

Early Childhood Systems Needs Assessment 2020



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Early Childhood Systems Needs Assessment EXECUTIVE SUMMARY 2020

Vermont's PDG-5 Needs Assessment highlighted the conditions of the early care and education system for Vermont's 35,769 children 0 to 5. Overarching needs include data gaps, chronic underfunding, and limited family engagement.



36% of children under age 6 live in households with income below **200%** of the Federal Poverty Level.



1 in 5 children between the ages of **6 and 8** has a social, emotional, or behavioral health condition, while this is only true for **8% of children under 5**.



62% of infants lack access to a child care provider, up to **89%** in rural counties (pre-COVID).



Lack of funding "Chronic lack of funding undermines the quality of supports we provide."



1,004 unique cases of child abuse and neglect in **2019**.



Only 2% of EC stakeholders reported that the workforce has the resources necessary to meet the needs of children and families.

Vermont collects a tremendous amount of data, but does not readily have the data available that leaders need to make decisions about EC investments, resources, and strategies in one, easily accessible place.

Methodology: The needs assessment collected primary data through a survey and focus groups with families, early childhood providers and other community and agency leaders, and reviewed 18 documents with data and information on the status of children and families.

The Needs Assessment Found:

Equity and Vulnerable Populations: Gaps in the early childhood system more severely impact specific groups. Families living in rural communities, BIPOC, and children who experience other risk factors, such as poverty, homelessness, or immigrant/refugee status, face exacerbated access, quality and affordability gaps.

Quality and Accessibility: Access to childcare remains a significant challenge across the state, particularly for infants and toddlers. Etc.

Early Childhood and Family Mental Health:

Vermont's EC community is deeply concerned for the current mental health challenges of children and families and the potential lasting secondary effects of COVID-19.

Workforce: Developing and sustaining a pipeline of early childhood professionals is costly and remains a challenge across the state.

System Integration: Rigid policies and funding have many services still operating in silos. Alignment, collaboration and coordination efforts remain a challenge at the system level and are necessary for success at the regional level, starting with aligned messaging in the mixed-delivery system.

Family Leadership and Engagement: EC stakeholders at all levels of the system need to recognize families as partners whose voices are critical to the system's success.

Resources and Funding: Despite the successful investments in Vermont's EC system, EC programs are not adequately funded, and securing stable funding is a significant concern for EC programs across the state.

High Quality Data: Lack of high quality data across the early childhood system limits knowledge of outcomes and services and undermines informed decision-making at the state and local levels.

Introduction

Purpose of Needs Assessment

Vermont's EC stakeholders have partnered to design the 2020 Needs Assessment, collect data, and thoughtfully analyze the ways in which Vermont's EC programs, professionals, and structures contribute to the Vermont Early Childhood Framework vision **to realize the promise of every Vermont child, across all levels of the system**. In particular, the Needs Assessment collected data to examine the strengths and opportunities for the EC system at this critical time, and to better understand important questions including:

- What do we know about the quality and availability of programs and support for Vermont's young children and families?
- To what extent are the most vulnerable young Vermonters and their families able to access the services and support that they want and need?
- How are families and communities engaged in, informing, and leading Vermont's EC systems?
- What strengths, gaps, and opportunities are there in EC systems, including the availability of data, financial and practical resources, its professional workforce, and system wide coordination and integration?

This document can be used to identify the gaps and barriers faced by families, providers, educators and agency partners in supporting optimal child and family outcomes.

Early Childhood Care and Education (EC) is defined in the Preschool Development Grant in Vermont as "the holistic development of a child's social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. Vermont's "mixed delivery" early learning system is defined as one that "includes services offered through a variety of programs and providers such as Head Start, licensed family and center-based child care, public schools, and community-based organizations supported with a combination of public and private funding." Mixed delivery systems are a recognized best practice and exist in a continuum with school-based and other public systems.¹

Key Factors Impacting 2020 Needs Assessment

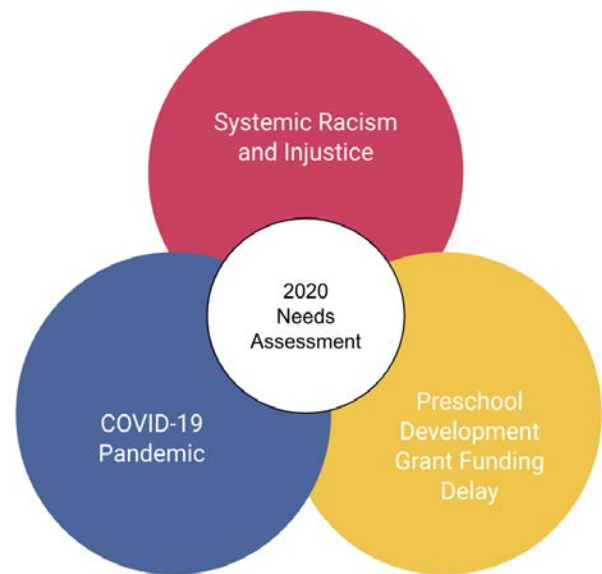
COVID-19 Pandemic

The COVID-19 Pandemic has created an opportunity to examine the social safety net by exposing the stark inequities and gaps in service that emerge when employment is suspended, child care closes, and family dynamics shift. The events of these past months have been intense and tested the strength of families, communities and Vermont's EC system. Vermont's response to the COVID-19 pandemic is evolving rapidly in a climate of uncertainty, with some clear results at this stage:

- Vermont leaders recognize the importance of child care, as an essential part of the state's economy. The state mobilized quickly to respond to the needs of children and families by addressing the emergency needs of essential workers and establishing guidance for child care programs to reopen safely as early as possible.

- Strong cross-agency, cross-sector, public-private partnerships and communication are emerging. Partnerships between the Vermont Department of Health, the Department for Children and Families Child Development Division, and the Agency of Education. These partnerships include strategizing response to the needs of children and families, providing access to child care, and periodic assessment of the community needs across partners to ensure the best and safest delivery of care during this crisis. The existing network of EC partners has been invaluable to rapidly developing and deploying systemic responses to meet families' most urgent needs.
- Looking forward, the EC system's response to the COVID-19 pandemic will undoubtedly re-shape the sector, forcing EC partners to ask hard questions about quality and accessibility, and to develop responses that move closer to these important aims.

Figure 1: Factors Impacting the Needs



Vermont's Renewed Commitment to Equity

At the same time that family life has been upended in response to the pandemic, Vermonters have mobilized to respond to the wave of awareness and action to address systemic racism across the country. In May 2020, George Floyd was murdered in Minneapolis by a police officer who knelt on his neck for over eight minutes. For those who live and work with the comfort of racial and systemic privilege, this death brought the experiences of Black people and People of Color at the hands of the police into renewed focus and pushed countless Vermonters and Vermont institutions to evaluate their role in ending racism. In visioning what an anti-racist approach to social change might look like for the EC system in Vermont, [Building Bright Futures \(BBF\) released a statement](#) committing to address these issues (Appendix B):

"[It is] our responsibility to personally and organizationally explore implicit biases, unconscious racism and actions that contribute to racial inequities. The personal commitment our team has made will better prepare us to be effective stewards to apply a racial equity and economic justice lens to our policies and practices in order to collectively, as an early childhood system, make overdue changes for a stronger, more equitable, Vermont. The threats of racism are not new; we recognize many of our existing systems are built on a history of oppression, however we are now stepping up to answer the call to action. Our commitment to positive change will not just be in reaction to current events, but as a part of our ongoing work in the early childhood system by integrating and weaving a focus of diversity, equity, social justice and inclusion into our personal lives and all of our work."

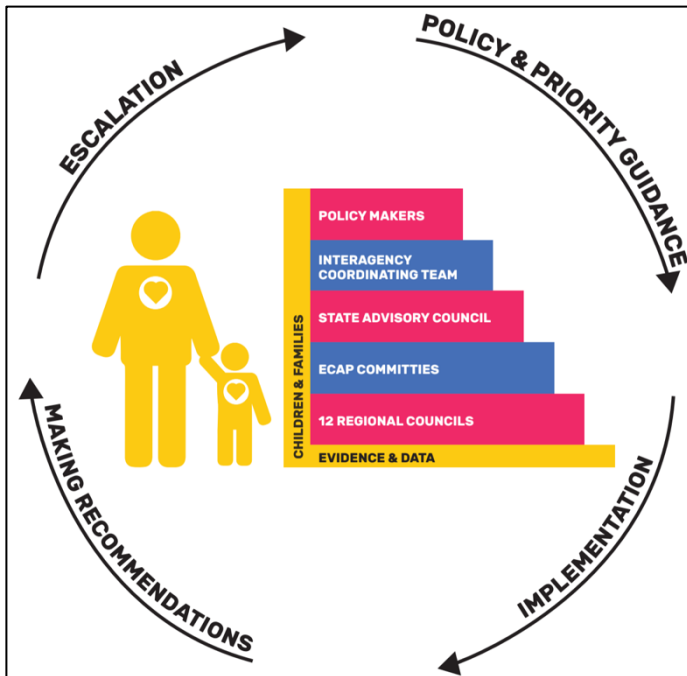
Over the course of working on the 2020 Needs Assessment, the narratives, priorities and realities have changed dramatically for those who wish to serve as a force for social change and to break down barriers to resources and support for all Vermont families. This needs assessment provides a point in time evaluation at a critical moment of public responsiveness, and can serve as a steppingstone to further change efforts inside and out of Vermont's EC system.

Vermont's Acceptance of PDG

In December of 2018, Vermont was awarded the federal Preschool Development Planning Grant (PDG). BBF was the entity tasked with executing the Needs Assessment. Due to delays in Vermont's acceptance of the grant, grant activities, including the Needs Assessment, were delayed by almost one year. However, the new timeline did allow BBF to capture and highlight some of the ways the COVID-19 pandemic has exacerbated gaps and challenges for children and families in a way that would have been missed had the project been completed on its original timeline.

About Building Bright Futures

Figure 2: BBF Network Infrastructure



Building Bright Futures (BBF) is Vermont's early childhood public-private partnership mandated by Vermont's Act 104² and the federal Head Start Act³ to serve as the State Advisory Council (SAC) on early childhood. The SAC is the mechanism to advise the Governor and Legislature on the current status of children from the prenatal period to age eight and their families. BBF was established to ensure an integrated and comprehensive early childhood service system for all children prenatal through age eight and their families. Part of this role includes holding and promoting Vermont's early childhood vision and moving the state forward using the strategic goals and plan. BBF is also charged with serving as a neutral *convener*, elevating and *empowering* parent and family voice, *monitoring* the system of services and outcomes for children and families, *responding* to gaps at the state and

regional level, and *advising* the Governor and Legislature.

BBF has a multi-tiered infrastructure that includes 12 regional councils, Vermont's Early Childhood Action Plan (VECAP) including 5 VECAP committees, the State Advisory Council (SAC) and the Early Childhood Interagency Coordinating Team (ECICT). BBF informs this infrastructure by identifying and presenting the most up-to-date high-quality data. BBF's regional and statewide infrastructure allows them to have a presence in every corner of the state and in all communities. The network allows for the communication and escalation of barriers, and challenges and recommendations from both regions and the State Advisory Council to policy makers.

As decisions are made, the BBF infrastructure facilitates changes to the early childhood care and education (EC) system to improve the lives of children and families across the state. BBF informs this infrastructure by identifying and presenting the most up-to-date high-quality data through reports and policy briefs, a publicly accessible data portal, webinars, forums and legislative testimony.

Vermont's Early Childhood Vision, Framework and Action Plan

Vermont aspires to realize the promise of each and every Vermont child by ensuring that the early childhood system is an integrated, continuous, comprehensive, high quality system of services that is equitable, accessible and will improve outcomes for all children in the prenatal period to age eight and their families in Vermont.

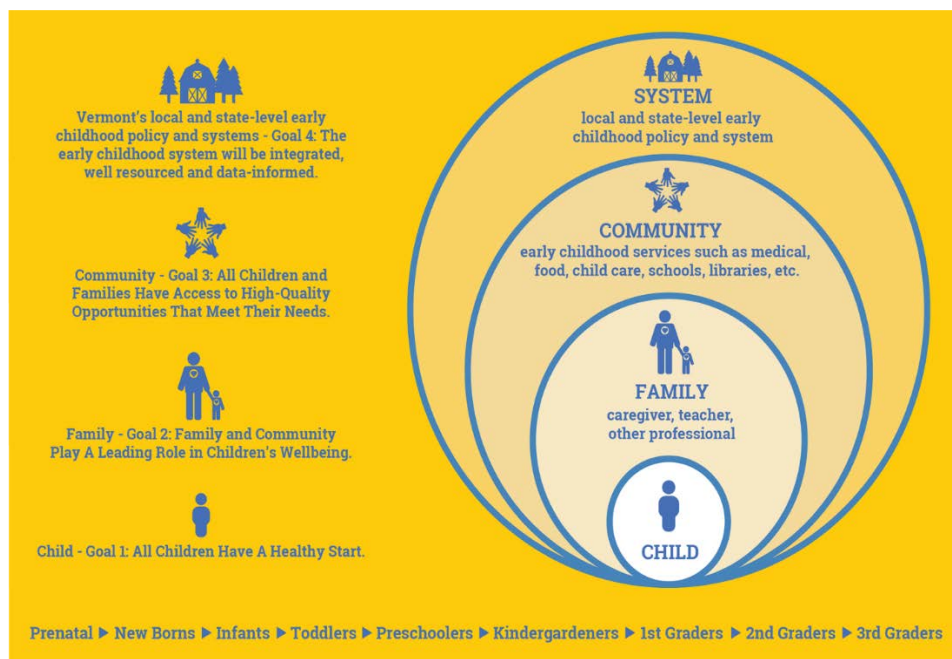
The Needs Assessment was conducted to inform Vermont's Early Childhood Action Plan (VECAP). The VECAP, created in 2013 and updated in 2020, outlines a cohesive vision by the year 2026, and establishes shared accountability to achieve statewide priorities for children and families. The plan is a framework inspiring coordinated action across public and private stakeholders throughout Vermont. It centers around making measurable changes in early childhood outcomes by identifying goals and aligned strategies to reach those goals and uses common language to align initiatives.

Accountability is one of the more challenging values to articulate in a collective action model. Frequently throughout the development of this action plan, members of focus groups and VECAP Committees vocalized this struggle. The question of who is responsible for what, when and how is difficult to answer in a large statewide system with a culture of ever-increasing engagement, and a structure of disparate stakeholders from both the public and private sector. The BBF State Advisory Council (SAC) will work with VECAP committees to develop annual plans that specify lines of accountability for addressing equity and inclusion.

Figure 3 depicts the 2020 update to *Vermont's Early Childhood Action Plan (VECAP)*⁴ including the 4 goals for the early childhood system:

- Goal 1: All Children Have a Healthy Start
- Goal 2: Families and Communities Play a Leading Role in Children's Well-being
- Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs
- Goal 4: The Early Childhood System Will Be Integrated, Well-resourced, and Data-informed

Figure 3: Vermont Early Childhood Action Plan Goals (2020)



Each goal is mapped to a level of change represented through an ecological systems framework (concentric circles). At the heart of the visual is the child, which is aligned with Goal 1. The other levels or environments the child grows up in set the stage for social, emotional and cognitive development. At the next level, the child is nested within the family context. Children's sense of who they are and how to interact, depends largely upon the stability of their relationships with others. Having caregivers who are sensitive, consistent and invested in their well-being is critical to that child's developmental trajectory. This level is connected to Goal 2. The third level is the broader community, which includes the families' neighborhood, schools, libraries, hospitals/doctors, and an array of services, supports and resources for children and families, which is aligned with Goals 2 and 3. Finally, at the outermost level is Vermont's local and state level early childhood policy and system. This level represents the larger policies and decisions that impact all other layers. The nested nature of these layers indicates bidirectional relationships; when change happens at any level, it also has the ability to impact the layers around it, ultimately seeking to improve outcomes for children and families back at the heart of the visual.

More about how the data from this report aligns with the VECAP is available in Appendix C, and the full 2020 VECAP will be available in December.

Methodology

Assessment activities were conducted independently by Noonmark Services, a Burlington-based consulting firm with expertise in assessment and evaluation, strategic planning, and organizational development. Noonmark worked closely with BBF staff leaders to establish the scope of the assessment inquiry, to develop assessment plans and instruments, and to reach a wide and diverse cross-section of early childhood partners, including parents, guardians, teachers and other stakeholders. The assessment engaged stakeholders who serve all of Vermont's 14 counties, and represent diverse professional backgrounds, including individuals working in early care, health, and early learning settings.

Data Sources

The Needs Assessment team collected and reviewed recent data from a variety of statewide sources from the past five years on the welfare of Vermont's children and families, as cited throughout this report. The team also conducted a statewide needs assessment survey of EC stakeholders which yielded 121 responses, and focus groups, which captured the perspectives of 39 participants. Table 1 shows a breakdown of participants by sector.

Table 1: Stakeholders by Sector

Sector	Number of Participants
Private Nonprofit/Community Partner	34
State Agency	36
Health Care	12
Private Child Care Provider	25
Child Care Administrator	38
Higher Education	3
Public Education PreK-12	4
Private Foundations	2
Elected Legislator	2
Parent Representatives	4
Total	160

Needs Assessment Survey. Noonmark Services designed the Needs Assessment Survey (2020) to assess the priority domains outlined in the PDG B-5 guidance including quality and availability, data gaps, EC investments, equity and inclusion, professional development and workforce, family engagement, and system integration and interagency collaboration. The design drew upon tools from other state's PDG B-5 assessment instruments and input from BBF stakeholders. Designed in Survey Monkey, the web-based survey contained 32 items, some of which used a five-point scale, while others were open-ended. The survey was disseminated via BBF partners and stakeholders, to EC stakeholders in Vermont, with focused efforts to reach a range of individuals involved in early care and education. In total, 121 respondents participated in the survey.

Focus Groups. Noonmark conducted six focus groups with Vermont state agency partners and leaders as well as nonprofit advocates, private child care providers, and administrators. Both public and private EC stakeholders from the BBF SAC and VECAP committees participated in focus groups. Focus groups also helped identify numerous recent reports and quantitative data sources about Vermont’s EC systems to be reviewed for the purposes of the Needs Assessment. Noonmark consultants met individually with each VECAP Committee, a list of which can be found in Appendix D as part of the assessment process.

Existing Reports & Data. To supplement primary data collection from focus groups and the survey, existing reports, testimony and needs assessments from the past five years were reviewed and incorporated into the 8 qualitative themes identified in this report. These documents provided additional context and, in some cases, the most up-to-date data on the status and needs of children and families.

Table 2: Documents Reviewed for 2020 Needs Assessment

EDC's Vermont's Early Childhood & Afterschool Workforce Report (2015) ⁵
EDC's "Understanding and Assessing the Facility Needs of Vermont's Early Learning and Development Programs Report" (2015) ⁶
Blue Ribbon Commission on Financing High Quality, Affordable Child Care (2016) ⁷
Vermont's Early Care & Learning Dividend Report (2017) ⁸
Vermont's Early Childhood and Afterschool Workforce Report (2018) ⁹
Building Vermont's Future from the Child Up - Think Tank Report (2018) ¹⁰
2019 How Are Vermont's Young Children and Families Report ¹¹
Prekindergarten Education Study: Final Report (2019) ¹²
BBF's Universal Prekindergarten (UPK) Webinar (2019) ¹³
Child Protection in Vermont Report (2019) ¹⁴
Vermont Head Start and Early Head Start Needs Assessment Report (2019) ¹⁵
Early Childhood and Family Mental Health Report (2020) ¹⁶
Stalled at the Start 2020 ¹⁷
BBF's Testimony to Senate Health and Welfare and House Human Services on Child Care During COVID-19 ¹⁸
CDD Survey of Regulated Child Care, Prekindergarten, and Afterschool Programs and Supports Needed to Open After COVID-19 Closure ¹⁹
Vermont Department of Health Title V Needs assessment (2020) ²⁰
Economic Services Division REACH UP Tables (2020) ²¹
COVID-19 Family Impact Survey ²²

Unduplicated count. In addition to the methods described above, the assessment team collected an unduplicated count of children served by EC programs in collaboration with state agency leaders. Identified programs were asked to report the number of unduplicated children ages 0 to 5 served on October 1, 2019, as well as the number of unduplicated children on waitlists. The unduplicated count can be seen in *Theme 2: Quality and Accessibility*. Of note, the unduplicated count only included data from programs that are being incorporated into Vermont's State Longitudinal Data System (SLDS). Not all programs or services that support children and families were included in the unduplicated count.

Analysis

Noonmark Associates and BBF compiled the quantitative data from agency stewards, the survey and existing reports. The Needs Assessment Survey (2020) provided quantitative data that were summarized using descriptive statistics (averages, totals, median responses). No formal quantitative analysis was conducted. For qualitative survey responses, testimony documentation, and focus group transcripts, thematic coding among three professionals was used to identify themes and illustrative quotes.

Ongoing Efforts

Additionally, a family engagement assessment, a professional development system evaluation and an EC workforce wage and benefits study are being conducted and will inform future BBF strategies. Data collection from these assessments was disrupted by the COVID-19 pandemic, and consequently, has not been included in this assessment report. Results from these assessments are anticipated later in 2020.

Limitations

The Needs Assessment process was interrupted by the COVID-19 pandemic, which affected the ability to gather data through surveys and focus groups. It also caused immediate and, in some cases, dramatic changes to some of the data being examined in the survey (e.g. access to child care), which are not captured here. The Needs Assessment Survey had a small response rate, and included a large proportion of child care providers. Additionally, the format of questions and Likert scales throughout the survey varied and a lack of shared definitions across sectors make it hard to draw clear conclusions from some of the responses. Lastly, the complex and cross-sector nature of the early childhood system means that it is difficult to capture all the data that may have bearing on the needs of children and families. For example, a Needs Assessment focused on Maternal Child Health & Wellness specifically may include data about healthcare access and Medicaid enrollment which inform the overall picture of our EC system, but are not included in this report.

