39.11% ready; the second quartile (25%) had results between 39.11% - 49.00%; the third quartile (25%) had results between 49.01% - 58.50%; fourth quartile (25%) had results above 58.50%.

2013-14 School Year KRS Data Explanation: Decreases in kindergarten readiness could be due to: 1) the implementation of a new data collection method; 2) a nine percent increase in the KRS response rate from 82% last year to 91%; or 3) the completion of more surveys this year as compared to last year for children who are Free and Reduced Lunch (FRL)-eligible and/or are receiving special education services.

High School Graduation Rates Springfield Area Region 2012-2013 BY SUPERVISORY UNION



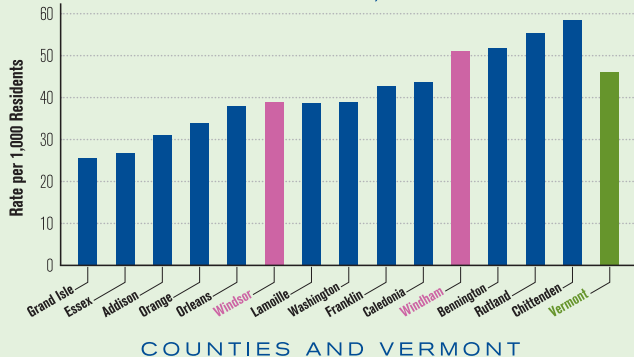
Source: Vermont Agency of Education¹⁵⁹

The Springfield AHS District contains portions of eight Supervisory Unions/Districts.

The cohort graduation rate is the percentage of students enrolled at a school who graduate within four years of entering ninth grade.

All Vermont Supervisory Unions/Districts are ranked by quartile. The first quartile (25%) had rates less than 83% graduated; the second quartile (25%) had rates between 83% - 87%; the third quartile (25%) had rates between 88% - 91%; and the fourth quartile (25%) had rates over 91%.

Major Crime Rate per 1,000 Residents BY COUNTY, 2012



Source: Vermont Department of Public Safety¹⁶⁰

The Springfield Area BBF Region contains portions of the two counties, highlighted. In 2012, Windham County had a major crime rate of 51.3 per 1,000 residents, which is above the state rate. However, Windsor County's rate of 38.5 per 1,000 residents is lower than the state rate. Four counties had major crime rates above the state rate: Windham, Bennington, Rutland and Chittenden. The Vermont major crime rate was 47 per 1,000 residents.¹⁶¹


Major crimes (23 categories)¹⁶² are the more serious crimes and are counted whenever a complaint is received by law enforcement.

Vermont's Early Childhood Action Plan



From Vision to Action

Last year's *How Are Vermont's Young Children?* report explained the importance of Vermont's Early Childhood Framework that lays out six goals to unify Vermonters in a shared effort to ensure the well-being of Vermont's young children and their families. **The Early Childhood Action Plan**¹⁶³ is how Vermont will fulfill those goals, measure progress and report to the public. The Action Plan received a jump-start in April, 2014 from Vermont's Early Learning Challenge (ELC) grant.


This Action Plan reflects the input of an estimated 1,500 Vermonters over a seven-month period (July 2013-March 2014). The Action Planning Committee, a voluntary group of private and public sector leaders, carefully considered that input and used it to develop the strategies and action steps outlined in the Action Plan. **Building Bright Futures** is charged with coordinating, monitoring, and reporting all efforts to fulfill the strategies outlined in the Action Plan. Below are the Action Plan's six goals and the accomplishments made possible by the Early Learning Challenge grant, indicated by this icon. 

For more information about the grant, go to the BBF website, buildingbrightfutures.org, and click the **Early Learning Challenge** button.

VERMONT'S EARLY CHILDHOOD ACTION PLAN

ACTION STEPS

A healthy start for all children

 **Child Care Wellness Consultant Program:** ELC, with support from the Vermont Department of Health reinvigorated the Child Care Wellness Consultant program, which provides trained nurses to assist early learning and development programs in developing policies and environments that promote children's health and development with special attention to nutritional and physical activity standards.

2015 Priorities:

Guarantee prenatal care and child health services for families.

2 Families and communities play a leading role in children's well-being

ELC **Developing Family Info Line:** ELC funded the partnership between the Vermont Department of Health and the United Ways of Vermont to develop the 2-1-1 phone line for early childhood information, support, community resources, and referrals. This effort is part of Vermont's implementation of the Help Me Grow model. The 2-1-1 phone line, launching in July 2015, will be staffed by trained early childhood care coordinators who:

- answer parent and caregivers questions about their children's development
- provide families with tools to track developmental milestones
- connect families to the necessary resources in their communities, including Children's Integrated Services.