Results – Vermont’s Highest Priority Needs

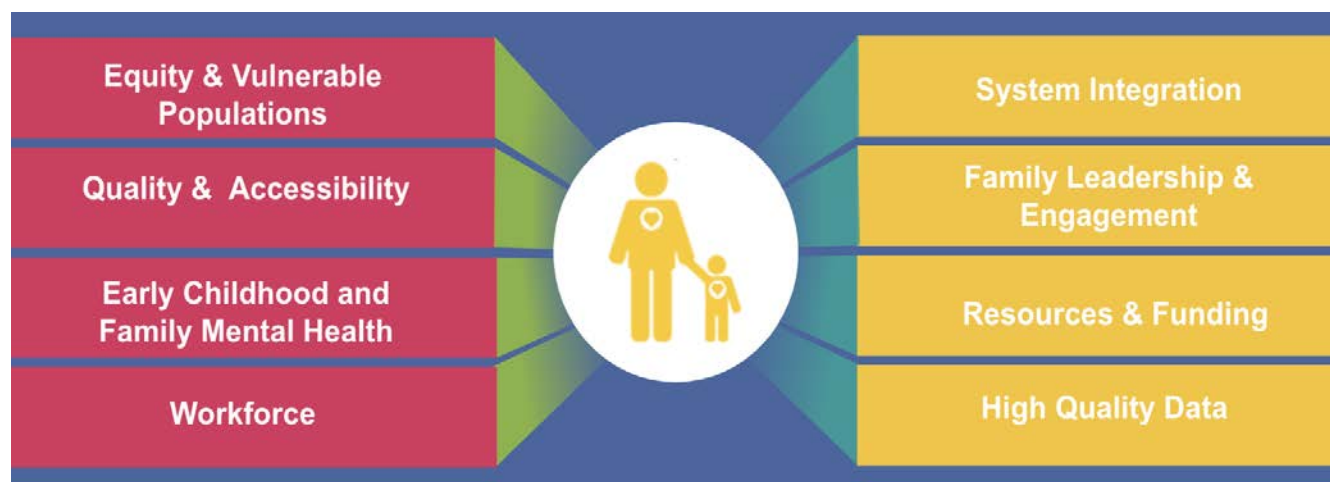
Eight areas of need emerged from the data collected in the Needs Assessment. Each is referenced throughout the text as a ‘theme’ from this point forward and are visible in Figure 4. The themes focus on the gaps and opportunities for Vermont’s EC system and sub themes that emerged are discussed in depth within each theme. Throughout the report, references are made to appendices that highlight programs and initiatives that support the EC system, and should continue to be invested in.

The themes are ordered to provide a narrative that builds on who Vermont’s children are, the services they receive, and finally how the system at large serves them.

Theme 1 discusses Vermont’s population of children at large and those most vulnerable. Theme 2 addresses the quality and accessibility of EC services and supports. Theme 3 articulates the needs of children and families as they relate to early childhood and family mental health. Theme 4 examines the EC workforce, which impacts the quality and accessibility of EC services. Theme 5 presents reported challenges with integration across the EC system.

Themes 6, 7, 8, respectively address family leadership and engagement, resources and funding, and high quality data. These three themes highlight needs that emerged within all other themes (1-5) and close out the report by demonstrating how greatly these needs impact the success of Vermont’s EC system.

Figure 4: Needs Assessment Themes



Theme 1: Equity in Vermont's EC System

The 2020 Needs Assessment found that while Vermont's population of children is low, there is strong commitment to providing integral support to families with young children. Equitable systems and supports "build on each child's unique individual and family strengths (cultural background, language(s), abilities and disabilities, and experiences), and are designed to eliminate differences in the outcomes that result from past and present social inequities"²³. Understanding the needs of vulnerable and low-income populations is critical to advancing an equitable and inclusive EC system.

Efforts to continue this work are discussed in this theme. More data is needed to have the voices of Vermont's vulnerable and underserved children best represented. See Theme 6: Family Leadership and Engagement for more about this. Before reviewing the subthemes, an introductory section will outline data defining Vermont's vulnerable populations. In addition to defining vulnerable children and families, several sub themes emerged:

- *Focal Populations: Vermont's Vulnerable and Underserved Children*
- *Statewide Variability in Access to Resources*
- *Existing Initiatives & System Wide Commitment to Reflection and Accountability*
- *Diversify Voices to Inform Policy*
- *Funding*
- *COVID-19's Impact*

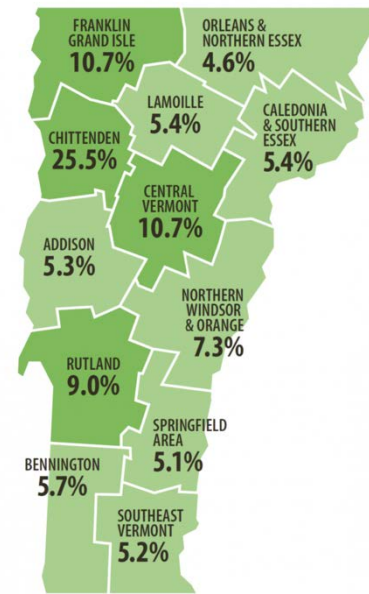
Focal Populations: Vermont's Vulnerable and Underserved Children

As defined in Vermont's application under the Preschool Development Grant (PDG), Vulnerable children means children, from birth through 5 who: (1) are in low-income families; (2) have developmental disabilities or delays; (3) are English language learners; (4) are refugees; (5) are migrant and/or undocumented; (6) are homeless; (7) are geographically isolated; (8) have parents who are incarcerated; and/or (9) are at risk of, or have experienced, abuse or neglect or trauma including children in foster care. Any of these children would be considered underserved when economic or environmental challenges, or lack of family or public resources limit access to services and supports that are developmentally beneficial for the child and strengthen their family. In addition, children in rural areas who are low-income are identified as vulnerable and underserved (as described below). Of note, Vermont more broadly defines early childhood as children in the prenatal period through age eight, although the data presented in this needs assessment focuses on children birth to five years of age¹.

The reason for starting with this snapshot of data is to show that the context of child development is complex. There are a range of factors contributing to a child's health, development and well-being. There is also a complex system of services there to support that child and family. When reviewing this system, one of the key challenges is how to ensure that ALL children's needs are met. The following subsections will be used to describe the current data: child demographics, family context, basic needs, and children with developmental, mental, physical or behavioral health concerns.

Child Demographics. There are an estimated 35,769 children ages 0 to 5 in Vermont, comprising about 6% of the state's total population of 626,299²⁴. Over 50% of Vermont's children are concentrated in the four regions with the largest population centers: Chittenden, Franklin, Washington, and Rutland as seen in Figure 5²⁴. The number of children born in Vermont has been declining since the 1980's with 5,400 babies born in 2018²⁵. Although Vermont's population is older and less racially diverse than most of the nation, the children are more racially diverse than the population as a whole with 8.5% of children under 10 identifying as non-white compared with 5.5% of the population as a whole²⁶. Vermont welcomed 7,956 refugees from 1989 through 2019²⁷, the majority of whom reside in Chittenden County. 5% of children (under 18) speak a language other than English at home²⁸ and 9% (under 18) are immigrants²⁹.

Figure 5: Geographic Distribution of Children in Vermont



Prior to the COVID-19 pandemic, 12.7% of children under age 5 lived in households with incomes less than 100% of the Federal Poverty Level with disproportionately high poverty rates in the most rural counties³⁰. The state has high rates of high school completion and health insurance coverage. For low-income children and families in rural communities, financial, transportation, geographic, and practical barriers limit access to many kinds of support.

Vermont is predominantly rural as defined by the criteria established by the U.S. Census Bureau, with no municipality in the state having a population greater than 50,000 residents³¹. Only the northwest region of the state that includes Chittenden, Franklin, and Grand Isle counties is identified as a metropolitan area, with roughly one-third of the state's population residing in these counties. Most of Vermont's children (70%) live in mostly rural counties, which are characterized by mountainous geography, harsh winters with difficult driving conditions, and extremely limited access to many kinds of services. The most remote communities, such as those in Vermont's Northeast Kingdom (Essex, Caledonia, and Orleans counties) have as few as 9.5 people per square mile. Many towns in this region lack grocery stores, healthcare facilities, and community organizations of any kind. Cell phone coverage is limited, and fully one-third of all addresses in the region do not have access to basic internet service. For low-income rural families, these barriers paired with limited or no public transportation, exacerbate limited access to EC services¹.

Basic Needs. Here are the most recent examples of basic needs data for Vermont's children and families.

- Food Security
 - 22% of children under age 18 live in households that receive 3SquaresVT benefits, Vermont's Supplemental Nutrition Assistance Program (SNAP) (2015-2017 combined)²⁹.
 - More than 1 in 7, or 15% of children under age 18 live in households where there was an uncertainty of having, or an inability to acquire, enough food because of insufficient money or other resources (2018)²⁹.
- Homelessness
 - During the 2019-2020 school year, there were 373 children under 9 who met the McKinney Vento Homelessness definition enrolled in school³².
 - The number of children under the age of 18 in publicly funded homeless shelters dropped from 1,102 in 2018 to 888 in 2019 attributed in part to decreased capacity in emergency shelters for families³³.

Theme 1: Equity in Vermont's EC System

- A January 2018 point in time count of homeless individuals in Vermont found that 292 (23%) of those counted were under age 18³⁴.
- Children living in poverty
 - 5% of children under age 18 live in families in extreme poverty with incomes below 50% of the Federal Poverty Level²⁹.
 - 11% of Vermont's children 0 to 5 live in households with incomes below 100% of the Federal Poverty Level (2019)²⁹.
 - 26% of children live in households where more than 30% of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses²⁹.
 - 27% of children under 18 live in households where all parents lacked secure employment (2018)²⁹.

When families struggle to meet their basic needs like food, shelter, diapers, health care, child care, and/or internet access, it increases stress, which can challenge their ability to effectively care for themselves and their children. Supporting parents' ability to meet the basic needs of their child and family is critical to a child's developmental trajectory.

Family context. The family is the first context that supports the health, development and well-being of children and sets the stage for life course outcomes. Several factors provide insight into the strength of families in caring for the needs of their children.

- ACEs & Flourishing
 - In Vermont, children are exposed to adverse childhood experiences (ACEs) at a similar rate to children nationally with over a third of children under nine experiencing at least one adverse childhood experience³⁵. Despite existing efforts, only about half of Vermont's children six months to five years old meet all characteristics of flourishing³⁶ as defined by the National Survey of Children's Health, and just 20% of older children between the ages of six and eight meet all the defined flourishing characteristics³⁷.
- Children with DCF involvement
 - 1 in 17 children have an incarcerated parent³⁸.
 - The number of children ages 0 to 5 in the Department for Children and Families (DCF) custody rose from under 268 in 2012 to 481 in 2019³⁹ in part due to the rise of the opioid epidemic.
- Living Arrangements
 - 26% of children under 18 live in single-parent families, 7% live with relatives, 2.5% live with a foster family, 0.5% live in group quarters, and the remaining 64% live in two parent households⁴⁰.

Children with developmental and social, emotional or behavioral health needs. According to the unduplicated count (Table 3) and with regard to children with disabilities and special health care needs, 3,047 children ages 0 to 5 received services under the Individuals with Disabilities Education Act (IDEA) Part C or Part B Section 619 in October 2019. Children's Integrated Services (CIS) served approximately 7,500 vulnerable children in 2018⁴¹. Vermont Head Start and Early Head Start grantees served over 1,810 at-risk children 0 to 5 in 2018 (90% were 3- and 4-year-olds)¹⁵. Vermont's universal prekindergarten education law, Act 166, served over 8,500 children in the 2018-19 school year⁴². In Vermont, over the past eight years, the number of children with autism spectrum disorder has grown an average of 20% per year⁴³. In addition, one in five children between the ages of 6 and 8 has a social, emotional, or behavioral health condition⁴⁴.

Statewide Variability in Access to Resources

Variability in access to services and resources exists regionally and statewide for sub-populations of children (e.g. children with disabilities and special health care needs, children residing in families experiencing poverty, children living in rural areas, etc.).

Stories from the Field

"I am seeing so many generous programs offering food pickup but the families with the highest need cannot access a lot of these programs because they cannot drive and don't have transportation." -BBF survey respondent

More data is required to understand which children and families are not able to access needed services, supports, and resources. This highlights a gap in Vermont's EC data infrastructure. This data is necessary to ensure that EC programs are truly accessible for each and every child in Vermont, and to advance an equitable and inclusive EC system.

Existing Initiatives and System Wide Commitment to Reflection & Accountability

One key existing initiative within Vermont's EC system dedicated to the promotion of equity was the creation of the Vermont Guiding Principles.

The Vermont Guiding Principles (Appendix E) provide guidelines for EC stakeholders to put into practice core values that EC systems attempt to embed. Of note, the Guiding Principles state that each and every child "deserves equitable access to experiences that acknowledge and build on their uniqueness" and that EC providers and systems will:

- build caring communities that are accepting of differences and foster a sense of belonging,
- promote understanding of the importance of inclusive and effective early childhood experiences,
- build equitable access to opportunities, supports, and services,
- acknowledge and address biases in ourselves and others and the importance of differences such as race, class, gender, family structure, ability, and sexual orientation,
- advance policies, procedures, programs, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences,
- expand the number of early childhood professionals who are well prepared, reflect the diversity of the community, and are appropriately compensated,
- and draw upon evidence and research for practices that are responsive and appropriate to the child's culture(s), language(s), abilities, developmental level, identities, and needs.

In June 2020, the BBF Statewide Advisory Council (SAC) adopted the BBF Diversity, Equity, Social Justice, and Inclusion statement to guide future efforts to further the work of Vermont's Guiding Principles (Appendix B).

In addition to recognizing existing initiatives and embracing the statements and frameworks above, key stakeholders articulated a robust need for state-wide commitment to systemic reflection related to equity and inclusion, noting that Vermont needs accountability across a range of data collection methods. Therefore, the Needs Assessment Survey (2020) investigated a variety of questions to examine current perceptions of equity and inclusion in Vermont's EC systems. Of note, the majority of respondents were white service providers, which also elucidates a gap of diversity in Vermont's EC workforce. Among survey respondents:

Theme 1: Equity in Vermont's EC System

- 41% agreed that EC programs provide equitable and inclusive support
- 28% rated programs, services, and supports as somewhat equitable and inclusive
- 29% rated programs as not very or not at all equitable and inclusive, and 7% were not sure how equitable and inclusive programs are.

When asked "How well does Vermont's early childhood system address equity and inclusion through the following principles or practices?", survey respondents had the strongest agreement that Vermont's EC system:

- Continually aims to improve culturally responsiveness (73%)
- Strives to provide a culturally and linguistically responsive program/service environment (69%)
- Upholds the unique value and dignity of each child and family by positively reflecting their uniqueness in design and implementation of programs. (75%)

Survey respondents saw the least effort to address equity and inclusion by:

- Working collaboratively with social justice allies to challenge and change policies, laws, systems, and institutional practices that keep social inequities in place (52%)
- Recognizes the potential for microaggressions and actively works to avoid and eliminate them (57%)
- Identifies and addresses policies or practices rooted in bias (51%)
- Works to embed anti-bias approaches in all aspects of early childhood program delivery, including standards, assessments, and curriculum. (51%)

In a focus group, EC stakeholders grappled with how well "equity" was present in the VECAP strategic priorities, including how well priorities align with the Vermont Guiding Principles. Focus group participants struggled with the best way to prioritize equity practices. Participants agreed that referring to the Vermont Guiding Principles is "not enough" without concrete plans for "how and who" will address equity questions and needs. Participants noted that the entities within the EC system lack common definitions that are needed to effectively implement plans, and that there are few systems in place to measure progress.

From all assessment activities, it was apparent that current intentions to promote equity are not well aligned with specific, culturally relevant, and population-focused plans that address the ways vulnerable populations experience differences in quality and access. Without assessing and addressing population-specific needs, advancing equity to improve quality and availability for vulnerable populations within EC systems will be difficult to monitor. Systemic reflection and accountability need to explore implicit biases, unconscious racism and actions that contribute to racial inequities, but also explore applying a racial equity and an economic justice lens to all policies and practices and developing concrete ways to measure change and hold each other accountable to building an equitable early childhood system.

With the federal Preschool Development Grant, the Department for Children and Families, Child Development Division (CDD) has granted funds to Northern Lights at the Community College of Vermont (CCV) to conduct a community of practice offering on Equity in Early Childhood. The class will consist of eight strands of group-based coaching, discussion and mentorship-style professional development available for up to 96 participants.

CDD will soon be starting a project to embed the Guiding Principles into our EC professional development system and provide professional development and master classes to EC professionals. This work is expected to be completed by March 2021.

Diversify Voices to Inform Policy

EC stakeholders affirmed the value to include the voices of those most impacted by decisions in decision-making processes. This sentiment was clearly articulated as a challenge and opportunity from an equity lens and also emerged within the family leadership and engagement theme. For example, while the data above reflects how mostly service providers find the EC system, little data are available from families regarding the extent to which they find EC systems to be equitable and inclusive. The importance of understanding families' perspectives is paramount to informing how we design, implement and evaluate the quality and access of programs and services designed to meet the needs of those most vulnerable.

Funding

Allocating funding for staff to have time to reflect and strategize at an individual, organizational and system level is critical to moving the EC field forward. In addition, funding for training is also necessary to provide system-wide partners with access to baseline knowledge and language to support discussions and strategy.

COVID-19's Impact

The COVID-19 pandemic has heightened inequities across the EC system in access to housing, health, transportation, income, child care and mental health. There truly isn't an area that COVID-19 hasn't touched for children and families. From an equity lens, gaps in access have widened, especially for children and families of color, those whom English is a second language, and those with lesser incomes. Prioritizing equity means an explicit and intentional change to practices and policies to create better conditions for health, mental health, safety, happiness and success now and into the future for each and every child and family.

Theme 2: Quality and Accessibility

Vermont’s EC system is committed to caring for children and families and works to provide high quality and accessible services, support and education. Many families access services to meet their basic needs, and there is a high demand for child care across the state. However, challenges including child care capacity, Vermont’s rural landscape, and siloed funding sources for EC programs make accessing services difficult.

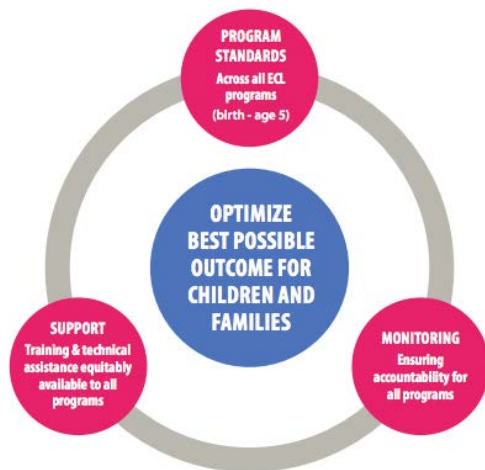
As defined in the PDG grant, Vermont has a “mixed delivery” early learning system where families have a choice on where their child receives EC services; a family or home-based setting, a private center, or public school program. In addition, Vermont’s EC system affords health, mental health, nutrition, housing and after school services to ensure children and families are healthy, developmentally on track, and have their needs met. There are a variety of structures in place to certify, monitor, and address the quality of services provided within Vermont’s EC system.

This theme provides information on the successes and challenges faced in quality and accessibility within Vermont’s EC system. Building a robust 0-5 mixed delivery system is an articulated PDG priority; thus, this theme is more robust than the others. Sub-themes include:

- *Existing Initiatives to Ensure Quality and Access to Care*
- *Children Being Served and Awaiting Services*
- *Barriers and Gaps in Quality and Access Across Settings*
- *Issues Involving EC Facilities*
- *Silos and Fragmentation*
- *COVID-19’s Impact*

Existing Initiatives to Ensure Quality and Access to Care

Figure 6: Integrated Model of Standards, Monitoring, and Support



The 2018 Think Tank recommendations¹⁰ emphasized that every child care program must be supported and held accountable for a set of common high-quality standards around child health and safety, including child social-emotional development and well-being. In the absence of universal standards in each domain listed, Vermont struggles to ensure equitable access to high-quality services. The report outlines 3 components, as seen in the Figure 6: 1) clearly agreed-upon universal high-quality program standards for child health and safety, including social-emotional development and wellbeing, 2) ensuring adequate monitoring in the program licensing system, and 3) additional investment to ensure appropriate and equitable access to program improvement support and technical assistance for all programs.

Limited progress has been made since 2018; the need remains to expand on strengths-based technical assistance and shared professional accountability to ensure that all Vermont children receive great care that parents can trust. The report suggested the creation of universal best practice Health and Safety standards, informed by current Head Start, NAEYC, STARS, and licensing standards. The Blue Ribbon Commission (BRC), Summit, and Think Tank all envision leveraging Vermont’s existing high-quality standards, including child care licensing regulations and the SStep Ahead Recognition System (STARS), and focusing on how to better support programs in meeting these standards, as well as holding them accountable to high quality.

Theme 2: Quality and Accessibility

In the Needs Assessment Survey (2020), respondents were asked to rate the overall quality of Vermont's EC system. 65.6% of respondents rated the quality as 4 or 5 on a five-point scale, suggesting they rate the quality as high quality or very high quality. 28.13% rated the quality as 3 on a five-point scale, suggesting they rate the quality as fair. No respondents rated the quality as 2 or 1 (poor or very poor quality), and 6.25% of respondents selected "not sure/prefer not to respond". This data suggests that although challenges exist in quality and availability (Vermont uses the term accessibility), many EC partners have confidence in the quality of services and supports provided.

Further, stakeholders confirmed that Vermont's most vulnerable children and their families have struggled to access high-quality care and services that meet the complex needs of their child and family. This was seen in the results of BBF's Universal Prekindergarten (UPK) information gathering efforts as well as in the child care and mental health arenas.

Stories from the Field

"Our most vulnerable children and families often have no choice but to place their children in lower quality child care and/or families don't know how to assess quality as it relates to choosing between programs. Being a 4- or 5-star program does not guarantee high quality learning experiences for children. There is a stark difference between the private programs accessed by educated/professional families for their children and those available to lower income families. Public school preschool programs that employ licensed, school district teachers to run the classrooms (not just provide 10 hours a week or contract out) offer a more equitable solution but do not provide enough slots for all children."

Vermont state agencies administer several essential services and funding mechanisms to support the availability of care for young children and families. Investments in resources for health, professional development, and child care are indicative of the state's substantial commitment to addressing a variety of needs in the EC system that impact the quality and accessibility of services. Additionally, privately funded organizations also support this work. The programs and initiatives that certify, monitor and improve quality in Vermont's EC system are outlined in Appendix F.

Children Being Served and Awaiting Services

Unduplicated within program count

Currently, Vermont is able to capture an unduplicated, within-program count of children participating in the following programs/services: home visiting, IDEA Part C, IDEA Part B, CCFAP, UPK, Head Start and Early Head Start. These programs were included in the unduplicated count because of their inclusion in Vermont's State Longitudinal Data System (SLDS) and promise to contribute to an across-program unduplicated count by the end of 2020. In addition to the programs identified as part of the unduplicated count, this theme will also outline service utilization data for programs supporting the health and mental health, basic and family needs, child care and early education needs, and after school needs of children ages birth to five, (as eligible by the above programs) and their families.

Theme 2: Quality and Accessibility

Table 3: Unduplicated (by Program) Number of Children

Program	Children Served
Home Visiting (Strengthening Families)	395 (0 on Waitlist)
IDEA Part C (early intervention)	1,084 (0 on Waitlist)
IDEA Part B (special education)	1,963 (0 on Waitlist)
Pre-K	6,901
Child Care Financial Assistance Program (CCFAP)	4,941
Head Start and Early Head Start	1,374 (167 on Waitlist)

Table 3 reports the unduplicated, within program count for each program listed as of October 1, 2019. Only Head Start/ Early Head Start reported a waitlist, with 167 children awaiting service. What is uncaptured within this data is whether a specific child is included in counts for more than one program, which is likely as there is no single data system to identify where such duplication exists.

Table 4: Necessary Factors to Thrive

Factors (n=329)	"Critically necessary" or "the most critically necessary"
Housing	94% - (304)
Food	93% - (301)
Accessible and Affordable Healthcare	92% - (299)
Mental Well-being	91% - (296)
Child Care	89% - (286)
Financial Security	88% - (285)

Service use of families with children in the EC system.

Before identifying existing service utilization, it's important to outline what Vermont's women, children and families describe as the most critical factors impacting their ability to thrive. For low-income families, addressing basic needs such as housing and food are the highest priority, but a recent statewide survey by the Vermont Department

of Health Maternal and Child Health Division found that child care was within the top five (Table 4)²⁰. For economically vulnerable and rural families, access to affordable child care, and financial stability are closely connected.

In addition to programs captured in the unduplicated count, state-level data suggests that programs addressing *basic and family needs, child care needs, health, and mental health needs* have relatively high rates of utilization across the state. Below is a snapshot of the data supporting our knowledge of children and families' access to services and supports in basic needs, child care, Universal Prekindergarten (UPK), health, and mental health.

Basic and Family Needs

- In September 2019, 3SquaresVT served 21,753 children under 18 in 11,106 households with an average benefit of \$363³⁹.
- The Women, Infants and Children (WIC) program served 11,300 pregnant women, infants, children in 2019, constituting approximately 62.4% of eligible participants. There are an additional approximately 6,700 people who are eligible, but not enrolled²⁰.
- During the 2019-2020 school year, there were 373 children under 9 who met the McKinney Vento Homelessness definition enrolled in school⁴⁵.

Theme 2: Quality and Accessibility

- In March 2020, REACH UP served 3886 families; 9,488 total recipients, 6714 of whom were children under 19²¹.
- The unduplicated count of unique child victims of abuse and neglect in 2019 was 1,004¹⁴.
- In 2019, there were 1,169 children in out of home custody, 751 children in conditional custody and 413 families getting ongoing support (4th quarter point-in time ongoing family services caseload)¹⁴.

This data provides evidence that families are utilizing programs and support to address basic needs; a continuous struggle for vulnerable families. However, due to the lack of high quality data, it is unclear how equitable, accessible, and high quality these services are.

Child Care. Vermont’s early childhood care and education (EC) system is a mixed delivery system where families may choose to receive care and education in public and privately licensed settings. Vermont, like many states, lacks distinct shared definitions and language for the varying terms used across the EC system, including ‘early learning and development’, ‘child care,’ ‘early childhood education’, etc. While child care is typically thought of as care and education received by children birth through age three, many 3, 4, and 5-year olds may receive UPK education in one setting and child care in another, in the hours outside of UPK. Further, after school programs are also a source of child care for older, school-aged children. More information about how these inconsistencies in language across the field impacts data can be found in the subtheme ‘Silos & Fragmentation’.

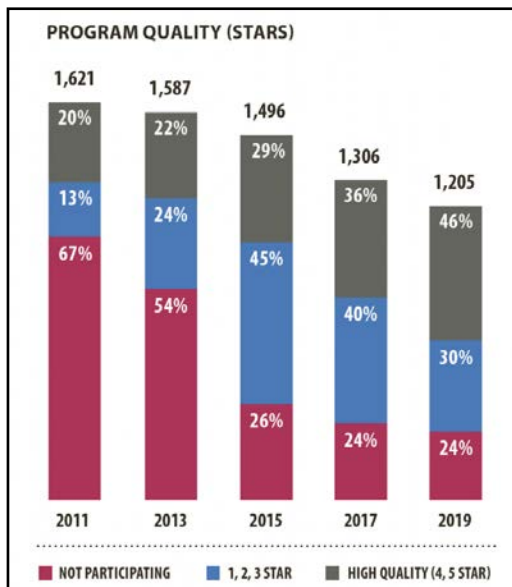
Two-thirds of families with children under 3 and 79% of families with children 3 to 5 use regular, non-parental child care in a setting such as a regulated or home-based program⁴⁶. While families of preschool and school aged children use ‘child care’ in the hours outside of public school hours, fragmentation in language and data collection has presented challenges in defining and reporting data about child care capacity across age groups in a comprehensive way, see the subtheme ‘Silos and Fragmentation’ for more about this.

The Needs Assessment confirmed that child care capacity remains a critical need, especially for infants and toddlers, in addition to identifying gaps for other vulnerable populations. As seen in Table 5, data from the 2020 Stalled at the Start Report shows that 50% of all children up to age three who are Likely To Need Care (LTNC) lack a regulated EC program in their county or region, with 62% of infants lacking access, and up to 89% of infants lacking access in rural counties; see subtheme: Barriers & Gaps in Quality and Access Across Settings. Data from 2019 also showed that 30% of 3- and 4-year olds LTNC do not have access to regulated care programs¹⁷. As this analysis is for full day, full calendar year child care, this data is not reflective of all access to UPK.

Table 5. Early Care and Education Program Capacity by Age Group

Age Group	Number Likely to Need Care	Number of Spaces	Number without Access	% Without Access
Infants (6 weeks to 23 months)	8,173	3,076	5,097	62%
Toddlers (24- to 35-months)	4,255	3,095	1,160	27%
Preschoolers (3 to 4- year-olds)	8,797	6,129	2,688	30%
All	21,225	12,300	8,945	42%

Figure 7: Program Quality (STARS)



In order to meet the demand for child care, the system would need to add approximately 8,945 slots, more than half of which would be needed for infants. In addition to data on children under five, Vermont Afterschool reported that over 17,000 prekindergarten-12 students in Vermont benefit from their afterschool initiatives in FY19 and FY20⁴⁷. This data was captured before the COVID-19 pandemic, during which, we saw gaps in child care widen, and equitable access to care become an even more significant challenge. Read more about the impact COVID-19 had on child care in Vermont in the 'COVID-19 Impact' subtheme.

While access to child care is a critical need, understanding the quality of what is accessible is just as important. Quality early childhood care and education is provided by programs that strive to realize the promise of each and every child. These programs focus on (1) child health and safety; (2) early care, education and child development; (3) family and community engagement; and (4) leadership and management systems. Step Ahead Recognition System (STARS) is Vermont's quality recognition and improvement system for child care, preschool, and after school programs⁴⁸. Programs that are determined to be high quality are those that have received four or five stars. Figure 7 depicts the trends of child care program's participation in the STARS program as well as trends in the quality of those programs between 2011 and 2019¹¹.

Starting in September of 2019, Phase I of the STARS Evolution was implemented to eliminate an application process required to have one star and to remove the regulatory history component. These data demonstrate needs to increase funding to support, maintain, and increase quality child care programs in their work to best support the healthy growth and learning of young children.

Prekindergarten Education

In 2014, Vermont passed Act 166⁴⁹, also known as the Universal Prekindergarten (UPK) Law, which offers all 3- and 4-year olds, and 5-year-olds not yet enrolled in kindergarten, up to 10 hours a week of publicly-funded prekindergarten for up to 35 weeks per year. Since 2014, the number of children enrolled in publicly funded prekindergarten education through UPK has increased by more than 2,000 as seen in Figure 8⁴².

Figure 8: Publicly Funded Prekindergarten Education Enrollment

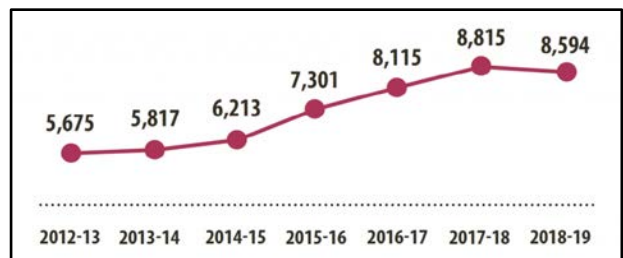


Table 6: Universal Prekindergarten Education Program Type and Quality

2017-2018 School Year	
Program Type	
School Based	132 (38.6%)
Private - Center	179 (52.3%)
Private - Home	31 (9.1%)
STARS Rating (Quality)	
3 stars	25 (7.3%)
4 stars	132 (38.6%)
5 stars	185 (54.1%)
Total	342 Programs

While UPK enrollment has trended upward over time, it is important to note the type and quality of programs. Table 7 shows that the majority of UPK programs in the state are private center-based programs. In addition, the majority are 4- or 5-star programs¹².

Several challenges to UPK access were uncovered through BBF's information gathering effort in 2019¹³.

Theme 2: Quality and Accessibility

Foremost, transportation, finances, and capacity all arose as key challenges for families in accessing publicly funded prekindergarten education. Equity and access to services was another key theme that emerged through BBF's information gathering. Specific sub-populations, like children with disabilities and special health care needs, those with religious affiliations, and those residing in families in poverty, struggle more than others to access UPK. Further, the overall number of hours, currently allocated at 10 hours a week, was reported as "not enough". Although BBF's information gathering did not come to a consensus on how many hours would meet the needs of all children, several groups suggested that UPK should provide full-day, full year access to children and their families.

Finally, BBF's information gathering effort on UPK found that transition-related barriers prohibited access to UPK for some children. First, the daily transitions between programs created challenges due to the limited number of hours allotted per day. Second, there are several transitions that the child faces over time, for example, the transition from child care to UPK, from early intervention to preschool special education services and from UPK to kindergarten. Because of the low number of hours allotted for UPK under Vermont's Act 166, these transitions are all the more challenging.

Head Start¹⁵

- In FY18 Head Start programs provided services to over 1,810 children.
 - Over 90% were 3- and 4-year-olds.
- In FY18 Early Head Start served 686 infants and toddlers and 58 pregnant women.

Physical Health

In FY 18, Vermont's Title V services administered under the Vermont Department of Health (VDH) Maternal and Child Health Division reached 86% of pregnant women, 94% of infants, 98% of children and youth ages 1 to 21, and 98% of children with special health needs²⁰.

- The WIC program served 11,300 pregnant women, infants, children in 2019, constituting approximately 62.4% of eligible participants. There are an additional approximately 6,700 people who are eligible, but not enrolled²⁰.
- 91% of children under age 6 saw a health care provider in the last year⁵⁰.
- 61% of children received a developmental screening⁵¹.
- Vermont children ages 3-8 regularly see the dentist for preventive care (86% of 3-5-year-olds, 89% of 6-8-year-olds, and 29% of 1-2-year-olds⁵²)

Mental Health¹¹

- In 2018, 3,322 children accessed mental health services from one of Vermont's Designated Agencies, which has consistently increased over the last two decades.
- In 2019, 265 children under the age of 9 used crisis services.

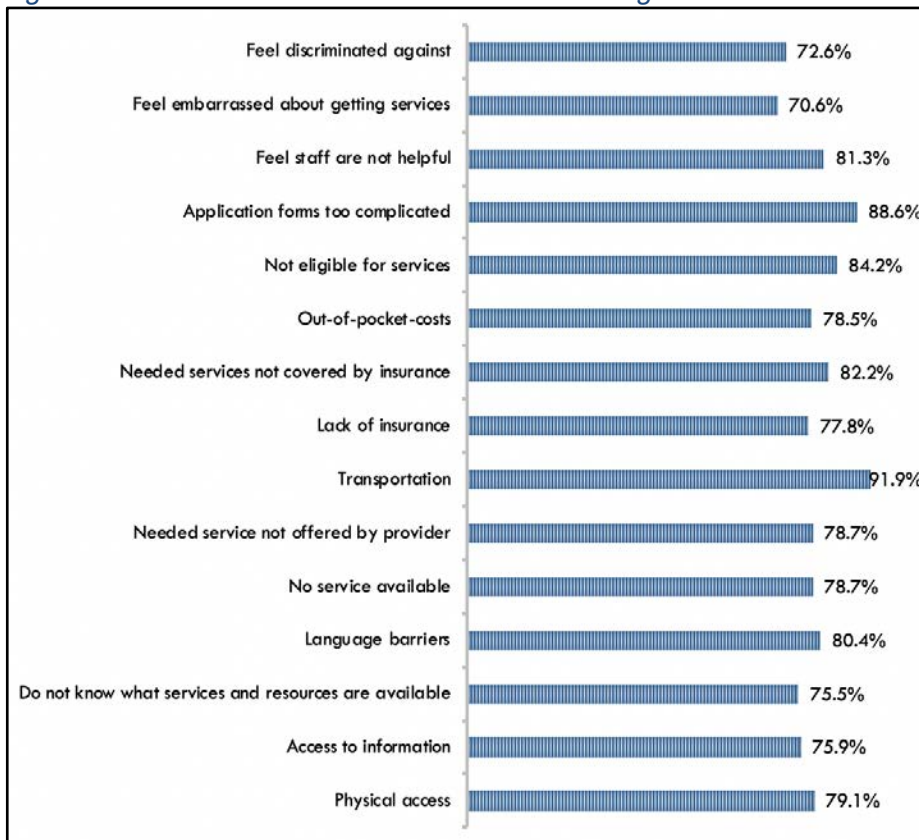
While this theme provides a snapshot of (some) of the EC services utilized by Vermont's children and families, this data does not provide a full picture of existing service capacity and the scale of need for individual services. This is due to siloed data collection by sector and presents a significant barrier to seeing the EC system of services as a whole. For more information on the gaps in Vermont's data abilities, see Theme 8: High Quality Data.

Barriers and Gaps in Quality and Access Across Settings

Addressing barriers to access is one way systems can increase equity and inclusion. The VDH Maternal and Child Health Division's statewide *Access to Health and Wellness* survey asked respondents to identify barriers to care for children and youth under age 21 including those with special health needs. As seen in Figure 9 the most commonly identified barriers reported were transportation (91.9%), complicated application forms (88.6%), and not eligible for services (84.2%). Respondents were the least likely to identify feeling "embarrassed about getting services" (70.6%) and "discriminated against" (72.6%) as barriers to their care²⁰.

Theme 2: Quality and Accessibility

Figure 9: Barriers to Needed Services for Children ages 0-21



The high percentage of respondents who identified even the lowest ranking barriers (with no barrier receiving less than 70%) suggests that all of these issues are of concern for families with children under age 21. While the VDH *Access to Health and Wellness* survey focused on needs for children and families within health domains, it is likely that transportation, costs and ability to pay are prevalent concerns across other kinds of EC programs, including child care and UPK.

Existing data suggests several factors impact the quality and access of EC services that children and families receive.

Regional Variability in Access to Care. Due to Vermont's rural landscape, geography and transportation impact families' ability to access EC services. Data published in *Let's Grow Kids 2020 Stalled at the Start* report shows that while statewide, 62% of infants likely to need care (LTNC) do not have access to regulated care programs, that figure increases to as high as 89% in rural counties. The same is true for the rates of toddlers and preschool aged children who lack access to regulated programs. The percentage of toddlers LTNC without access to regulated care varies from 0% to 79%. The percentage of preschoolers LTNC without access varies from 6% to 92%, as seen in Figure 10¹⁷.

Figure 10: Preschoolers LTNC Without Access to Regulated Care

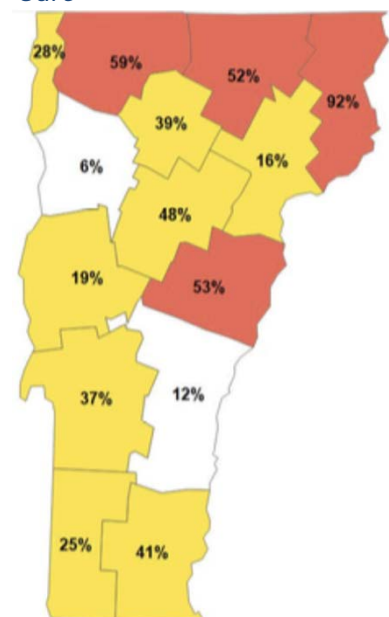


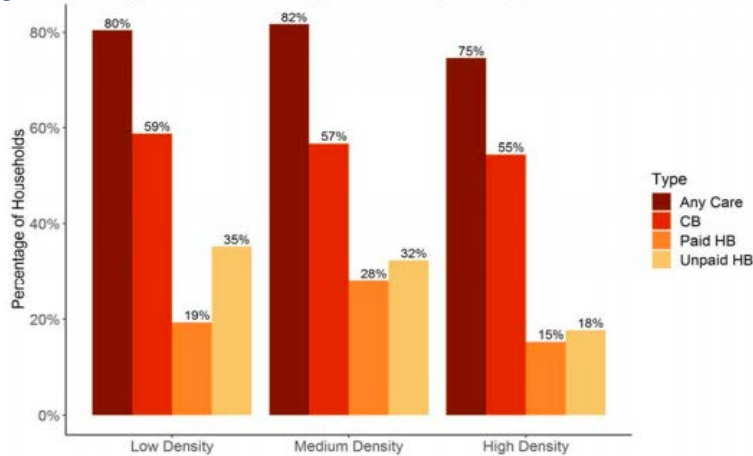
Figure 11 illustrates the use of any regular care was high in communities of all densities, at least 75%, with center-based care being most prevalent. Families in low density (rural) areas use more home-based care than families in high density areas⁴⁶.

Theme 2: Quality and Accessibility

Regional Variability in Quality of Care. The Stalled at the Start (2020) data also reflects variability in access to high quality care. While in 2020, more infants and toddlers have access to high quality care than did in 2018, percentages still range across counties. Data about this trend for preschoolers' access to high quality care was not collected.

2020 data shows that by county the percentage of infants lacking access to high quality care ranges from 68% to 94%; the percentage of toddlers lacking access to high quality care ranges from 21% to 90%; the percentage of preschoolers lacking access to high quality care ranges from 26% to 96%¹⁷.

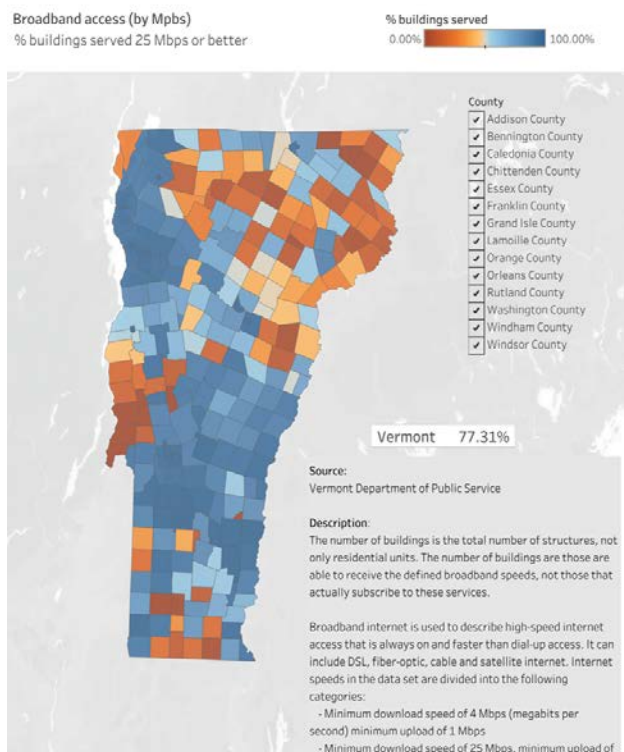
Figure 11: Type of Care Used by Community Density



Further, the capacity of the EC workforce remains a challenge that contributes to both quality and access. Research shows that experienced, well-educated early childhood educators are critical to providing high-quality early care and education for children under the age of five. Read more about the challenges facing the EC workforce as it relates to quality and availability in Theme 4: Workforce Needs.

Connectivity. Another long-standing challenge for Vermonters is connectivity. Connectivity challenges appear in part, due to the rural nature of Vermont, but also because of access and affordability of the internet, and the limited number of capacity and devices for families to access necessary services and resources. Figure 12⁵³ illustrates how broadband access across the state varies, with particular counties being more affected than others. Broadband access is largely aligned with population density, with higher density areas having higher levels of access.

Figure 12: Broadband Access (by Mbps)



Issues involving EC facilities

In 2015, in collaboration with the Vermont Department of Children and Families (DCF), the Education Development Center (EDC) conducted a survey to collect data on Vermont's child care facilities. Five types of programs were surveyed: *community-based early childhood programs, school-based early childhood programs, Head Start and Early Head Start programs, licensed family child care and parent child centers*. At that time, program directors reported that general operations were not impacted by the structural facilities. Several challenges due to building conditions were commonly identified including, air conditioning, energy efficiency, playground/outside play areas, kitchen areas, parking issues, bathrooms, roof repairs, and updates to meet ADA requirements around building accessibility⁶.

Silos and Fragmentation

The Needs Assessment demonstrates how data collection is frequently siloed based on the service or sector. This creates challenges in understanding the quality and availability of all EC services; i.e. seeing the big picture. It is difficult to recognize opportunities for cross sector partnerships, when data is siloed within each sector, often due to funding and or policy restrictions from varying sources. Further, this can lead to misrepresentation or inequitable representation of the services used.