Early Childhood Leadership Institute: ELC awarded a grant to the Snelling Center to launch an Early Childhood Leadership Institute (ECLI), modeled after the successful Vermont Leadership Institute. Parents, community members and other participants in ECLI gain leadership skills and a deeper knowledge and understanding of the science and landscape.

2015 Priorities:

- Support families as their child's first and most important teacher.
- Put families in the lead at the provider, agency and community level.
- Put families in the lead in the workplace.

3 All children and families have access to high-quality opportunities that meet their needs

ELC **Strengthening STARS:** ELC funded improvements in the STep Ahead Recognition System (STARS), Vermont's quality recognition system for child care, preschool, and afterschool programs. Programs that participate in STARS go above and beyond state regulations to provide high-quality, professional services to meet the needs of children and families. This year, Vermont made

impressive progress in improving the quality of, and access to, early learning and development programs. (See the Early Learning and Education chapter for more details.)

Apprenticeships: An ELC funded grant to the Vermont Child Care Industry and Career Council, Inc. (VCCICC) provided three additional cycles of six college courses as part of Vermont's successful Child Care Apprenticeship Program. VCCICC worked with the Community College of Vermont (CCV) to provide a new five week writers' workshop to prepare current child care providers for college level coursework.

T.E.A.C.H Scholarships: Vermont Association for the Education of Young Children (VAEYC) implemented Teacher Education and Compensation Help (T.E.A.C.H.) which provides scholarships to enable early educators to take coursework leading to credentials and degrees. More than 30 individuals from throughout the state have received T.E.A.C.H. scholarships so far. The average GPA for the 26 T.E.A.C.H. scholarship recipients completing the fall 2014 semester was 3.78.

2015 Priorities:

- Ensure a continuum of holistic, family-centered services for young children who are experiencing, or are at risk for, developmental delays due to behavioral or physical health concerns, including children with chronic health conditions.
- Strengthen the quality of early childhood services throughout the early childhood system through a focus on alignment and best practices.

4 Vermont invests in prevention and plans for the future success of children

2015 Priorities:

- Increase the early childhood focus in health care payment reform efforts.
- Balance resources for treatment with resources for prevention with a focus on children and families.
- Increase public awareness about the importance for Vermont to invest in children's early years.

5

Data and accountability drive progress in early childhood outcomes

ELC

Launching Vermont Insights: In November 2014, Building Bright Futures launched Vermont Insights, a web platform for the collection and integration of early childhood data systems. Vermont Insights will acquire, connect and analyze data across the early childhood system to inform essential policy questions. It will help Vermonters leverage meaningful data to guide policies that improve the well-being of children, families and communities. Check it out at vermontinsights.org.

Revising Kindergarten Readiness Survey: In 2013-2014, the American Institute for Research (AIR) completed a validation and reliability study of Vermont's Kindergarten Readiness Survey (KRS). With significant input from the field, a cross-agency team drafted a revised version of the KRS. They gave particular attention to ensuring KRS items are appropriate for diverse populations, including children who are learning English and children with disabilities. In fall 2014, approximately 100 kindergarten teachers piloted this enhanced version of the KRS along with the earlier KRS. AIR is in the process of analyzing the results of the Pilot KRS to determine the validity and reliability of the tool, and to compare responses to the data from the KRS typically administered. The results from the study of the Pilot KRS should be available in March 2015.

2015 Priorities:

- Increase the knowledge, experience and application of Results-Based Accountability (RBA) as the accountability framework for the Early Childhood Action Plan.
- Establish a data governance structure and related processes.
- Enhance data and the use of data to inform policy and practice.

6

The early childhood system is innovative and integrated across sectors in order to better serve children and families

ELC

BBF Regional Councils: ELC funding helped revitalize Building Bright Futures' governance structure for Vermont's early childhood system, aligning the work of its State Advisory Council with the activities of its 12 regional councils across Vermont. BBF Regional Councils serve as a conduit between local communities and the state for the sake of improving the quality of early care, health, and education of young children and families, 0-8. In all aspects of its work, it connects resources, collaborates with others, convenes people, communicates information, and catalyzes early childhood systems improvements to realize the promise of every Vermont child.

2015 Priorities:

- Continue to develop, strengthen and align clear structures at the statewide level to ensure coordinated leadership and shared work.
- Create a culture of collaboration at the state and local level that fosters systems-building across sectors.