This issue is further complicated with regard to early childhood care and education (EC) because the field uses multiple terms to describe this service, e.g. 'child care', 'early childhood education', 'early care and learning', 'early learning and development,' 'early care and education'. This fragmentation in language is seen at the individual, agency and national levels and represents diverse perspectives in what qualifies and distinctly defines 'child care' or 'early care and education'. It's necessary to refine the terms and develop clear definitions that can support the use of shared language and data that helps inform decision making.

Additionally, fragmentation and silos have contributed to limited alignment and integration at the administrative level due to the joint administration of Act 166. BBF's information gathering effort on UPK illuminated challenges in cross-agency collaboration, monitoring and evaluation and duplication. For more on the importance of collaboration, data and integration see Theme 5: System Integration.

COVID-19's Impact

Data about how COVID-19 has impacted family's access to basic needs, mental health, and health services is needed. Help Me Grow Vermont (HMGVT) reported that calls from families seeking food resources during the pandemic increased by 382% compared to the same time last year (March 15 – June). During this same period, HMGVT calls from families seeking support and problem-solving increased by 600%, from 40 in 2019 to 240 in 2020⁵⁴.

The COVID-19 pandemic has only complicated the already dire struggle to secure high-quality, affordable child care for Vermont's youngest and most vulnerable children and their families. On March 24, Governor Phil Scott issued a "Stay Home, Stay Safe" order and directed the closure of in-person operations for all non-essential businesses. These restrictive measures were put in place to minimize all unnecessary activities outside the home to slow the spread of COVID-19 and protect the public, and included the closures of schools, child care programs and non-essential business. Vermont mobilized quickly to respond to the needs of children and families, especially the emergency child care needs of essential persons, in addition to designing a plan to ensure child care programs are able to reopen their doors once this has ended by stabilizing programs and in turn, stabilizing the workforce. Vermont utilized existing partners and the existing child care referral system to develop a new child care system and process in a short period of time. There was incredible cross-agency, cross-sector, public-private partnerships and communication emerging. The state truly recognized child care as essential for kids, families and the state.

Stories from the Field

"I am so incredibly grateful for the strong support demonstrated for early education programs during the COVID-19 pandemic. Because of this, I have been able to keep my teachers employed and stabilize our program up until this point. This has allowed teachers to sustain much-needed connections with children and families that are so important to helping them weather this challenging time."

Theme 2: Quality and Accessibility

Given the state's rapid response to supporting Vermont's child care infrastructure through stabilization funding and developing an emergency system to host child care for essential workers, child care programs responded heroically and capably to meet the needs of children all summer. Not only did the need for emergency child care for essential persons become a high priority, but as time as passed, the importance of child care for all working families emerged as critical as well. Separate from the importance of Vermont's workforce, the narrative that child care, as a setting for early learning, is critical to the social emotional development and learning of infants and very young children also took the forefront as a cornerstone of the debate about how and when to reopen all programs.

More broadly, from March to June, while the stay home, stay safe order was in place, some child care programs and all UPK programs delivered services remotely. A May 2020 survey¹⁹ of regulated child care programs including family home programs, center based programs, public preschools and afterschool programs examined the support these programs would need to reopen after Vermont's COVID-19 closure. The survey found that programs planning to reopen would most likely do so at a significantly reduced capacity, both in response to new health and safety mandates, and as a result of anticipated changes in the availability of staff.

A July survey from the Child Development Division⁵⁵ found that only 50% of child care spaces were utilized in summer programs compared to preCOVID-19 enrollment; that 2 % of reporting programs are closing and 25% of children attending reporting programs in the summer are new to care and have not attended a child care program previously. This demonstrates a shift in who had access to care.

In response to COVID-19, a number of regulated EC programs have permanently closed, and the sector continues to experience unprecedented uncertainty.

Stories from the Field

"We need to be able to provide the best care possible without the fear of not being able to pay our bills or make payroll; parents need to be able to navigate the needs of their families and the reality of care situations without fear of losing a much-needed child care spot." - Early childhood educator¹⁸

In August of 2020, 55% of families of children with special health needs reported challenges accessing special education services during the Stay Home Stay Safe Order as reported in the August COVID-19 Family Impact Survey conducted collaboratively by Voices for Vermont's Children, Let's Grow Kids, Building Bright Futures and the Vermont Early Childhood Advocacy Alliance²². This data demonstrates the disproportionate impact made on vulnerable children and families during the COVID-19 pandemic.

COVID-19 posed new challenges and gaps during July and August as Vermont approached the start of the 2020-2021 school year. Vermont families faced unique challenges with the possibility of remote and hybrid education models paired with working families, including educators who also have children. Another debate ensued around how to ensure safe spaces for children to thrive in their development and learning while ultimately focusing on the health, safety, social emotional needs and mental health of children and their families.

Theme 3: Early Childhood and Family Mental Health

Early childhood and family mental health (ECFMH) refers to the social, emotional, and behavioral well-being of young children and their families, including the capacity to experience, regulate, and express emotion; form close, secure relationships; and explore the environment and learn. Optimal mental health allows children to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. For children, mental health challenges can impact their ability to access school or child care, develop peer relationships, and can have lifelong impacts.

For the last two years, Vermont's Early Childhood State Advisory Council identified ECFMH as a priority area and created a Mental Health Task Force¹⁶ composed of cross-sector public and private partners to outline common language and develop recommendations to best serve and support Vermont's children and families. Vermonters recognize that as a system, we seek to create supportive environments and responsive relationships using aligned language and a common vision. This continued commitment to ECFMH provides a foundation for all future development.

The following sub themes emerged in the Needs Assessment:

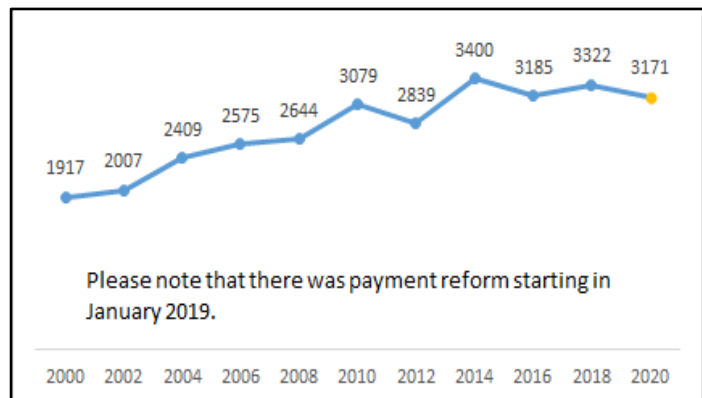
- *Utilization and Need for Mental Health Services*
- *Importance of Prevention and Building Resilience*
- *Silos and Fragmentation*
- *COVID-19's Impact on Isolation, Social Emotional Development and Connection to Supports*

Utilization and Need for Mental Health Services

The 2019 How Are Vermont's Young Children and Families Report¹¹ included prioritized early childhood and family mental health data and put a spotlight on the mental health of children and service utilization. The following data depict the need for, and increased utilization of mental health services.

- *Designated agencies reported 3,171 children accessed mental health services (Figure 13)⁵⁶*
- *# of children accessing crisis services rose from 197 in 2017 to 265 in 2019¹¹.*
- *One in five children between the ages of 6 and 8 has a social, emotional, or behavioral health condition⁴⁴.*
- *In 2020, out of 349 children ages 21 and younger in residential care, 22 children were under the age of 9⁵⁶.*
- *In 2019, 89% of children assessed in Vermont have a history of trauma and only half report having a stable caregiver in their lives while 40% report having a connection to their community¹¹.*

Figure 13: Number of Children Under 9 years Served by Designated Agencies



Importance of Prevention and Building Resilience

Vermont's EC system values prevention and intervening to support children and families as early as possible. However, the current system is frequently slow to invest in proven strategies. Further, prevention and resilience are hard to fund and measure. Two examples of Vermont's commitment to moving prevention and building family resilience are adopting the [Strengthening Families Approach](#) and the Vermont Resilience Mapping project which is working to build a coordinated statewide approach to foster resilience for all individuals and communities through a consistent shared message and integrated communications. Additional information on Vermont's approach is available on the [Trauma Prevention and Resilience Development](#) website.

Silos and Fragmentation

Throughout the Needs Assessment, it was evident that both providers and families value integration because it helps effectively deliver high quality services to children and families. However, both parties shared examples of siloed services and system fragmentation that is the result of rigid policies and funding. This creates a challenge for Vermont's EC system, but further, creates gaps in mental health services for Vermont's youngest children and their families.

Stories from the Field

"If I could go back to make change to build a system that works better for my child, I would want a system that is flexible to the needs of each child; not one that asks kids and families to squish into a certain form." –parent

"The ECE, mental health, and medical fields are working collaboratively on many projects in the local community. Individuals share resources, respect each other's perspectives, and problem solve well. However, state and federal funding sources do not support this cross-sector collaboration. Funding is so limited agencies must compete against each other for minimal amounts. Collective case management and resource sharing is not valued from a funding perspective."

"There are many gaps in integration. The felt sense from the field is that everyone is well aware of the gaps and issues. The reality of the situation is that the legislation has yet to see this as a funding priority."

Vermont's EC system requires coordination across sectors including healthcare, early childhood education, social service and early intervention programs.

COVID-19's Impact on Isolation, Social Emotional Development and Connection to Supports

To say that the pandemic has been stressful for parents and caregivers is a dramatic understatement. The combination of isolation, challenge to access supports, financial pressure, loss of EC and health concerns is exceedingly challenging for families. Vermont's early childhood community is concerned for the current mental health challenges of children and families and the potential lasting secondary effects of COVID-19.

"We are concerned about the impact [COVID-19 and transition for young children] has had on our children emotionally and physically. The unrealistic expectations of children and child cares are unacceptable...The compounded stress is really just more than families can handle." – Parent¹⁸

Theme 4: Workforce Needs

The Early Childhood Workforce is a critical part of building a robust high quality system for children and families and therefore was a focus in the 2020 Needs Assessment. While references to the workforce often imply Vermont's child care providers, in this report it is defined more broadly and includes individuals working in the field with children in other settings including early intervention, early childhood mental health, home visitors, and in community settings such as Parent Child Centers, WIC, Head Start and Early Head Start, etc. The workforce has been a priority for Vermont's EC system and was made a priority of the State Advisory Council in 2019. The Needs Assessment reaffirms the importance of collecting and monitoring cross sector data about EC workforce capacity, developing qualifications, and addressing state-wide variability. The investment in the workforce is essential in order to promote the delivery of equitable, accessible, and high quality EC services to young children and families.

The following subthemes emerged in the Needs Assessment:

- *Vermont's Existing Workforce*
- *Gaps and Opportunities*
- *COVID-19s Impact*
- *Initiatives & Ongoing Efforts to Support the Workforce*

Vermont's Existing Workforce

Education & Qualifications. Research by the National Academy of Sciences in *"Transforming the Workforce for Children Ages Birth through Eight"*⁵⁷ identifies the core knowledge and competencies needed by practitioners that support high quality early childhood education (ECE). However, it is recognized in many states including Vermont that increasing qualifications in an economy that doesn't adequately support an appropriate wage and benefits structure is difficult to implement. It is also recognized, as discussed in Theme 2: Quality and Accessibility, that the field lacks shared language, with some members describing their work in 'early childhood education,' 'early care and education,' or 'child care,' and that Vermont's EC system does not distinctly define 'early care and education' differently than 'after school care'. Given these challenges, 'child care' is used throughout this section, though it is recognized as including individuals who work in 'early care and education' settings.

Data published by the Vermont Child Development Division (CDD) in the VT Early Childhood Afterschool Workforce Report (2018)⁹, shows 350 individuals working in CIS, and 8435 individuals working in regulated child care, preschool, and after school care. There exist a range of standards, qualifications, and pathways for members of the EC workforce, depending on the position, and more data is needed to accurately represent workforce trends and those within individual EC sectors.

- 36% of individuals working in regulated child care have a degree or credential verified in Vermont's Bright Futures Information System, with the most individuals having a degree in "other" (32%),
- 46% of individuals that have reported a degree or credential have achieved a bachelor's degree or higher,
- 55% of individuals with Associate's degrees had concentrations in 'early childhood education' (the highest percentage of all degrees).
- For Children's Integrated Services, most CIS service providers and administrators hold a bachelor's degree (61.58%). Over a quarter report holding a master's degree (33.89%). Fewer than 3% hold doctorates (1.12%), Associate's degrees (.56%), and a high school diploma or equivalent (2.82%).

Theme 4: Workforce Needs

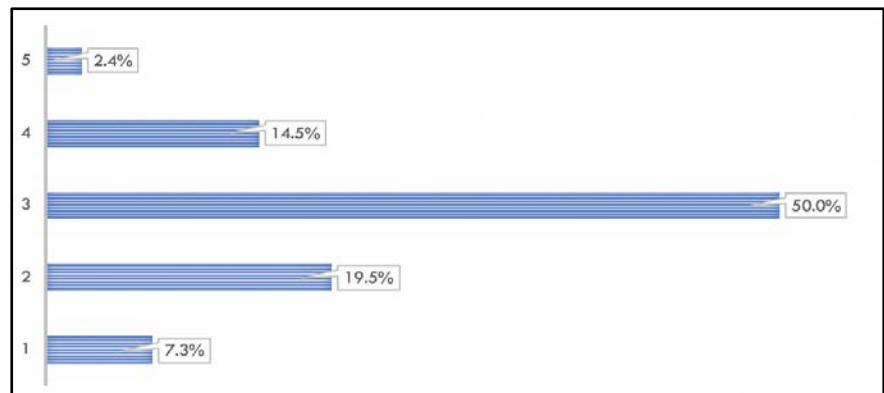
This data suggests that Vermont’s EC workforce has diverse education levels and the concentration of their degree also varies widely.

Data from 2015 from the Vermont Early Childhood & Afterschool Workforce Report⁵ conducted by the Education Development Center, Inc. (EDC) found that education degree attainment varies by sector. Examples of this data include:

- 50.6% of 644 respondents to the Early Childhood & Afterschool Survey report that they have obtained an Associate, Bachelor’s or Master’s degree. A similar percentage of early childhood staff reported having an Associate or higher on the National Survey of Early Care and Education (NSECE; 53 percent).
- 33.7% of 306 respondents to the Family Child Care Provider Survey indicate that they have obtained an Associate, Bachelor’s or Master’s degree. A similar percentage of home-based providers reported having an Associate or higher on the NSECE (30.3 percent).
- 78.2% of 417 respondents to the Public School Survey indicate that they have obtained an Associate, Bachelor’s or Master’s degree.

In the Needs Assessment Survey (2020), respondents were asked to rate “How well equipped is the early childhood workforce to meet the needs of Vermont’s children and families?” on a scale of 1 to 5 (Figure 14). “Well equipped” in this context does not indicate a lack of training within the existing workforce, although it does suggest the need to enrich the existing workforces’ early childhood education

Figure 14: How Well Equipped Is the Workforce? (5= well equipped)



practitioner skills. Instead, it indicates there is a lack of resources (e.g. not enough highly trained professionals, lack of time, barriers to accessing the right professional development opportunities, etc.) to be able to effectively support the needs of the large number of children in need of diverse services. This is a mounting challenge amid a complex system that is exacerbated by the COVID-19 pandemic.

Compensation. The Early Childhood Workforce Index (2018) from the Center for the Study of Child Care Employment⁵⁸ reports the median wages for some members of the EC workforce in Vermont, specifically those in child care, as seen in Figure 15.

Figure 15: Earnings by Occupation

Occupation	Median wage
Child care worker	\$12.71
Preschool teacher	\$14.57
Center director	\$22.14
Kindergarten teacher	\$31.69
Elementary teacher	\$33.85
All workers	\$18.57

Earnings by Occupation

- In 2017 the median wage for child care workers was \$12.71, a **10% increase since 2015.**
- For preschool teachers the median wage was \$14.57, **with no change since 2015.**
- For preschool or child care center directors, the median wage was \$22.14, a **2% increase since 2015.**

The 2015 Early Childhood and Afterschool Workforce report⁵ found that wages in family child care homes and early childhood and afterschool licensed centers are lower than wages in public school settings. The overall median hourly wage for the respondents to the Early Childhood & Afterschool

Survey was \$15.21, while the median hourly wage for Public School Survey respondents was \$25.48.

The data suggest that given the low levels of compensation in EC settings, EC professionals return on investment for formal education is low. While there is no lack of commitment to providing the best care possible across all EC settings, compensation & benefits vary widely across settings and sectors.

Data about the compensation and benefits available to EC workforce members in sectors outside of child care and education (mental health, health, etc.) may be collected but not available across the system, and therefore not included in this needs assessment.

Stories from the Field

“Child care providers are inventive, adaptable and flexible people - but we need support more than ever. We need to be able to provide the best care possible without the fear of not being able to pay our bills or make payroll; parents need to be able to navigate the needs of their families and the reality of care situations without fear of losing a much-needed child care spot.”

“Our center pays well beyond the standards of many other centers in our area and across the state. Two-weeks paid vacation, 7 paid sick days, 8 holidays, hours in training, fees for training. But the gravest needs are health care and the enormity of the college level training requirements. We simply cannot afford these costs.”

Gaps and Opportunities

There are several gaps and opportunities identified to improve Vermont’s EC workforce. These characteristics are reflected in the sub themes below.

Recruitment & Retention. The Needs Assessment confirmed the need for more highly trained staff. This represents a need for greater workforce capacity, and more training with regard to mental health, social emotional development and trauma-informed approaches that are used across settings. EC stakeholders recognize the importance of qualifications and professional development to support the workforce’s capacity to meet the needs of Vermont’s most vulnerable children and families, yet still face challenges in attracting staff with high qualifications, and in addressing barriers to accessing appropriate professional development.

Stories from the Field

“I think the biggest challenge is finding quality staff. Degree or higher education requirements are challenging. But even getting applications through the door is challenging. Jobs are posted for weeks/months and no one is applying. Some of the people who end up applying really don't have the experience especially in working with a team and using professional decisions around how to navigate that.”

Programs report understaffing is a limiting factor to serve their full potential capacity. When asked, “to what extent have any of the following factors made it difficult to hire the staff you need?” 2020 Needs Assessment Survey respondents reported a lack of qualified candidates, the inability to pay enough, and the inability to provide benefits as significant factors.

- Lack of qualified candidates: 58% reported this impacted hiring “a lot”, and an additional 29% reported this “somewhat” impacted hiring.
- Inability to pay enough: 61% reported inability to pay enough, and an additional 30% reported this “somewhat” impacted hiring.

Theme 4: Workforce Needs

- Inability to provide benefits: 37% reported this impacted hiring “a lot”, and an additional 15% reported this “somewhat” impacted hiring.

In 2018, nearly 1 out of every 5 Head Start (HS) classroom teachers left their program, and almost 60% of those positions remained vacant for more than three months¹⁵.

The EC workforce is educating and supporting the health and well-being of Vermont’s future; our children. Yet, these professionals are still not paid in alignment with their value, skills and competencies, and disparities in pay exist across private and public settings. Similarly, very few benefits are provided to individuals working in early childhood settings not managed by public schools.

EC stakeholders both recognize the challenges in recruiting and retaining a qualified workforce, and the impact that has on the quality and accessibility of early childhood education for children and families.

Stories from the Field

“The early education workforce is extremely fragile. We are expecting people to do this work with very little pay and rising educational expectations. While the professionalization of the workforce is important, the wages are not keeping pace with the expectations.”

“There are too many programs run by underpaid, unqualified staff who don't have the skills to support children in a developmentally appropriate manner. Unpredictable, low quality learning environments result in negative outcomes for children and will ultimately undermine community/taxpayer willingness to support and recognize the value of early childhood programming.”

“Often the lack of housing, the incredible high cost of housing in Central Vermont, and the very low wages of entry level child care teachers and even very experienced teachers, makes them withdraw their applications or makes the move impossible even after we have hired them.”

“I only make \$14.00 an hour and cannot afford to go to the doctor yet I have to subject myself to a process that we already tried only to have half the teaching team become positive with Covid-19”

“It should also be recognized that child care is a low-paid profession, and many caregivers do not have health insurance. This makes the risk of infection also a risk of financial catastrophe should they become very ill.”

Professional Development. The professional qualifications and competence of the workforce are critical to the provision of high-quality services. Although Vermont has made several investments in the past five years to support professional development activities, access and affordability to professional development activities remain a challenge. In the 2020 Needs Assessment Survey, 39% of respondents reported their biggest barrier to PD was ‘having no one to cover when someone is absent;’ followed by ‘professional development is too expensive (28%),’ though most respondents identify several significant barriers including ‘lack of compensation for staff to attend’, and ‘not enough PD offerings in our area’. More data is needed about the quality and accessibility of the professional development system in Vermont.

IT Infrastructure. Currently, the Child Development Division (CDD)’s data system, Bright Futures Information System (BFIS), collects information on the regulated workforce including place of employment, position, education, credentials, training, and some basic demographic data for regulated child care programs. This data has been difficult to obtain in the past because

participation in the system was voluntary. Starting in 2016, all regulated programs are required to have staff submit information about qualifications and professional development to be verified in BFIS, however the system does not have the capacity to collect compensation and other demographic information. Separately, CIS gathers self-reported information on the CIS workforce. Vermont's Agency of Education (AOE) and Department of Mental Health (DMH) separately track workforce data. There is no system that integrates workforce data (or other child and service data) across sectors.

COVID-19's Impact

Workforce capacity has been a chronic limiting factor for EC programs, and the system is now further strained by the impacts of COVID. Most EC programs are serving fewer children and those who are open have seen their costs increase with the requirement that they provide personal protective equipment to their staff¹⁹. While earlier in the year, the state provided child care and summer programs with relief grants, and later, a restart stipend to support programs with COVID-related expenses, chronic challenges including low wages, mediocre benefits, and EC providers' access to child care for their own children have been further exacerbated by COVID. Demand for child care is still essential, as we are observing first hand throughout this pandemic, and without a (robust) workforce, we do not have the capacity to serve all of VT's children (LTNC).

Initiatives & Ongoing Efforts to Support the Workforce

- The VECAP Early Learning and Development Committee is devoted to increasing the number of childcare providers and the number of children and families that can be served across the state. The committee has been working on increasing compensation and benefits and has identified needs to:
 - Promote strategies to increase early childhood workforce compensation and benefits without shifting costs to families.
 - Invest in early care and learning professional networks and peer support networks and implement sustainable business practice strategies across settings.
 - Fund, develop, and implement a workforce data collection, evaluation, and report dissemination plan (including frequency) to understand workforce trends, needs, compensation and benefits.
- The VECAP Professional Preparation and Development Committee works to develop, coordinate, and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and afterschool professionals. The committee's priorities are to equip the early childhood workforce across sectors in the early childhood system with the common knowledge and skills needed to support children's optimal learning and development and family stability. Implementing policies and structures that enhance the early childhood workforce's stability and economic security is also a VECAP objective. One strategy to address workforce needs is to establish and implement a statewide recruitment and marketing campaign to attract new staff into the early childhood field. The committee has identified needs to:
 - Further develop pathways to the field, such as bridging with technical education centers to train students so that they can easily transition to a position at an early childhood program.
- The **Early Childhood Higher Education Consortium** represents a dozen institutions of higher education and others who deliver professional development. The Consortium hosts a Summer Institute series with courses that meet the needs of the early childhood workforce

from the AA to the MA level. In addition, the Consortium has worked to remove systemic barriers to further education for EC professionals by introducing alternative formats, reducing tuition costs, and enhancing the ability of institutions to create articulation agreements and work more closely together with each other and with the existing Vermont systems.

- Another example is the **TEACH (Teacher Education and Compensation Helps) program** which is administered by the Vermont Association for the Education of Young Children (VTAEYC). TEACH offers a comprehensive scholarship program helping early educators pursue certificates and degrees in higher education. In 2018 TEACH served 78 early education professionals⁵⁹.
- **Northern Lights at CCV** provides essential backbone infrastructure to the state's EC professional development system and has been partnering with CDD CIS on initiatives to support CIS staff.
- **The National Association for the Education of Young Children (NAEYC)** has been working to create a distinct profession of 'early childhood education' with the [Power to the Profession](#) movement, in response to the recommendations presented in the *Transforming the Workforce for Children Birth through Eight* report. Their [Unifying Framework](#) clearly defines the standards, qualifications, roles, supports, and compensation for members of their profession working with children birth through age 8⁵⁷. There is currently a VTAEYC Advancing the Profession Taskforce exploring to what extent Vermont may align with these recommendations.
- **Vermont Afterschool, Inc.** provides ongoing professional development support to afterschool programs, including Hub programs that have been established during COVID-19.
- The **Child Development Division** is conducting an evaluation of the EC professional development system in collaboration with the Education Development Center, Inc (EDC) to evaluate the general, regional, and subject-matter availability of professional development as well as the quality for EC professionals. EDC has conducted five focus groups of EC professionals (center-based directors, center-based staff, family child care providers, afterschool, and CIS staff). EDC has also completed fifteen interviews with EC leaders regarding professional development opportunities and needs, as well as a literature review. The early childhood professional development system evaluation includes a survey of 800 participants and was scheduled to begin in early April, but was delayed until August in response to the COVID-19 pandemic when child care centers closed. The CDD gathered feedback about online real-time classes and communities of practice, two professional development methodologies rising in popularity due to the restrictions caused by COVID-19. Survey results will be disseminated in December 2020.
- The **Vermont Head Start State Collaboration Office** is developing a comprehensive Wage and Benefits study of the EC workforce. Data from that study is expected to be available in July 2021.

Theme 5: System Integration

One of Vermont's goals is to align, integrate and coordinate efforts and initiatives across sectors to provide seamless transitions among services and programs for families. With two agencies; the Agency of Human Services (AHS) and the Agency of Education (AOE) overseeing the systems of care and education for children ages birth to eight, Vermont EC stakeholders are required to collaborate and coordinate across healthcare, education, early care and learning, social service, and early intervention programs. The Needs Assessment highlighted the critical role of collaboration at the agency level for collaboration to be successful at the local and regional level. Data from the Needs Assessment shows that while there are some service delivery models that demonstrate strong commitments to interagency collaboration, rigid policies and funding have many services still operating in silos. These conditions make it challenging for service providers to collaborate both effectively and efficiently, for families to navigate access to services, and for data collection to be streamlined. In turn, these conditions create barriers to our EC vision.

Across all data sources, the following sub themes emerged:

- *Strong Relationships & Commitment to Collaboration*
- *Gaps in Continuity of Services & Transition Supports*
- *Need for Aligned Messaging & Expectations*
- *Lack of Data and Administrative Integration*
- *Siloed Finances and Resources*
- *COVID-19's Impact*

Strong Relationships & Commitment to Collaboration

Vermont's EC stakeholders value partnership, which is characterized by strong leadership-level coordination, intentional communication, and efforts to share data. Despite barriers including different funding sources or data collection methods, collaboration is evident and strong in the EC system, and provides the foundation for integration in Vermont.

Stories from the Field

"There is a commitment to improving Vermont's early childhood programs to better support families and parents' participation in the economy and workforce, moving us to effect change at a systems level. . . We are a small state with constituents and advocacy organizations using big muscles to fight for early childhood programs & supports."

BBF's statewide information gathering efforts on UPK found that respondents consistently articulated the importance of strengthening existing communication, collaboration, and partnerships across all levels of our system to smooth transitions for families, to streamline siloed efforts and reduce duplication. It is clear that Vermont's EC stakeholders strongly value these practices as essential to the success of creating a sustainable, integrated EC system that realizes the promise of every child.

Vermont's EC community reported several programs who have successfully worked to integrate and align services for young children and families (see Appendix A for detailed descriptions of programs):

- Children's Integrated Services (CIS)
- Building Bright Futures (BBF)
- Early Childhood Interagency Coordinating Team (ECICT)
- Help Me Grow VT (HMGVT)
- Act 166 - Universal Prekindergarten Education (UPK)

Theme 5: System Integration

- Parent Child Centers (PCCs)
- Vermont Interagency Coordinating Council (VICC)
- Let's Grow Kids (LGK)
- Head Start and Early Head Start

As mentioned throughout the report, there is awareness that in addition to the types of direct service providers listed above, child care programs and UPK programs also play a role in collaborating; often being a site where the services are delivered.

Stories from the Field

"Children's Integrated Services (CIS) is a remarkable example of integrating health and early childhood; Building Bright Futures (BBF) is an excellent example of integration between communities and the state."

Gaps in Continuity of Services & Transition Supports

EC Stakeholders also reported the continued need to support continuity in service provision, especially for Vermont's youngest and most vulnerable children and families. The quotes below illustrate the challenges children and families face when transitioning from early intervention (birth to age 3) to early childhood special education services; and from early childhood education (0-5 years old) to kindergarten & the public school system (6-8 years old), among others. In addition, stakeholders described daily challenges with UPK transitions due to the 10 hours allotted under Act 166.

Stories from the Field

"If we're considering early childhood to be birth through age eight, there is still a considerable gap between the 0-5 system and the 6-8 system - this transition point is difficult for families and therefore difficult for children."

We have a ways to go to figure out young children's [transition] to school age - transition points need to be more seamless from early childhood to school age to adolescence to transition age. Children age and bump into new systems - transitions and hand offs need to be smoother.

The transition from early intervention to Essential Early Education (EEE) is traumatizing for parents-- support looks so different. . . families struggle to get what they need.

"Early special education seems to be an area where our regulations get in the way of fully serving children in the best way possible. The mixed delivery system of UPK has challenged this system and means more transitions for children who need fewer transitions rather than more!"

Children with special health care needs' (CSHN) services are set up with a goal to transition-- not a goal to provide consistent care-- this leads to families having to continually retell their stories.

When kids age out of CIS there are not enough resources-- school districts are not resourced to meet these needs-- school districts do not serve whole families-- they only deal with the child and this isn't always enough or the right kind of help.

Maternal and child health program providers who participated in Vermont's 2020 Title V Needs Assessment focus groups stated that in most regions of Vermont families with children who have special health needs encounter difficulty when children reach any transition point, including as children age (from 0-3 to prekindergarten/school-age services, across grade levels,

Theme 5: System Integration

and from pediatric to adult systems), as well as when families are “handed off” from and/or served by multiple systems. 41.5% of Access to Health and Wellness survey respondents said support to navigate the system of care for children with special health care needs was seldom or never available, compared to only 35.7% who said this support was usually or always available²⁰.

This data highlights the need for multiple EC stakeholders to collaborate in the evaluation of transition supports. CIS is one example of a program supporting successful transitions. Vermont’s CIS model establishes a “One-Plan” to support transitions across agencies and from child care to Pre-K to elementary school. CIS teams across the state meet weekly to share intake information, make referrals and discuss transition supports for families and children. Specialized Child Care teams consult with child care providers and schools to assess plans and ease transitions.

Head Start and Early Head Start programs can provide additional examples of how to best support successful transitions for children. Federal program performance standards require that Head Start and Early Head Start programs implement transition strategies and practices that are timely and conducted in partnership with families and other community partners.

Need for Aligned Messaging and Expectations

The early childhood field has strongly reported a need for aligned messaging and clarity in guidance documentation disseminated by state agency partners, and for those documents to be written in an accessible way. Cross-sector community partners consistently elevated a concern around misaligned guidance and messaging from state agencies, namely the Agency of Education and the Agency of Human Services. As is the case in all organization-level co-ownership, it takes tremendous care for leaders to maintain clear roles, identify opportunities for alignment, and have systems in place to monitor how well collaborative efforts are working to achieve shared goals. Consistent communication about partnerships, shared or separate visions for programs and services, and alignment in messaging and expectations is critical.

Stories from the Field

“Sometimes it feels as though we get a lot of info from the AOE, BFIS, and at the district level and there have been confusions as to what is expected to obtain certain objectives to maintain our status as a UPK program.”

“To make integration a priority we need commitment and streamlining from across systems.”

Disseminating clear guidance in consistent and accessible ways will support families and other stakeholders’ participation in the EC system. Direct service providers and community members may need more targeted attention to understand how they fit within the values, plans, and priorities of the system.

Lack of Administrative and Data Integration

The Needs Assessment identified a lack of integration among state agencies specific to administrative practices. This includes duplicative data collection procedures that don’t allow for data sharing or the tracking of longitudinal outcomes across programs for children and families. A clear example consistently identified was duplication in eligibility and enrollment forms and that Vermont lacks a universal enrollment system. For providers and educators, in many cases there are duplicative or misaligned standards.

Theme 5: System Integration

Vermont collects a tremendous amount of data but does not readily have the data available that leaders need to make decisions about EC investments, resources, and strategies in one, easily accessible place. This is further discussed in Theme 8: “High Quality Data.”

Siloed Finances and Resources

To date, there is not an early childhood budget that identifies the full amount of funding or resources dedicated to supporting young children in Vermont. Stakeholders identified siloed funding sources as a barrier to collaboration, as seen in the quote below. More about these challenges can be found in Theme 7: “Funding and Resources” theme.

Stories from the Field

“Early childhood educators, mental health, and medical fields are working collaboratively on many projects in the local community. Individuals share resources, respect each other’s perspectives, and problem-solve well. However, state and federal funding sources do not support this cross-sector collaboration. Funding is so limited agencies must compete against each other for minimal amounts. Collective case management and resource sharing is not valued from a funding perspective.”

COVID-19’s Impact

While fully recognizing the turmoil and challenges presented by the COVID-19 pandemic, Vermont’s early childhood partners have truly come together at the state level and within regions to support children and families. Strong partnerships pre-COVID allowed for quicker strategy and action once the pandemic hit. For example, in March, Vermont’s child care referral specialists were able to match the families of essential workers with child care. Throughout the first three months of the pandemic, Vermont’s Child Development Division CDD’s partnership with BBF allowed for early childhood forums to be a platform for key issues arising.

Theme 6: Family Leadership & Engagement

The 2020 Needs Assessment collected data to better understand the strategies and priorities around family leadership in the EC system. Family engagement at the provider, agency, and community level is a VECAP strategic priority and rooted in Vermont's Guiding Principles (Appendix E). Vermont strives to provide children with the strongest foundation for healthy and successful lives, recognizing that children are more likely to thrive when they live in safe and stable families, and when families have the support they need. To ensure that the EC system meets children and families' needs, EC stakeholders at all levels of the system need to recognize and engage families as decision-making and design partners whose voices are critical to the system's success.

The following sub-themes identified on family engagement to date:

- *Current Initiatives to Promote and Increase Involvement and Engagement of Parents and Family Members in Children's Development and Education*
- *Value Shift for EC System and Families*
- *Barriers to Participation*
- *COVID-19's Impact*

Current Initiatives to Promote and Increase Involvement by and Engagement of Parents and Family Members in Children's Development and Education

Vermont's strategic objectives as outlined in the VECAP establish goals to create initiatives that are accessible, and culturally responsive. They are:

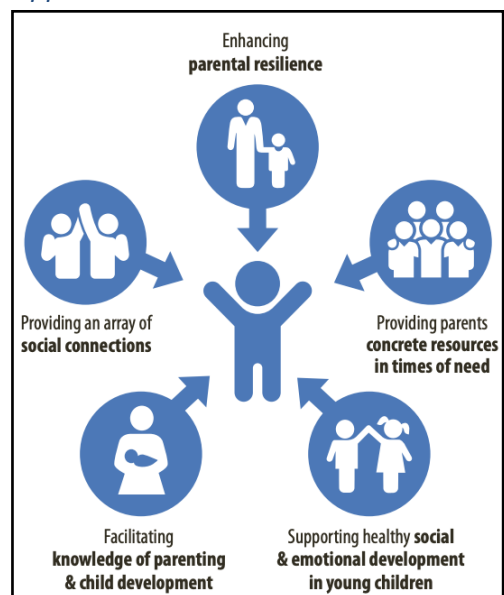
- Support parents and caregivers to build connection and capacity to serve as their child's first and most important teacher.
- Invest in programs that promote child, family and community resilience, connection and belonging.
- Ensure family voice and leadership in system design and implementation to increase equity and access for all families.

To promote a high degree of family engagement, numerous EC entities have adopted the [Strengthening Families Approach](#), which articulates five protective factors that mitigate risks and promote strong families and healthy child development. These factors are:

- parental resilience,
- social connections,
- knowledge of parenting and child development,
- concrete support in times of need, and
- social and emotional competence of children.

With PDG B-5 resources, Vermont is developing further initiatives to partner with families. Currently, BBF is running a pilot initiative involving hiring, training and coaching a network of Parent Ambassadors, whose voices, experiences and opinions are poised to be included in advisory and decision-making roles in Vermont's EC institutions and organizations. Through this opportunity, BBF and the Parent Ambassadors disseminated a survey to

Figure 16: Strengthening Families Approach



Theme 6: Family Leadership & Engagement

assess family engagement that will inform efforts to:

- improve the ways Vermont families with children 0-5 are given timely, accurate information about programs, services, and supports,
- improve prenatal Birth to Five (B-5) systems,
- develop culturally and linguistically sensitive early childhood services,
- improve systems to smooth families' transition experiences within and across the early childhood system and into kindergarten, and
- increase opportunities for families to play a leadership role in Vermont's Birth to Five (B-5) Early Childhood system.

This opportunity has encouraged tremendous growth in the VECAP Families and Communities Committee, which has developed from a small group of public and private EC stakeholder representatives, to include 12 family members in addition to EC system representatives. Made possible by the grant, the BBF Regional Councils recruited 22 parents and caregivers from across Vermont for the role of Parent Ambassador. Hired and trained using a framework developed in collaboration with The Center for Study of Social Policy (CSSP), Parent Ambassadors engaged in building strong relationships with one another and BBF, informing and modeling necessary culture change for sustained inclusion of families in the EC system, and facilitating the distribution of the Parent Engagement Survey. The survey yielded a total of 464 responses, of which, 423 responses were from parents with children under the age of five years old. The results will be compiled into a full report and findings will supplement this Needs Assessment.

Stories from the Field

"[The BBF Families and Communities Committee] is the one place I feel my voice is heard and it matters."

Head Start is another example of a program with a strong value in family engagement in program decision making and families being informed and invested in children's development and education. Vermont Head Start programs provided services to over 1,810 children in FY18. Over 90% were 3- and 4-year-olds. Further, 686 infants and toddlers and 58 pregnant women were served by Vermont Early Head Start programs in FY18. Each Head Start and Early Head Start program has a parent policy council that helps guide the work. Head Start and Early Head Start programs integrate family engagement strategies into all their work in support of optimal outcomes for children and families. Programs develop two-generation approaches to address child and family needs. For a comprehensive list of strategies used by Head Start and Early Head Start to strengthen family engagement, see the 2019 Head Start Needs Assessment¹⁵.

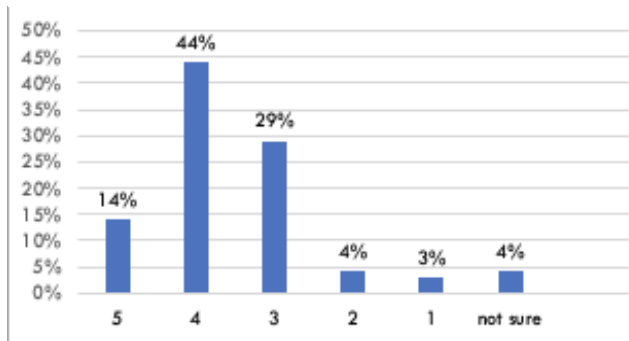
Value Shift for EC System and Families

Expanding upon strong family engagement at the program level, it is critical that as an EC system, Vermont prioritizes and supports opportunities for families and parents to lead and be involved in decision-making and policy discussions, through funding, staff timing and training. Families need to be seen as partners vs. consumers. The Needs Assessment highlighted this and the importance of having a shared definition for family engagement, as otherwise it can be interpreted differently across the system.

In the 2020 Needs Assessment Survey, EC stakeholders (mostly EC service providers) were asked to reflect on how well families are engaged in their early childhood program, services or supports. In general, respondents reported that families are well engaged in programs and services, as is seen in Figure 17.

Theme 6: Family Leadership & Engagement

Figure 17: How Well are Families Engaged? (5= fully engaged)



economic status⁶⁰.

83% of 2020 Needs Assessment Survey respondents (mostly EC service providers) agreed that “forming warm and trusting relationships with families” is a primary strategy used to engage families.

Data from the 2020 Family Engagement Survey that will be published later in 2020 showed that 75% of families strongly agreed that “My children and I are treated with kindness and are comfortable and welcomed.” It is important to note that there was variability in the responses based on the respondent’s race and socio-

Families also need to see that their diverse voices and perspectives are sought, valued, and utilized by EC stakeholders across sectors. This value shift requires funding, staff time, and adequate training for both families and providers.

As seen in the quotes below, different perspectives from families and EC service providers continue to exist, about how families are engaged in the EC system. This highlights the need for ongoing initiatives at the state and organizational levels to better invite and elevate family’s voices, with an increased emphasis on families historically marginalized or underserved.

Stories from the Field

“We do not have any input and are not given much feedback about what is happening.”

“Our advocacy and work greatly supports parents, so they are involved as champions of the cause and their stories and experiences are crucial to the effort.”

Barriers to Participation

Parent leaders have outlined several barriers to participation including resources, transportation, professional development, inadequate interpretation services, and generally a lack of partnership and prioritization. Creating a culture that invites and supports family engagement, and provides the necessary training and coaching, is also needed to attract families who are unfamiliar or uncomfortable with formal school/organizations and the systems, language and processes used in the current decision-making structure.

COVID-19’s Impact

The COVID-19 pandemic has been stressful and produced all sorts of anxiety for families. Concerns about health, combined with uncertainty over unemployment and finances, work, child care, decreased social connections and resources, and access to food and other resources are all contributing to increasing stress among families. Despite these stressors, since March, BBF noted an increase in parent participation and increased opportunities to elevate family voice and leadership. The shift for all meetings to virtual formats eliminated some of the major barriers to participation for parents such as transportation and need for child care. Meetings welcomed families to attend even with their children and the experience of families impacted by COVID-19 provided direct guidance to inform how systems and services are structured to respond to their needs.

Theme 7: Resources and Funding

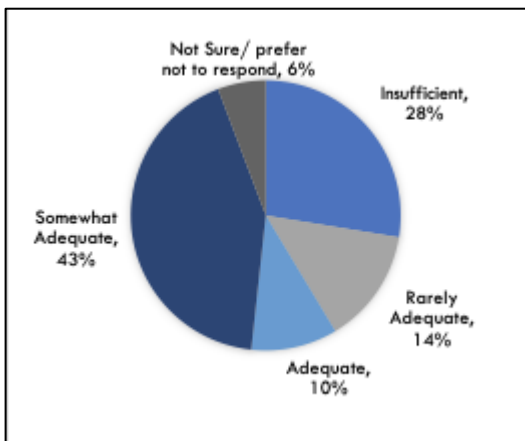
Vermont’s EC system is chronically underfunded. EC stakeholders widely recognize that most EC programs and services are operated without the resources they need to reach those who may need them most. The Needs Assessment revealed that despite the successful investments in Vermont’s EC system, many EC programs are not adequately funded, and further, identify stable funding as a significant concern for EC programs across the state. Additionally, limited data about affordability, true program costs, and the full picture of Vermont’s investments in EC make it difficult to establish an accurate EC cost analysis that fully reflects the sector.

The Needs Assessment found the following sub-themes:

- *Chronic Underfunding is a Barrier to the Provision of Program Funding*
- *VT Spending on Early Childhood*
- *COVID-19’s impact*

Chronic Underfunding is a Barrier to the Provision of Program Funding

Figure 18: How Adequate are the Available Resources?



2020 Needs Assessment Survey respondents identified an average of four funding sources. Additionally, when asked in an open-ended item what early childhood services or programs are well resourced, 38.5% stated “none” or made a similar statement that “all programs are underfunded,” and 42% said that funding is “insufficient” or “rarely adequate” (Figure 18). Among programs that respondents identified as being well resourced, Head Start, healthcare programs including WIC, early intervention, and state agency programs were named.