Citations

- 1** Center on the Developing Child Harvard University, http://developingchild.harvard.edu/key_concepts/serve_and_return/, accessed February 4, 2015
- 2** U.S. Census Bureau, 2010 SF1. Land area updated every 10 years.
- 3** U.S. Census Bureau, 2010 Census Urban and Rural Classification and Urban Area criteria. <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>, accessed 01-09-15
- 4** 2013 Population Estimates. Data retrieved from Vermont Insights, Building Bright Futures, www.vermontinsights.org, accessed 01-17-2014
- 5** U.S. Census Bureau. Vermont Quick Facts. <http://quickfacts.census.gov/qfd/states/50000.html>, accessed 01-08-15
- 6** Vermont Partnership for Fairness and Diversity. 3rd Annual Vermont Vision for a Multicultural Future Educational Conference, Why attend a Vermont Vision Conference? <http://www.vermontpartnership.org/index.php/resources/news>
- 7** American Immigration Council (May, 2013) NEW AMERICANS IN VERMONT: *The Political and Economic Power of Immigrants, Latinos, and Asians in the Green Mountain State*. Immigration Policy Center.
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- 163** Early Childhood Action Plan Committee, 2014, Building Bright Futures, <http://cdn.buildingbrightfutures.org/wp-content/uploads/2014/03/VT-Early-Childhood-Action-Plan.pdf>

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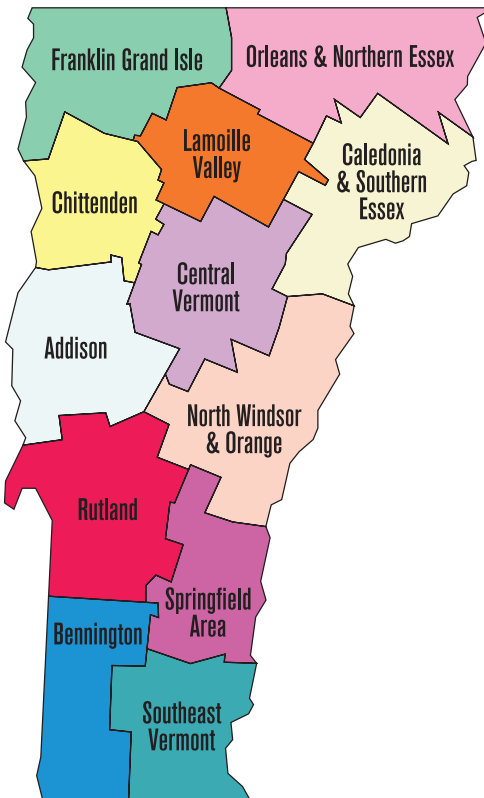
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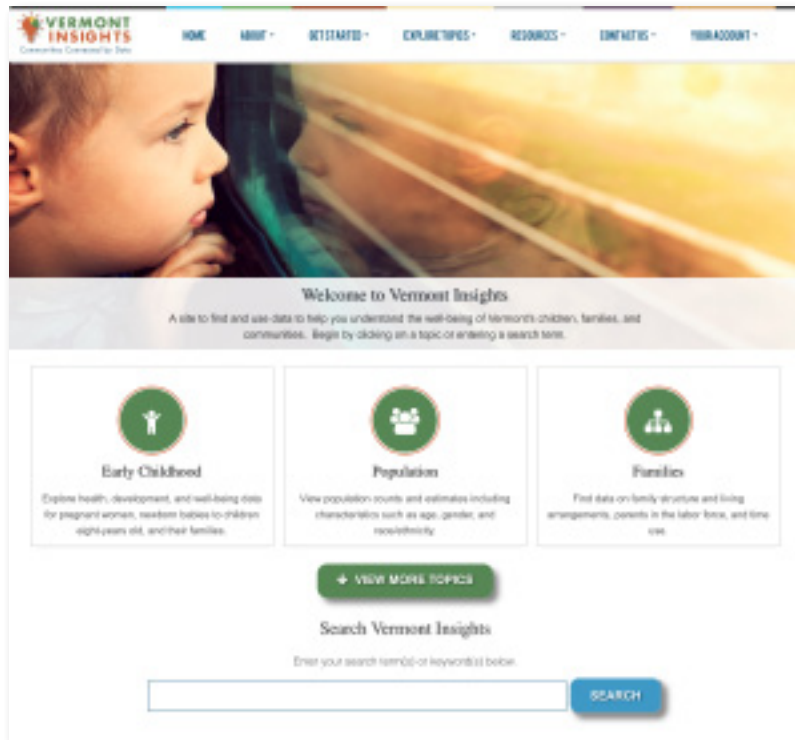
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