In 2015 the Department for Children and Families (DCF) contracted a facilities study with EDC, and asked respondents to identify funding sources. Programs

identified different types of fiscal organization and funding streams. Survey respondents reported funding streams included⁶:

- Child Development Division’s Child Care Financial Assistance Program
- State-funded Prekindergarten Education under Act 166 and/or Act 62
- Parent tuition payments
- Head Start & Early Head Start funding
- Strengthening Families Child Care Grant
- Prekindergarten education services funded by the Federal Preschool Development Expansion Grant

This data suggests that EC services rely on a variety of funding sources, many of which do not provide the adequate funding required to meet demand. Having multiple funding sources also highlights the importance of reducing duplicative procedures, a barrier many EC programs have reported.

Finally, while Vermont has prioritized several federal initiatives and developed many state-wide programs to support children and families birth to age eight, not funding those priorities to fidelity has presented challenges.

Stories from the Field

"I am not sure of any programming that is well resourced at this time. It feels like we are at a tipping point, where everyone is working hard, and funding has increased, but it does not come close to meeting the needs of families and the community."

"This chronic lack of funding undermines the quality of supports we provide."

"There are some high quality programs that have worked very hard to pull together enough funding to pay qualified staff, create excellent programming, and offer additional supports. However, all EC programs struggle to afford to do the work they do with a budget based on subsidies and tuition, and very little public support."

One program who has faced challenges due to chronic underfunding is Children's Integrated Services (CIS). Since CIS began in 2009, the demand and actual costs for the agencies who provide services across the state have steadily increased, while funding has remained level. This creates a lack of capacity to serve children and families who struggle with multiple risk factors and will cost Vermont more in the long run⁴¹.

There are several examples of incredible programs and initiatives (e.g. Help Me Grow, Children's Integrated Services, Building Bright Futures, etc.) that have had strong initial investment, sometimes through legislative allocation and federal dollars, that are challenged to reach their full potential due to lack of sustainable funding sources. This elevates the concern for stable funding throughout the EC system. The Needs Assessment found that EC stakeholders have a deep commitment to ensuring their stability and are working to align and leveraged blended funding sources to ensure sustainability.

VT Spending on EC

Vermont does not have a universal early childhood budget that identifies the resources, finances and supports allocated across all early childhood programs and services.

As of 2016, the Blue Ribbon Commission Report found that Vermont spends roughly \$130 million through state and federal investments in early care and education, including Federal and State Funding from the Child Care Development Block Grant, Temporary Assistance for Needy Families, Child Adult Care Food Program, Head Start, Early Head Start, Early Intervention, and Preschool Funding. Yet, stable funding is a significant concern for most early childhood programs in Vermont⁷.

Vermont's public programs are under-funded, even when they serve a high priority for public investment. Further, the number provided largely reflects direct service cost, but neglects to examine state, district and systems-level costs associated with administration, monitoring, resource distribution and staffing.

Relative to other states, Vermont has made significant commitments to supporting young children and families with public funds, including by providing all 3 and 4-year-olds with 10 hours per week of prekindergarten programming under Act 166⁴⁹, by providing Medicaid coverage for children in households whose income is up to 317% of the Federal Poverty Level⁶¹, and supporting families through the Child Care Financial Assistance Program (CCFAP)⁶². These measures provide a foundation of basic care for many families who would otherwise not be able to afford it. While

Theme 7: Resources and Funding

Vermont should celebrate those investments, chronic underfunding prohibits success in supporting our youngest and most vulnerable children and families.

National evidence suggests that every dollar spent on high-quality early care and education programs yields a return on investment that ranges from \$4 - \$9⁶³. Vermont specific data presented by the 2017 Vermont's Early Care and Learning Dividend report found that society would receive \$3.08 for every additional dollar invested by Vermont's government in the expansion of early care and learning programs⁸. Thus, investments in early childhood not only have lasting impacts on child development and family well-being outcomes, but also long-term return on financial investment.

COVID-19's Impact

Nation-wide the US has seen the financial impact of COVID-19. Vermonters are having to do more with less, which is not new for the EC community. Food insecurity in Vermont has increased by one-third during the coronavirus pandemic, from 18.3% to 24.3%, according to a statewide survey conducted by the University of Vermont at the end of March⁶⁴. However, this is another area where gaps are widening during the pandemic. There is increased need to support vulnerable children and families state-wide and limited resources in all of the domains listed above.

During the "stay home, stay safe order," Vermont's Legislature and Governor Scott allocated more than \$50 million in federal Coronavirus Relief Funds since March to support child care through stabilization payments, restart grants, operational relief grants, and temporary school-age child care hubs⁶⁵. As documented in Theme 2: "Quality and Availability," this investment supported many programs, though they continue to face economic challenges as a result of the pandemic.

Theme 8: High Quality Data

EC stakeholders have reported that Vermont currently lacks the data and resources to sufficiently collect data that answers key policy and program questions. Vermont’s technological infrastructure is antiquated, and there are limited people and time to collect and analyze data. Additionally, the culture does not promote data literacy at all levels of the EC system, or the collection and use of data in cross-sector collaboration. Data infrastructure and resources is a primary driver that would facilitate progress on data integration, close data gaps, and promote data informed decision making across sectors, and across the themes in this report.

There is a need for a centralized solution to identify and monitor what data exists, the limitations of existing data, and the pursuit of prioritized data gaps. Gaps identified in this needs assessment in many cases are not new, however they are being elevated again because they have not yet been addressed and there is new urgency in the context of the COVID-19 pandemic for data regarding the well-being of children and families. Sub-themes focused on prioritizing resources, integrating existing data, data culture and literacy, and data infrastructure are:

- *Data Infrastructure & Resources*
- *Data Literacy*
- *Data Integration*
- *Data Gaps*
- *Progress & Opportunities*
- *Measurable Indicators of Progress*
- *COVID-19’s Impact*

Data Infrastructure & Resources

Currently, Vermont’s EC databases are inadequate in providing a full picture of child and family outcomes and how well the area of services supports better outcomes. The technological infrastructure is outdated and inefficient. Respondents of the Needs Assessment Survey (2020) reported that across multiple sectors, data systems are not connected or integrated, as evidenced by duplicative data collection procedures and varying definitions of common terms, such as “early childhood” or “preschool.” These factors contribute to inequities in access to services, and administrative burdens for both families and providers, and make it challenging to answer key policy questions.

Stories from the Field

“I don't see that data necessarily guides the early childhood system. . . duplicative training requirements, duplicative evaluation processes, honestly sometimes feel as though they are trying to put us out of business. . . we have a lot to attend to in caring for our students and their parents and multiple requirements that take away from the time we need to care for our families, prepare enlivening new material, and rest and maintain our own health to be a constant presence for them.” - Early Childhood Educator

“Different agencies gather different data that is difficult to crosswalk. The data we have is not informing best practice for kids.”

“Vermont’s primary challenge is that we lack coherent and cohesive data programs, infrastructure and personnel to implement programs to fidelity.” - Agency Data Partner

Theme 8: High Quality Data

The Needs Assessment revealed limited capacity to complete each step in data analysis: defining and prioritizing the questions, collecting and cleaning the data, analyzing results, and producing accessible data reports. Capacity in this section includes staff time, existing data infrastructure and funding to support data collection, compiling, cleaning, analysis and dissemination. Direct service providers identified constraints on their ability to collect, enter, and manage data. Time restrictions, a need to focus on providing services for children and families, and limited training or interest in working with data were among the concerns providers raised. The existing culture around data in the EC system does not support the partnerships required to execute high quality data systems at all levels (e.g. supporting quality, timely and accurate data collection, data cleaning, and producing reports, summaries and visualizations).

Survey and focus group respondents discussed the need to prioritize investment in data infrastructure that includes staff time for each step in the process of data analysis and financial support for cross-sector collaboration. Further, there is a need for more concrete feedback loops between individuals collecting data, state agencies, and community partners.

When BBF survey respondents were asked about data and data use in Vermont's EC system, most BBF survey respondents indicated that there is room to improve the extent to which systems "share data to improve programs and policies", "inform early childhood policies", and to increase the extent to which data are up to date, high quality, systems are "data literate", and that respondents readily know where to find needed data. For all items, "Somewhat" was the most common response. "Very little" or "Not at all" exceeded "A lot" for all items except that Vermont uses data to inform early childhood policies.

This illustrates the interest and need for investments in the EC system data infrastructure that will allow for families to have greater access to services and providers to focus on service delivery, while also collecting meaningful data that can inform decision making.

Data Literacy

Data literacy is the ability to consume for knowledge, produce coherently and think critically about data. Findings from the Needs Assessment also suggest that there is still hesitation in Vermont about collecting and using data. A part of that hesitation stems from a lack of understanding about what data is and how it can be used. Given that the existing culture does not prioritize resources around data, this is not surprising. Although bright spots exist, the data culture among early childhood stakeholders is weak.

Data literacy is a foundation for data use. Collaborations between agencies and organizations have resulted in several reports that demonstrate one aspect of data literacy: transformation of data from a variety of sources into actionable information. These include, but are not limited to:

- Vermont Department of Health Performance Scorecards/Maternal and Infant Health Scorecard
- Building Bright Futures/ *How Are Vermont's Young Children and Families?* Annual Report
- Voices for Vermont's Children/ Vermont KIDS COUNT

In March 2014, the BBF Data and Evaluation Committee agreed to have a regular data literacy agenda item. The idea was to a) check-in about what various members and their organizations were doing to promote data literacy and b) track progress on a data literacy project sponsored by the Committee itself (e.g., post short videos about data terms and use on the BBF website, train VT Insights ambassadors, present at a conference).

Despite these bright spots, the Needs Assessment results indicate that a variety of early childhood stakeholders do not find data reporting accessible and actionable.

Theme 8: High Quality Data

It is essential that EC stakeholders at all levels have a solid understanding of how and why they are to collect and report high-quality data, what other data exists on the same topic, how to use data to inform decisions about a program or policy, whether there is evidence of success, and where gaps in the data remain. With a strong data culture among early childhood stakeholders, Vermont communities would use data to talk about the status of young children, families, and the provision of programs, services and supports; and to guide their decisions that result in improved outcomes for children.

Data Integration

Data integration enables the stakeholders' abilities to track child, family and community well-being; workforce dynamics; and inform policy and investments so that children's health, development and learning flourish. There is a clear need for an integrated early childhood (prenatal period to 8 years) data system that is connected to a longitudinal data system and other related public, non-profit and private data sources and systems (e.g. child welfare, health, families and communities.)

While this remains a long-term goal, the immediate need to link data sets in order to answer essential questions remains. Questions such as, "Are children ages birth to eight getting nutritious food and opportunities for physical activity to be healthy during their school years?" and "What is the relationship between attendance in various early childhood education programs and children's success in life during their school years?" cannot be answered by analyzing data fragmented by age groups, responsible state agencies, and/or eligibility criteria such as family income. Stakeholders seek comprehensive (at the child, family, program/service and community levels) and longitudinal (tracking individuals, organizations, and communities over time) data that is timely, relevant, and publicly accessible.

Currently, stakeholders generally agree that data is not being effectively used to understand and improve services and inform policy. Participants in the Needs Assessment identified challenges such as too many separate systems with out of date information, too little data being shared with stakeholders in a meaningful way, and a lack of "crosswalks" for data when systems are not well aligned. Furthermore, Vermont is not yet using a strategy, including assignment of unique identifiers, to track child, parent, or workforce members across programs or over time to create a comprehensive, integrated data picture.

Data Gaps

Data gaps identified by 2020 Needs Assessment Survey respondents and focus group participants were outlined across the seven other themes identified in the Needs Assessment. Table 7 provides a thematic summary of the data gaps that have been identified by the VECAP Data and Evaluation committee, by focus group participants and responses to open-ended survey questions. The VECAP Data and Evaluation committee is tasked with identifying, monitoring, and strategizing about how best to address data gaps within the EC system.

*Note: Table 7 begins on the next page

Table 7: Data Gaps in Quality and Accessibility Across Themes

	Topic	Existing data/Progress	Limitations and Remaining Questions
Equity	Equitable access to services, supports and resources	<ul style="list-style-type: none"> ● Basic national-level and Vermont specific data on age, race/ethnicity, sex ● IDEA data ● Education data collects child and family level characteristics 	<ul style="list-style-type: none"> ● What is the true demand for services? ● What factors contribute to translating demand into access? ● Longitudinal tracking of child outcomes based on programs and services as well as vulnerability characteristics. ● Lack of standardized data collection across programs and services. ● Equitable access and programming for services and supports has not yet been well-defined and therefore lacks standardized outcomes and measurements.
	Survey respondents	<ul style="list-style-type: none"> ● Demographics sections on surveys ● Full population surveys 	<ul style="list-style-type: none"> ● How to capture data from the voices most impacted by programs and services (e.g. capturing diverse voices from marginalized groups and vulnerable populations)

	Topic	Existing data/Progress	Limitations and Remaining Questions
Quality & Accessibility	Children receiving early childhood services	<ul style="list-style-type: none"> ● October 2019 unduplicated count (within programs) 	<ul style="list-style-type: none"> ● How many children receive one or more early childhood services? (Unduplicated count across programs) ● How many children are waiting on waitlists for services? <ul style="list-style-type: none"> ○ Which services? Geographically? By child and/or family characteristic? ● Can the unduplicated count be built out further through WIC, Title V, health, mental health, 3Squares, REACH, etc.? ● Longitudinal tracking of child outcomes based on programs and services. ● Various eligibility criteria across programs that benefit children; some based on child criteria, others on adult criteria ● Use of proxy data based on limited populations (e.g., families who are income eligible – WIC, CCFAP)

Quality & Accessibility	Facilities	<ul style="list-style-type: none"> • 2015 report on early learning and education facilities/physical structures and needs 	<ul style="list-style-type: none"> ● Are buildings safe for children and families? ● What is the true cost of maintaining existing infrastructure?
	Child care (Universal Prekindergarten/Act 166 is separated below)		
	Demand	<ul style="list-style-type: none"> ● All parents in the labor force (proxy measure) 	<ul style="list-style-type: none"> ● What is the true demand for child care? <ul style="list-style-type: none"> ○ By age? (0-3, 3-5, 6-8, afterschool) ○ By part-time vs. full-time child care? ● What factors contribute to demand? (e.g. preferences for program type, quality, location, commuting patterns, cost, ability to meet needs, hours etc) ● What are the specific needs of families of children with disabilities and special health care needs?
	Capacity	<ul style="list-style-type: none"> ● Licensed capacity by age ● Desired capacity ● Vacancies by program ● Geographic/ Regional capacity 	<ul style="list-style-type: none"> ● How many children by age can be served? <ul style="list-style-type: none"> ○ Total ○ Part time and full time ○ Full year and school year ○ Integration of UPK hours with non-UPK hours ● BFIS is not updated regularly with vacancies and other program information
	Utilization	<ul style="list-style-type: none"> ● Enrollment for CCFAP ● Head Start /EHS enrollment 	<ul style="list-style-type: none"> ● How many children are being served? (updated regularly) <ul style="list-style-type: none"> ○ Part time and full time ○ Full year and school year ○ Waitlists and vacancies ● Enrollment data are captured for children receiving a child care subsidy
	Cost	<ul style="list-style-type: none"> ● CCFAP ● Market Rate survey (2015, 2017, 2019) 	<ul style="list-style-type: none"> ● What is the true cost of care? ● What are the funding streams? How do they interact? <ul style="list-style-type: none"> ○ Type of program ○ Part time and full time ○ CCFAP ○ Head Start/EHS ○ Education Fund

Theme 8: High Quality Data

Quality & Accessibility	Mixed-Delivery Model	<ul style="list-style-type: none"> ● GIS Mapping (in progress) through EDC/AOE & Stalled at the Start ● BFIS licensed and regulated programs by program type 	<ul style="list-style-type: none"> ● Is the mixed delivery model sustainable? ● Are families able to enroll in their desired program type? ● Longitudinal tracking of child outcomes based on programs type. ● How to measure strength of mixed delivery model
	Access for vulnerable populations (children with special needs, children of parents/guardians with disabilities – long and short term)		<ul style="list-style-type: none"> ● What are the barriers to accessing child care for subpopulations? ● Which subpopulations aren't able to access care? ● Some funding streams for supports identify the adult as the client (e.g., Family Support CCFAP) and others identify the child as the client (Protective Services CCFAP, CIS Early Childhood and Family Mental Health, CIS Family Support) ● Analysis of current data based on children with identified special needs/risk factors and Star level of programs they attend
	Quality	<ul style="list-style-type: none"> ● STARS ratings ● Accreditation (NAEYC, NAFCC), Head Start/EHS Quality Initiative ● Licensing violations ● STARS Evolution and assessment (in progress) ● ERS (Environmental Rating Scales: ITERS-R, ECERS-3, FCCERS-R, SACCERS) ● ECERS and CLASS ● YPQA or SAPQA ● Pyramid Model/MTSS 	<ul style="list-style-type: none"> ● How are variables that are hard to measure being taken into consideration? ● Longitudinal tracking of child outcomes based on program's quality. ● Challenges understanding the quality of existing child care programs <ul style="list-style-type: none"> ○ regionally with relationship to EC workforce capacity
	Unregulated care and other care arrangements	<ul style="list-style-type: none"> ● Pulse surveys (COVID-19 Family Impact Survey etc) 	<ul style="list-style-type: none"> ● How many children are using unregulated care? <ul style="list-style-type: none"> ○ No license necessary ○ In violation ○ Other arrangements ● Why are families making these decisions?

Universal Prekindergarten (Act 166)			
Quality & Accessibility	UPK Success	<ul style="list-style-type: none"> ● Teaching Strategies Gold (TSGold) ● Ready for Kindergarten Survey (R4KIS) ● SLDS (in progress) 	<ul style="list-style-type: none"> ● What are optimal outcome measures for Act 166? ● TSGold is only measured for children enrolled in UPK. ● R4KIS is not disaggregated by child characteristics within “Attending Publicly Funded PreK” ● Longitudinal tracking of child outcomes based on UPK attendance.
	Demand/eligibility	<ul style="list-style-type: none"> ● SLDS (in progress) 	<ul style="list-style-type: none"> ● See child care demand section above
	UPK capacity	<ul style="list-style-type: none"> ● Total number of programs ● Geographic location ● Licensed capacity ● 2020 Stalled at the Start (# likely to need care, number of spaces, number without access) 	<ul style="list-style-type: none"> ● See child care capacity section above
	Utilization	<ul style="list-style-type: none"> ● UPK Enrollment 	<ul style="list-style-type: none"> ● Data collection/monitoring practices limit the ability to understand service utilization (ex. hourly vs. daily UPK attendance) See child care capacity section above
	Cost	<ul style="list-style-type: none"> ● Act 166 payments 	<ul style="list-style-type: none"> ● What is the true cost of care? <ul style="list-style-type: none"> ○ By program type ● Funding streams
	Program type/mixed delivery/program choice	<ul style="list-style-type: none"> ● GIS Mapping (in progress) through EDC/AOE 	<ul style="list-style-type: none"> ● See child care mixed delivery model section above
	Quality		<ul style="list-style-type: none"> ● See child care quality section above
	Hours		<ul style="list-style-type: none"> ● What is the optimal number of hours for preK? Is there capacity to meet the demand? ● The total number of hours children are in UPK programs beyond the 10 hours is not integrated.

Quality & Accessibility	Suspensions and expulsions	<ul style="list-style-type: none"> ● Suspension and expulsion reporting to AOE 	<ul style="list-style-type: none"> ● The reliability of suspension and expulsion data is limited due to the timing (within or outside the 10 UPK hours) and options for families to withdraw a child.
	Early Childhood and Family Mental Health		
	Demand	<ul style="list-style-type: none"> ● Designated Agency service provision and waitlists 	<ul style="list-style-type: none"> ● What is the true demand for mental health services for young children? ● What factors contribute to demand? (e.g. preferences for program type, quality, location, commuting patterns, cost, ability to meet needs, hours etc.) ● Demand by type of service (clinical assessment, psychiatry, individual child therapy, family therapy, crisis, inpatient care etc.)
Capacity	<ul style="list-style-type: none"> ● CIS case rate analysis and fund redistribution effective Jan 1, 2021 	<ul style="list-style-type: none"> ● What services are available through ECFMH? https://mentalhealth.vermont.gov/services/children-youth-and-family/services-and-support-children-youth-and-family/early-childhood ● https://dcf.vermont.gov/child-development/cis ● Funding streams dictate how much is available- budgets are capped by legislative allocation. ● How many children by age can be served? <ul style="list-style-type: none"> ○ Total ○ By type of service 	

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	Utilization	<ul style="list-style-type: none"> ● Designated Agency service provision ● DCF-FS data on families involved, substantiated cases by age/type of abuse, children in custody, permanency data ● Adoption data ● Claims data ● Private sector counseling, VT Center for Children Youth and Families, NFI, School based counseling, residential programs 	<ul style="list-style-type: none"> ● How many children are being served? (updated regularly) <ul style="list-style-type: none"> ○ Total ○ By type of service ● Current data on services received does not capture all ECFMH services
Quality & Accessibility	Cost	<ul style="list-style-type: none"> ● Case rate ● Claims data ● Assessment of funds, funding streams and cost of care 	<ul style="list-style-type: none"> ● What is the true cost of care? <ul style="list-style-type: none"> ○ By type of service ○ Funding streams
	Quality	<ul style="list-style-type: none"> ● Parenting Stress Index pre-post data, Family Self-Sufficiency Matrix ● How many Evidence-Based Practices are being utilized (some examples include PCIT, CPP, ARC, HNC, STAMPP)? ● The DA system has min. standards, designation rules, grievance and appeals, agency review and final reports assessing quality. 	<ul style="list-style-type: none"> ● Lacking longitudinal tracking of child outcomes based on provider quality ● Lack of integrated data system across providers ● Challenges understanding the quality of existing ECFMH service providers ● Moving towards structured tool for outcomes measurement

Early Childhood and Family Mental Health	Topic	Existing data/Progress	Limitations and Remaining Questions
	Trauma and Resilience	<ul style="list-style-type: none"> ● ACEs (NSCH) ● Flourishing (NSCH) ● Lund data on children with incarcerated parents 	<ul style="list-style-type: none"> ● The Adverse Childhood Experiences score does not account for factors which mitigate or exacerbate toxic stress ● Longitudinal tracking of child outcomes based on standardized measures of trauma and resilience.

Workforce	Topic	Existing data/Progress	Limitations and Remaining Questions
	Education/ Training & Professional Development	<ul style="list-style-type: none"> ● Total BFIS accounts ● Competencies and credentials awarded ● Annual report by Northern Lights at CCV 	<ul style="list-style-type: none"> ● Quality of training and PD ● Lack of data on the effectiveness and of child care PD programs (ex. TEACH) ● Monitoring accountability ● Challenges with data tracking across AOE and AHS – CDD data systems, VT Dept. of Labor
	Wage & Compensation	<ul style="list-style-type: none"> ● VHSCO Wage and Fringe Comparability Study is anticipated to be released August of 21 	<ul style="list-style-type: none"> ● Some data exists, but many contributing factors are not captured (e.g. insurance, etc.)
Capacity	<ul style="list-style-type: none"> ● Total number of programs ● Geographic location ● Licensed capacity ● 2020 Stalled at the Start (# likely to need care, number of spaces, number without access) 	<ul style="list-style-type: none"> ● Information about the size of the EC workforce uses “best estimates” which is an inaccurate measure of capacity. ● What cross-sector data is available about workforce capacity (e.g. mental health, health, education, etc.)? ● Turnover and staff retention data 	

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		<ul style="list-style-type: none"> ● Provisional Licensure Awarded 	
	Definitions and measures	<ul style="list-style-type: none"> ● Progress in creating standard definitions under NAEYC Power to the Profession & Unifying Framework 	<ul style="list-style-type: none"> ● Challenges in how to measure/operationalize workforce in EC ● No one system integrates workforce data with child and service data across sectors
	Workforce perceptions		<ul style="list-style-type: none"> ● Provider/educator perspectives of training, professional development

System Integration	Topic	Existing data/Progress	Limitations and Remaining Questions
	Cross-sector data sharing and definitions	<ul style="list-style-type: none"> ● Progress under PDG and through SLDS toward an unduplicated across-program count 	<ul style="list-style-type: none"> ● Limited ability to link data across systems (e.g. duplicative eligibility and enrollment forms; duplicative misaligned standards, duplicative data collection)
	Longitudinal and multigenerational data on child and family outcomes	<ul style="list-style-type: none"> ● SLDS 	<ul style="list-style-type: none"> ● Limited two-generation child and family outcome data ● Limited longitudinal data on child and family outcomes (especially for vulnerable populations and those at elevated risk) ● Limited ability to capture or share information on factors contributing to child and family outcomes ● Challenge understanding continuity in service provision because of inability to track child or services longitudinally ● DCF-FS does not yet have uniform data collection and reporting on parental substance use ● Vermont does not yet have a unified substance use disorder treatment and recovery case management and reporting system. Screening, Brief Intervention, and Referral to Treatment (SBIRT) does not currently connect practices and data collection in both family and adult focused services. ● Children's Integrated Services (CIS) does not yet have a case management data system
	Aligned	<ul style="list-style-type: none"> ● Existing cross-agency 	<ul style="list-style-type: none"> ● A multitude of data exists across the EC system, but existing data

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	language/priorities/guidance	document describing guidelines for suspensions and expulsions	<p>doesn't necessarily answer the most important questions policy/decision-makers have</p> <ul style="list-style-type: none"> ● Lack of integration in priorities and high-level planning around what data is needed and useful
	IT Infrastructure		<ul style="list-style-type: none"> ● Service systems do not have capability of tracking nuanced service utilization and child and family outcomes ● Limited ability to track service provision (care coordination, pilot models, etc.)
System Integration	Definitions/measurement of integration, collaboration, partnership	<ul style="list-style-type: none"> ● Vermont set a goal that by 2026, we will be able to measure integration within the early childhood system, to identify resource allocation and whether decision-makers at all levels are using data to inform decisions. BBF will develop a mechanism to capture this information annually. ● VHSCO Needs Assessment looks at measuring collaboration, integration, partnership 	<ul style="list-style-type: none"> ● No existing data currently captures integration in Vermont's early childhood service system.

	Topic	Existing data/Progress	Limitations and Remaining Questions
Family Leadership & Engagement	Child and family perspectives on need and service utilization	<ul style="list-style-type: none"> ● Pulse surveys ● Legislative testimony ● Quantitative and qualitative data from VT Family Network (VFN), Vermont Federation of Families for Children's Mental 	<ul style="list-style-type: none"> ● Limited data available on family perspectives on whether programs and systems meet the needs of children and families ● No standardized data collection

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		Health (VEFCMH) , Vermont Coalition for Disability Rights (VCDR) , VOICES for Vermont's Children, etc.	
Definitions/measures of family leadership and engagement	<ul style="list-style-type: none"> ● BBF Family Engagement Survey 	<ul style="list-style-type: none"> ● What is successful family leadership and engagement? ● Family engagement and family leadership has not yet been well-defined statewide and therefore lacks standardized outcomes and measurements. 	
Family outcomes	<ul style="list-style-type: none"> ● Strengthening Families framework, DCF-Family Services, Easter Seals 	<ul style="list-style-type: none"> ● What are the most appropriate family outcomes to measure (e.g. parental resilience, stress/depression, social connections, competence)? ● What measures could capture outcomes described in the Strengthening Families framework? 	

Resources and Funding	Topic	Existing data/Progress	Limitations and Remaining Questions
	Cost of child care	<ul style="list-style-type: none"> ● Act 166 payments ● Market Rate Surveys 	<ul style="list-style-type: none"> ● See Quality and Access child care cost above.
Early childhood resources & expenditures		<ul style="list-style-type: none"> ● Vermont does not have a universal early childhood budget that identifies the resources, finances and supports allocated across all early childhood programs and services ● There is a lack of resources (person time and political will) available to crosswalk all budget data sources to create such a budget and use it to inform decision-making. 	

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In addition to the data gaps represented in the table above, BBF survey respondents identified a number of system-wide gaps in data, including: 1) a need to use proxy data because needed data is unavailable; 2) limited longitudinal outcomes data from and about statewide systems; 3) limited demographic data about children in Vermont who participate in programs; and 4) limited data about children with disabilities by town or geographic region.

In most cases, some data exists but stakeholders face barriers accessing it for a range of reasons (e.g. capacity, knowledge that data exists, resources, skill, etc.). A comprehensive data inventory that accounts for all data we have, where to find it, who it can be shared with, etc. is lacking. Stakeholders agreed that this often leads EC administrators to work with layered sets of assumptions that are inaccurate and do not support data-driven decision-making.

Importantly, data within the eight thematic categories (equity, quality and accessibility, early childhood and family mental health, workforce, system integration, family leadership and engagement, resources and funding, and high quality data) are highly interrelated. Longitudinal outcomes data that makes connections across agencies and focus areas is an area where stakeholders want data that is currently unavailable. For example, one survey respondent identified a lack of Vermont-specific longitudinal research about the role early childhood care and education play in reducing health and mental health needs over the life course. These data gaps present an incomplete overall picture of how and how well the system functions; a huge challenge for the EC system. As one focus group participant stated, “We know that parents want regulated, high-quality care—but we don’t know much more than this—the focus has been on having ‘enough’ care—we aren’t asking ‘what kind of care?’”

Another challenge in accessing longitudinal data is having enough years of data to assess change over time. For example, there haven’t been enough years of Vermont’s Act 166 implementation and statewide assessment data to run a path model originally designed to answer key questions posed above. This analysis is designed and planned and will be executed next year due to COVID-19 delays. Another key COVID-19-related challenge will be missing SY19 statewide assessment data.

Gaps in data or research to support collaboration in programs and maximize parent choice. BBF partnered with the National Opinion Research Center (NORC) at the University of Chicago to conduct the 2018 Early Care and Learning Household Survey (also referred to as the “Child Care Demand Study”. The study examined parents’ perceptions and preferences for early care and learning and what factors can constrain parental choices. Factors found to constrain parental choices included their work status, household income, and the rurality of the community in which they live. This study provides valuable information about the choices households make to address early care needs. At the same time, this study provided a one-time snapshot⁴⁶. No longitudinal data about parental choice is available, and the survey design methodology is not easily replicable.

Additionally, under the Preschool Development Grant, BBF supported a family engagement survey asking parents to discuss their perceptions of family engagement and leadership throughout the early childhood system. Final survey results are being analyzed and will be published separately⁶⁰. Further, BBF partnered with Voices for Vermont’s Children, Let’s Grow Kids and Vermont’s Early Childhood Advocacy Alliance to understand how families were most impacted by COVID-19, including their child care and other early childhood service options²². Similar to the family engagement survey, responses are being analyzed and will be published before the end of the year.

Data gaps related to population characteristics and regional variation. There are limitations with respect to EC enrollment data for children who are English language learners, refugees, migrant and/or undocumented. In Vermont, there are separate collections that gather data on

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migrant children and on English Learners but is not integrated. Vermont's ability to use this data is limited due to infrastructural and human resources/staffing constraints. Further, small sample sizes in some population subgroups limit the ability for complex analysis. This is often the case with data capturing race, ethnicity, English Language Learners, etc.

Gaps in data or research regarding collaboration across programs and services. Measuring collaboration is a topic of interest among EC stakeholders. Within BBF, the Early Childhood Interagency Coordinating Council (ECICT) is tasked with monitoring the effectiveness of collaboration and addressing obstacles to coordination at the agency and system level. The ECICT looks at missing information and strategies to remedy these gaps but has not conducted a formal assessment of how well collaboration is working in the EC system. There is an opportunity for Vermont's EC systems to evaluate a variety of aspects of collaboration under BBF's collective impact structure, which necessitates a high degree of trust, shared values, and investment in effective collaboration among all partners.

Strengths and the weaknesses of the available data on quality and initiatives under way to improve these data. The VECAP Data and Evaluation committee is an interagency partnership to identify, monitor, and address data gaps within the EC system, including those related to quality. There are limited data available about quality of care outside of those provided by STARS for education and learning programs and those about health initiatives under VCHIP. As described above, AOE's ongoing effort to develop the State Longitudinal Data System will support future data collection and use across programs and services.

Progress & Opportunities

Existing progress and plans to support cross-sector data collaborations. Historically, Vermont has had several ways of producing an unduplicated count of children accessing EC programs and supports within individual programs but has lacked the ability to produce an unduplicated count across programs due to siloed processes occurring across agencies and departments conducting this work, infrastructural limitations, staffing constraints, and data governance challenges. These limitations constrain Vermont's ability to gain a comprehensive understanding of the scope of early childhood needs across the state. An across program count will provide better empirical footing to tailor programmatic investments.

By leveraging federal Race to The Top – Early Learning Challenge grant funding, the Vermont Agency of Education (AOE) expanded its K-12 State Longitudinal Data System (SLDS) using the edFusion platform to accommodate early learning data sets. AOE implemented the first statewide data collection in the summer of 2020. This initial step marks the first integration of statewide early childhood data sets, including data from Head Start and Early Head Start enrollment, IDEA C participation, prekindergarten assessment (TSGOLD), Kindergarten Readiness Assessment (R4KIS), and UPK enrollment (with linkage of students to programs where they receive Pre-k services). The project also expands the business processes and assignment of a unique identifier to children as they enter the system. Communication efforts and advance refresher training for field partners on how to submit data to the edFusion platform (targeted to Head Start and Early Head Start organizations), are underway in collaboration with Building Bright Futures partners.

As part of its 10-year strategic data plan and in an effort to integrate data systems and build on these advances in a coherent and disciplined fashion, AOE deployed the PDG-B5 grant dollars to build out the data infrastructure required to leverage these assets to produce an across program unduplicated count of children participating in these early childhood services. Assuming that field partners can be successful in submitting high quality, timely data to the edFusion system, AOE anticipates being able to build out the extract, transform, and load (ETL) processes, data

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model and environment, as well as the data products that will yield that across program unduplicated count by the end of the PDG B5 grant program successfully. This meaningful step forward for data integration, implementation of data governance surrounding early childhood data, and build-out of technical infrastructure for supporting annual data reporting provide the potential to examine participation and therefore assess population needs, and make sound, data-driven public investments for the long-term effectiveness of these essential systems. AOE expects to have preliminary system-wide data by the end of the PDG B5 grant program.

Measurable Indicators of Progress that Align with Vermont’s Early Childhood Vision and Desired Outcomes

The VECAP outlines measurable indicators for the early childhood system (Table 8). Over the last year, BBF State Advisory Council and VECAP Committees used an iterative, collective impact approach to develop performance measures that are realistic and at the same time aspirational. The measures and indicators were developed and refined through numerous committee meetings and focus groups involving private and public stakeholders.






















Each goal has a series of outcomes monitored through intermediate and 5-year indicators. ALL indicators will be measured annually to monitor progress. The way to read this table is to first read through the intermediate indicators column and then review the 5-year indicators column. Indicators are not aligned by row.

Table 8: VECAP Outcomes by Goal

Desired Direction of Change: ▲ = Increase ▼ = Decrease ■ = Bidirectional relationship

GOAL 1 - All Children Have a Health Start				
Outcomes	Goal	Intermediate Indicators	Goal	5-year Indicators
Physical Health Outcomes	▲	% women receiving prenatal care (VDH)	▼	% of low birth weight babies (VDH)
	▲	% children received well child visits by age (0-9 months, 1-4 years) (VDH)	▲	% children 0-5 years fully vaccinated (VDH)
	▲	% of children adequately covered by health insurance (NSCH)	▼	% of children 2-5 years overweight (85th to < 95th percentile BMI-for-Age) (VDH)
	▲	% of children, ages 1 through 5, who had a preventive dental visit in the past year (VDH)	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy (VDH)
	▲	% of infants breastfed for at least 6 months (VDH)		
	▲	# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)		

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Outcomes	Goal	Intermediate Indicators	Goal	5-year Indicators
Mental Health Outcomes		% of mothers with depression during the 3 months before pregnancy (VDH)		% of children with mental, emotional, or behavioral health diagnosis (NSCH)
		% of children with a trusted adult in their lives (DMH)		% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
		# of Children 0-9 in DCF custody (DCF-FSD)		% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) (NSCH)
Developmental and Educational Outcomes		% of children who have a developmental screening in the first 3 years of life (VDH)		% children ready for Kindergarten using Vermont's R4K! (AOE)
		% increase in use of Vermont's Developmental Screening Registry (VDH)		% of children reading at grade level by 3rd Grade (AOE)
				% of children meeting or exceeding expectations in literacy, math and social emotional development domains using TSGOLD (AOE)
				% of children receiving EI services with a reported improvement in their social and emotional skills (CDD)
				% of families receiving EI services who reported they have the skills to help their child develop and learn. (CDD)
Basic Needs Outcomes		% of infants breastfed for at least 6 months (VDH)		% of households with children under 6 Living at or Below 200% FPL (U.S. Census)
		% of eligible families enrolled in WIC (VDH)		% of food insecure households with children under 18 (Feeding America)
		% of children age 1-5 who have elevated blood lead levels (5-9 µg/dL venous-confirmed) (VDH)		# of children experiencing homelessness - McKinney Vento (AOE)
		% of families have access to 0-5 care (Stalled at the Start)		% of households that spend 30% or more of their income on housing (U.S. Census)






















GOAL 2 - Families and Communities Play A Leading Role in Children’s Well-being				
Outcomes	Goal	Intermediate Indicators	Goal	5-year Indicators
Strong Families	▲	% of pregnancies that are intended (VDH)	▲	% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
	▲	% of women who take 1 month or more of paid or unpaid workplace leave (PRAMS)	▲	% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) - (NSCH)
	▲	% of children with a trusted adult in their lives (DMH)	▲	% of adults with children in the home getting social and emotional support (VDH)
	▲	# of child-serving programs adopting the Strengthening Families Approach or implementing protective factors (CDD)	▼	% of food insecure households with children under 18 (Feeding America)
	■	Rate of substantiated reports of child abuse and neglect per 1,000 children (DCF-FSD)	▼	Rate of children and youth in out-of-home care per 1,000 children and youth (DCF-FSD)
	▲	# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)	▲	% of children age 0 to 18 who live in a home where the family demonstrates all qualities of resilience (VDH)
	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy (VDH)		
	■	# of families receiving non-court involved support through DCF-Family Services (DCF-FSD)		
Strong Communities (See Goal 1 and Goal 3 Outcomes)	▲	% of communities who report access to community-based infrastructure (libraries, parks, sidewalks) (NSCH)	▼	% of households with children under 6 living at or below 200% FPL (U.S. Census)
	▲	# of children served out of school time/summer meals	▲	% population growth of children living in the state (U.S. Census)
			▲	% population increase of non-white children (U.S. Census)
			▲	% Vermont legislators that identify as women and/or BIPOC (National Conference of State Legislatures)

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			▲	% of PreK-12 education teachers and administrators who identify as BIPOC (AOE)
Family Partnership, Leadership & Decision-making		TBD: At present, Vermont has not operationalized ways to measure parent/family partnership, leadership and decision-making. By 2026 Vermont will have developed those indicators and monitoring.		TBD: At present, Vermont has not operationalized ways to measure parent/family partnership, leadership and decision-making. By 2026 Vermont will have developed those indicators and monitoring.

Goal 3 - All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs				
Outcome Area	Goal	Intermediate Indicators	Goal	5 year Indicators
Access to services for Physical Health Outcomes	▲	% of children adequately insured (by race) (VDH)	▼	% low birth weight babies (by race) (VDH)
	▲	# of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64. (VDH)	▼	% of live births to women who used substances (alcohol, tobacco or illicit drugs) during pregnancy (VDH)
	▲	# of families receiving home visiting services - Strengthening Families Home Visiting, prenatal and postpartum, MESCH, CIS, Head Start. (VDH, CDD)	▲	% children 0-5 years fully vaccinated (VDH)
Access to resources, services and supports for Mental Health Outcomes	▲	# of families served by Parent Child Centers (PCCN)	▼	% of children with a mental, emotional, or behavioral health diagnosis (NSCH)
	■	# of children in need of support served by Designated agencies (DMH)	▲	% of children age 6 months to 5 years who are flourishing (meet all 4 criteria for flourishing) (NSCH)
	▼	# of children served by crisis services, waitlist/wait period for services (DMH)	▲	% of children age 6 to 8 who are flourishing (meet all 3 criteria for flourishing) (NSCH)
	▲	% of children and youth receiving respite services who remain in their homes (DMH)		
Access to services, resources and supports for Developmental and Educational Outcomes	▲	% of families have access to 0-5 care (Stalled at the Start)	▲	% children ready for Kindergarten using Vermont's R4K! (by race, FRL eligibility) (AOE)
	▲	% of families with access to out of school time care (Vermont Afterschool)	▲	% of children reading at grade level by 3rd Grade (by race) (AOE)

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		# eligible families participating in Childcare Financial Assistance Program (CCFAP) (children with special needs, children attending high quality programs) (CDD)		# of children birth to age 3 receiving early intervention (IDEA Part C) (CDD)
		Age of identification/referral to Early Intervention (VDH)		# of children ages 3 to 6 receiving early childhood special education services (ECSES) under IDEA Part B (AOE)
		% of eligible children receiving IDEA services (Part C and B) (AOE, CDD)		% of children meeting and exceeding expectations in literacy, math and social emotional development domains using TSGold (AOE)
		# of eligible children served (infants and toddlers, 3-4 year olds) by Vermont Head Start Programs (Head Start and Early Head Start)		PreK-3 expulsions, suspension time, and out of classroom time (by race) (AOE)
		% of age-eligible children participating in Universal Pre-K (AOE)		
Access to services, resources and supports to meet Basic Needs		% families paying over 30% of their monthly income on housing (U.S. Census)		% of households with children under 6 Living at or Below 200% FPL (by race) (U.S. Census)
		# of families served in Family Supportive Housing (CDD)		# of children experiencing homelessness - McKinney Vento (AOE)
		% of schools participating in the AOE Child Nutrition program (AOE)		% of food insecure households with children under 18 (Feeding America)
Early Childhood Workforce		# of early childhood workforce participating in professional advancement programs (Apprenticeship, CTE programs, ECE AA program, ECE BA programs) (CDD)		# of AOE licensed educators serving as lead teachers (AOE)
		% ECE workforce receiving livable wage/insurance (Head Start Wage and Fringe Study)		% of ECE workforce with AA or higher (CDD)
		% child care workforce that is insured (VTAEYC)		Early childhood wages (DOL)

Goal 4 - The early childhood system will be integrated, well-resourced and data-informed		
Outcome Area	Intermediate Indicators	5-year Indicators
Integrated	<p>No existing data currently captures integration in Vermont’s early childhood service system. By 2026, Vermont will be able to measure integration within the early childhood system, to identify resource allocation and whether decision-makers at all levels are using data to inform decisions. BBF will develop a mechanism to capture this information annually.</p> <p>Future intermediate measures:</p>	
Well-Resourced	<ul style="list-style-type: none"> ● Producing an unduplicated count of children across programs demonstrating data integration ● Developing a stand-alone early childhood budget ● Decision-makers reporting that they have access to the data necessary to inform policy and decision-making ● Advancing through the collaboration spectrum <ul style="list-style-type: none"> ○ Compete: Competition for clients, resources, partners, public attention ○ Co-exist - no systematic connection between agencies ○ Communication - inter-agency information sharing (e.g. networking) ○ Cooperate - as needed, often informal, interaction on discrete activities or projects ○ Coordinate - organizations systematically adjust, align and work with each other for greater outcomes ○ Collaboration - Longer-term interaction based on shared mission, goals, shared decision-making and resources ○ Integrate - Fully integrated planning, programs and funding 	
Data-Informed		

The VECAP Committees are developing additional measures as the state reflects on the gaps in services made clear by the COVID-19 pandemic, as well as measures to indicate progress toward building racial equity and justice in Vermont. These processes will continue throughout the strategic plan’s timeframe, and plans will be updated as needed.

COVID-19’s Impact

The COVID-19 pandemic is elucidating gaps in data and showing that the existing infrastructure does not have the ability to capture the data necessary to understand service provision and whether services and supports are meeting family’s needs. The lack of infrastructure and data capacity is leading to over-surveying of families and providers.

Conclusions

The purpose of conducting this Needs Assessment was to identify critical areas for growth in Vermont's Early Childhood System. These include:

- Vermont's EC system is chronically underfunded which impacts the ability to meet the needs of each and every child and their family.
- The lack of cross-sector, high quality, accessible data prohibits understanding of 1. The needs of families; 2. Impact of, access to, and capacity of services, resources, and supports; and 3. Outcomes for children and families longitudinally.
- Equitable access to high quality early childhood services, resources, and supports is variable particularly for the most vulnerable young Vermonters and their families including those living in rural communities, BIPOC, and children who experience other adversities, such as poverty, homelessness, or immigrant/refugee status.
- Similarly, these vulnerable populations have inequitable access to basic physiological needs, therefore increasing the risk for toxic stress and reducing parent and caregiver capacity to support optimal child development.

Prioritizing relationships and supporting families in seamless navigation of the complex early childhood system is a key next step. There is also a need for shared definitions and collaborative, sustainable cross-sector funding, data collection, and continuity of services. Both of these steps will be better achieved by collaborating with families and communities and strengthening resilience.

While these gaps in the system are concerning, Vermont has a strong commitment to children and families, and has used this Needs Assessment to inform and update the Vermont Early Childhood Action Plan (VECAP). More information about the alignment between this Needs Assessment and the VECAP can be found in Appendix C. This data-informed update ensures that Vermont's collective work moving forward will be guided by the shared vision to realize the promise of each and every Vermont child.

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Building Bright Futures VECAP committee leadership and members

- Early Childhood Wellness Committee (now known as the Child Outcomes Accountability Team)
- Families and Communities Committee
- Early Learning and Development
- Professional Preparation and Development
- Data and Evaluation
- Early Childhood Interagency Coordinating Team

Data stewards and content experts across state agencies and partners, including

- Vermont Agency of Education
- Vermont Agency of Human Services
- Vermont Department for Children and Families
- Vermont Department of Health
- Vermont Department of Mental Health
- Let's Grow Kids
- Vermont Association of the Education of Young Children
- The Parent Child Center Network

The Building Bright Futures State Advisory Council

The Preschool Development Grant leadership teams who supported logistics, data acquisition, and connections to information and stakeholders at state and local levels

The Consultants: Noonmark Services and Jen Olson

Appendix A: Definitions & Acronyms

Definitions for Vermont's Preschool Development Grant¹

Availability is the confluence of **access and affordability**, in which:

- **Access** means that parents, with reasonable effort and affordability, can enroll their child in an EC arrangement that supports the child's development and meets the parents' needs. Access encompasses factors such as program quality, location, hours and days care is available, transportation, and linkages to other sectors (Child Trends/OPRE).
- **Affordable** means that a family's income after taxes can support the cost of high-quality child care for their children and all of their other basic needs, such as housing, food, and transportation.

Children in rural areas: Vermont is predominantly rural as defined by the criteria established by the U.S. Census Bureau, with no municipality in the state having a population greater than 50,000 residents. Only the northwest region of the state that includes Chittenden, Franklin, and Grand Isle counties is identified as a metropolitan area, with roughly one-third of the state's population residing in these counties. Most of Vermont's children (70%) live in rural areas, which are characterized by mountainous geography, harsh winters with difficult driving conditions, and extremely limited access to many kinds of services. The most remote communities, such as those in Vermont's Northeast Kingdom (Essex, Caledonia, and Orleans counties) have as few as 9.5 people per square mile. Towns in the region lack grocery stores, healthcare facilities, and community organizations of any kind. Cell phone coverage is limited, and fully one-third of all addresses in the region do not have access to basic internet service. For low-income rural families, these barriers paired with limited or no public transportation exacerbate limited access early care.

Quality early childhood care and education in Vermont is defined as the holistic development of a child's social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. Vermont's "mixed delivery" early learning system is defined as one that "includes services offered through a variety of programs and providers such as Head Start, licensed family and center-based child care, public schools, and community-based organizations supported with a combination of public and private funding." Mixed delivery systems are a recognized best practice and exist in a continuum with school-based and other public systems.

Equitable and inclusive²³: Equity is "the state that would be achieved if individuals fared the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic." In EC practice, "equity" means all children and families receive necessary supports so they can develop their full intellectual, social, and physical potential.

- **Equitable** learning opportunities build on each child's unique individual and family strengths (cultural background, language(s), abilities and disabilities, and experiences), and are designed to eliminate differences in the outcomes that result from past and present social inequities.
- **Inclusive** means that policies, practices, and values support each and every child and their family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. Full inclusion seeks to promote justice by ensuring equitable participation of all historically marginalized children.

Vulnerable children mean children, from birth through 5 who: (1) are in low-income families; (2) have developmental disabilities or delays; (3) are English language learners; (4) are refugees; (5) are migrant and/or undocumented; (6) are homeless; (7) are geographically isolated; (8) have parents who are incarcerated; and/or (9) are at risk of, or have experienced, abuse or neglect or

Appendix A: Definitions & Acronyms

trauma including children in foster care. Any of these children would be considered underserved when economic or environmental challenges, or lack of family or public resources limit access to services and supports that are developmentally beneficial for the child and strengthen their family. In addition, children in rural areas who are low-income are identified as vulnerable and underserved.

Acronyms

ACE: Adverse Childhood Experience
AHS: Agency of Human Services
AOE: Agency of Education
ARC: Attachment, Regulation, and Competency (ARC) Framework
BBF: Building Bright Futures
BIPOC: Black, indigenous and people of color
BFIS: Bright Futures Information System
BRC: Blue Ribbon Commission
CANS: Child and Adolescent Needs and Strengths
CCV: Community College of Vermont
CDD: Child Development Division (A Division of the Department for Children and Families)
CIS: Children's Integrated Services
CLASS: Classroom Assessment Scoring System
COVID-19: Corona Virus disease
CPP: Child Parent Psychotherapy
CSHN: Children with Special Health Needs
CSSP: Center for Study of Social Policy
DCF: Department for Children and Families
DMH: Department of Mental Health
EC: Early Childhood
ECERS: Early Childhood Environment Rating Scale
ECFMH: Early Childhood Family Mental Health
EDC: Education Development Center
EEE: Essential Early Education
ERS: Environmental Rating Scales
FCCERS: Family Child Care Environment Rating Scale
FPL: Federal Poverty Level
FSD: Family Services Division (A Division of the Department for Children and Families)
GIS: Geographic Information System Mapping
HNC: Helping the Non-Compliant Child
HUD: U.S. Department of Housing and Urban Development
IDEA: Individuals with Disabilities Education Act
ITERS: Infant/Toddler Environment Rating Scale
LTNC: likely to need care
MTSS: Multi-Tiered Systems of Support
NFI: Northeastern Family Institute
NORC: National Opinion Research Center
NSECE: National Survey of Early Care and Education
PCC: Parent Child Center
PCIT: Parent-Child Interaction Therapy
PDG: Preschool Development Grant
PreK: prekindergarten education
R4KIS: Ready for Kindergarten Survey
RISPnet: Refugee and Immigrant Service Provider Network
SAC: State Advisory Council

Appendix A: Definitions & Acronyms

SACCERS- School Age Care Environment Rating Scale

SAYPQA: School Age Youth Program Quality Assessment

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SD: school district

SHIP: State Health Improvement Plan

SLDS: State Longitudinal Data System

SNAP: Supplemental Nutrition Assistance Program

STAMMP: Screening, Treatment and Access for Mothers and Perinatal Partners Grant

SD : School District

SU: Supervisory Union

T.E.A.C.H.: Teacher Education and Compensation Helps

TSGOLD: Teaching Strategies Gold

UPK: Universal Prekindergarten Education

VCDR: Vermont Coalition for Disability Rights

VDH: Vermont Department of Health

VECAP: Vermont's Early Childhood Action Plan

VFN: Vermont Family Network

VFFCMH: Vermont Federation of Families for Children's Mental Health

VICC: Vermont Interagency Coordinating Council

VTAEYC: Vermont Association for the Education of Young Children

WIC: Women Infants and Children

YPQA: Youth Program Quality Assessment

Appendix B: BBF Equity Statement



BBF Statement on Diversity, Equity, Social Justice and Inclusion

Racism is a public health crisis. As an organization, Building Bright Futures is committed to supporting the well-being and development of each and every young child and family in Vermont. As an early childhood community, we must collectively address systemic injustice and strive to do better for our youngest and most vulnerable children and families. We are committed to listening, learning, elevating inequities and taking action to dismantle racism in our organization and in Vermont's early childhood system.

Building Bright Futures (BBF) is Vermont's foundational early childhood public-private partnership and neutral convener, mandated to serve as the State Advisory Council on early childhood. We are dedicated to improving the well-being of children and families statewide and this includes building an equitable early childhood system. To do this, Building Bright Futures recognizes this change must start with us.

It is our responsibility to personally and organizationally explore implicit biases, unconscious racism and actions that contribute to racial inequities. The personal commitment our team has made will better prepare us to be effective stewards to apply a racial equity and economic justice lens to our policies and practices in order to collectively, as an early childhood system, make overdue changes for a stronger, more equitable, Vermont.

The threats of racism are not new; we recognize many of our existing systems are built on a history of oppression, however we are now stepping up to answer the call to action. Our commitment to positive change will not just be in reaction to current events, but as a part of our ongoing work in the early childhood system by integrating and weaving a focus of diversity, equity, social justice and inclusion into our personal lives and all of our work. This focus includes, but is not limited to: Vermont's Guiding Principles, Vermont's Early Childhood Action Plan, internal staff trainings and professional development opportunities, fostering vulnerable and challenging conversations as Vermont's early childhood neutral convener, and supporting necessary change by elevating marginalized voices to inspire learning from those most impacted.

We invite conversations to consider the impacts of inequity when reviewing our data, projects, programs, service delivery and policy and ensuring an integrated and aligned approach among our early childhood partners as we shape the health, development and well-being of our youngest and most vulnerable children and families in Vermont. We look forward to your partnership.

In solidarity,

Morgan K. Crossman, PhD, MA
Executive Director
June 2020



Endorsed by the
Building Bright Futures
State Advisory Council

June 2020

Appendix C: VECAP in Alignment with the PDG Needs Assessment

Theme	Quantitative Data	Qualitative Quotes	Alignment with VECAP
Equity	<p>44% agree - Early Childhood programs provide equitable and inclusive support</p> <p>51% report the EC system works to embed anti-bias approaches in program delivery</p>	<p>"I am seeing so many generous programs offering food pickup but the families with the highest need cannot access a lot of these programs because they cannot drive and don't have transportation."</p>	<p><i>ECAP Goals 1,2,3,4</i></p> <p>Strategy: Build a system where services are accessible, equitable and high quality and meet the needs of each and every child and family. To do this, Vermont institutions must address systemic barriers to increase access to the full range of opportunities families need to thrive and impact long term child outcomes.</p>
Quality and Access	<p>62% of infants lack access to a child care provider, up to 89% in rural counties (pre-COVID)</p> <p>265 children under the age of 9 used crisis services (2019)</p> <p>VDH survey respondents identified several barriers to accessing care for children under 21 years of age; transportation (92%), complicated application forms (88.6%), not eligible for services (84%).</p> <p>55% of families of CSHCN reported challenges accessing special education services</p>	<p>"We need to be able to provide the best care possible without the fear of not being able to pay our bills or make payroll; parents need to be able to navigate the needs of their families and reality of care situations without fear of losing a much-needed childcare spot."</p> <p>"There is a huge shortage of care and it is very difficult and expensive for families to access."</p>	<p><i>ECAP Goal 3: All children and families have access to high-quality opportunities that meet their needs</i></p> <p>Strategy: Increase quality and expand equitable access to resources, services and supports for all each and every child and family.</p>

Appendix C: VECAP in Alignment with Needs Assessment

Theme	Quantitative Data	Qualitative Quotes	Alignment with VECAP
Early Childhood and Family Mental Health	<p>3,322 children accessed mental health services from a Vermont Designated Agency</p> <p>265 children under the age of 9 used crisis services</p> <p>89% of children assessed in VT have a history of trauma and only 50% report having a stable caregiver in their lives</p>	<p>“We are concerned about the impact [COVID-19 and transition for young children] has had on our children emotionally and physically. The unrealistic expectations of children and child cares are unacceptable...The compounded stress is really just more than families can handle.”</p> <p>“If I could go back to make change to build a system that works better for my child, I would want a system that is flexible to the needs of each child; not one that asks kids and families to squish into a certain form.”</p>	<p><i>Goal 1: All children have a healthy start</i></p> <p>Strategy: Early Childhood and Family Mental Health provides the foundation for all future development. Promoting positive environments and stable, responsive relationships, early detection and prevention build a strong foundation which shapes a child’s ability to make friends, cope with adversity, and achieve success in school, work and community.</p>
Workforce	<p>Only 2% reported the workforce is well-equipped to meet the needs of Vermont children and families</p> <p>8,345 individuals worked in regulated care in positions that work directly with children (child care, preschool, after school - 2018)</p>	<p>“The early education workforce is extremely fragile. We are expecting people to do this work with very little pay and rising educational expectations”</p> <p>“Our center pays well beyond the standards of many others in our area...but the gravest needs are health insurance and the enormity of the college level training requirements. We simply cannot afford these costs.”</p>	<p><i>ECAP Goal 3: All children and families have access to high-quality opportunities that meet their needs</i></p> <p>Strategy: Shift Vermont’s collective value and investment in early childhood programs and services to attract and retain a qualified early childhood workforce.</p>
System Integration	<p>41.5% of Access to Health and Wellness survey respondents said support to navigate the system of care for children with special health care needs was seldom or never available</p>	<p>“Early childhood educators, mental health, and medical fields are working collaboratively on many projects in the local community. Individuals share resources, respect each other’s perspectives, and problem-solve well. However, state and federal funding sources do not support this cross-sector collaboration. Funding is so limited agencies must compete against each other for minimal amounts. Collective case management and resource sharing is not valued from a funding perspective.”</p> <p>“To make integration a priority we need commitment and streamlining from across systems”</p>	<p><i>ECAP Goal 4: An integrated, well-resources and data-informed system</i></p> <p>Strategy: Use data to promote efficiencies and streamline systems to create a seamless experience for families</p>

Appendix C: VECAP in Alignment with Needs Assessment

Theme	Quantitative Data	Qualitative Quotes	Alignment with VECAP
<p>Family Leadership & Engagement</p>	<p>83% of respondent agreed that “forming warm and trusting relationships with families” is a primary strategy to engage families</p> <p>75% of families strongly agreed that “My children and I are treated with kindness and are comfortable and welcomed.”</p>	<p>“We do not have any input and are not given much feedback about what is happening”</p> <p>“[The BBF Families and Communities Committee] is the one place I feel my voice is heard and it matters.”.</p>	<p><i>ECAP Goal 2: Families and communities play a leading role in children’s well-being</i></p> <p>Strategy: Partner with families, understand needs, and identify leadership opportunities to include parent and caregiver voice in public policy and decision-making</p>
<p>Resources and Funding</p>	<p>10% of respondents stated that funding is “adequate”</p>	<p>“There are some high quality programs that have worked very hard to pull together enough funding to pay qualified staff, create excellent programming, and offer additional supports. However, all ECCE programs struggle to afford to do the work they do with a budget based on subsidies and tuition, and very little public support.”</p> <p>“It feels like we are at a tipping point, where everyone is working hard, and funding has increased, but it doesn’t come close to meeting the needs.”</p> <p>“This chronic lack of funding undermines the quality of supports we provide.”</p>	<p><i>ECAP Goal 4: An integrated, well resourced, and data-informed system</i></p> <p>Strategy: Build a seamless, equitable system of care. Create an inventory of current financial investment across the early childhood system to build alignment, integration of resources, and to decision making.</p>
<p>High Quality Data</p>		<p>“Vermont’s primary challenge is that we lack coherent and cohesive data programs, infrastructure and personnel to implement programs to fidelity.”</p> <p>“Different agencies gather different data that is difficult to crosswalk. The data we have is not informing best practice for kids.”</p> <p>“We don’t need to count things more. We need to figure out the quality.”</p>	<p><i>ECAP Goal 4: An integrated, well-resourced, and data-informed system</i></p> <p>Strategy: Create a state-wide culture that values high-quality data and promotes data literacy through collaborative and aligned initiatives.</p>

Appendix D: VECAP Committees

The charge of the **Child Outcomes Accountability Team** is to improve integration and coordination of early childhood public and private partners committed to the health and well-being of children and their families. The group will inform strategies and monitor progress toward Goal 1 of Vermont's Early Childhood Action Plan: *All children have a healthy start*. Goal 1's focus is to ensure that children are healthy, thriving and developmentally on track from the prenatal period to third grade by promoting and monitoring outcomes in the following domains: physical health, development and educational outcomes, mental health outcomes, and basic needs outcomes. Goal 1 also promotes the importance of prevention and early identification across the same domains.

The **Data and Evaluation Committee** guides the collection, analysis, and application of high-quality data within the early childhood system. The group is composed of data stewards and evaluation experts working together to ensure data informs policy and practice. The group wants to help partners understand what high-quality data is, where it exists and is accessible to early childhood stakeholders.

The **Early Childhood Interagency Coordinating Team (ECICT)** seeks to identify and eliminate barriers to collaboration, address the efforts related to the Early Childhood Action Plan or any other issues that local/regional partners may bring to the Team's attention. The Team's efforts result in a more cohesive voice of state government in Vermont's early childhood system by convening representatives of the state agencies represented on the Building Bright Futures State Council (Agency of Human Services, Education, Child Development Division, Vermont Department of Health, Department of Commerce). The team will work as a lateral partner of the BBF State Council to inform the Council on state policy matters, and to receive feedback and input on state policy matters from the Council.

The **Early Learning and Development (ELD)** committee is devoted to increase the number of childcare providers and the number of children and families that can be served across the state. They also work to strengthen the quality of early childhood services throughout the early childhood system through a focus on alignment and best practices.

The **Families and Communities Committee** works to develop a statewide approach that enriches and expands family leadership at the provider, agency, and community level by convening a statewide Family Leadership Team to provide thought leadership for family leadership best practices.

The **Professional Preparation and Development (PPD)** committee seeks to develop, coordinate, and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school professionals. The committee builds on assets and prioritizes needs for professional opportunities with a focus on educators, though are expanding to include needs of CIS professionals and others working with children and families. The PPD facilitates communication about professional development to consumers, practitioners and the general public.

Appendix E: Vermont Guiding Principles

Supporting Each and Every Young Child and Family's Full and Equitable Participation

VERMONT GUIDING PRINCIPLES

Each and every young child (birth through Grade 3) and family in Vermont has diverse strengths rooted in their unique culture, heritage, language, beliefs, and circumstances. They have gifts and abilities that should be celebrated and nurtured. Full participation means promoting a sense of belonging, supporting positive social relationships, and enabling families and early childhood professionals to gain the competence and confidence to positively impact the lives of each and every child and their family.

The Guiding Principles describe what individuals, organizations, and communities understand and do to realize the promise of each and every young Vermont child. They highlight explicit, intentional, and strengths-based practices that are respectful of and responsive to child, family, and community values, priorities, and beliefs. They are consistent with relevant state and national laws and policies. These principles articulate Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness, and success now and into the future.

We believe that each and every child . . .

- Learns within the context of secure and authentic relationships, play, and interactions within their environments.
- Deserves equitable access to experiences that acknowledge and build on their uniqueness.
- Deserves opportunities to deeply learn and develop to their full potential through joyful interactions in safe, accepting environments.

For each and every family, we will...

- Respect and support them as experts, partners, and decision makers in the learning and development of their children.
- Pledge to be open, genuine, reflective, and respectful listeners and communication partners.
- Build caring communities that are accepting of differences and foster a sense of belonging.

For each and every child and their family, we will...

- Promote understanding of the importance of inclusive and effective early childhood experiences.
- Build equitable access to opportunities, supports, and services.
- Acknowledge and address biases in ourselves and others and the importance of differences such as race, class, gender, family structure, ability, and sexual orientation.
- Advance policies, procedures, programs, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences.
- Provide options, flexibility, and continuity within each community by working collaboratively within and across agencies, programs, and funding sources.
- Expand the number of early childhood professionals who are well prepared, reflect the diversity of the community, and are appropriately compensated.
- Draw upon evidence and research for practices that are responsive and appropriate to the child's culture, language(s), abilities, developmental level, identities, and needs.



Higher Ed-Early Childhood Consortium

Appendix F: Programs & Initiatives Used to Certify, Monitor, & Improve Quality

The following programs and initiatives certify, monitor, and improve quality in Vermont's EC system and inform caregivers about what constitutes a high-quality child care program.

The Child Care Financial Assistance Program (CCFAP)⁶², administered by the DCF Child Development Division, helps eligible families with the cost of child care. Payments are made directly to child care providers. CCFAP goals are to 1) support a system of good quality child care services that is readily available to Vermont's children and families; and 2) help eligible families pay for early care and education and school age care that meets their needs and promotes the best possible development for their children. CCFAP assistance can be used to pay for child care services for children from age six weeks to 13 years, and up to age 19 for children with special needs.

Children's Integrated Services (CIS)⁶⁶ is situated within DCF, and offers early intervention, family support, and prevention services that help the healthy development and well-being of children from pre-birth to age 5.

- **Specialized Child Care (SCC)** provides vulnerable children and high-risk families with quality child care and specific supports that help meet their needs, strengthen their families, and promote their children's development. In addition to supporting families, SCC supports child care providers and CIS specialists working with families to assure that these children experience success in child care settings that meet their needs.
- **Early Intervention Services for Infants and Toddlers:** The Individuals with Disabilities Act (IDEA)-Part C early intervention program brings together families and service providers from public and private agencies, parent child centers, local school districts, and private providers to meet each child's unique needs and the needs of their family in their home and community. Early intervention services include audiology, assistive technology, counseling/psychological, family training and home visits, medical evaluation for diagnostic purposes, nursing, nutrition, occupational therapy, physical therapy, service coordination, social work, special instruction, speech/language, transportation, and vision services.

Community Child Care Support Agencies⁶⁷: Twelve agencies across the state have staff who are available to help families find child care providers, understand their quality, and apply for financial assistance. Vermont has established initiatives to enable parents to discern high quality care. County-level *Child Care Referral Teams* provide no-cost, objective, regional child care searches for families. Within their search process of licensed and registered programs, families are provided with a program's profile, which includes its STARS quality rating, program philosophy and licensing regulatory history. The Child Care Referral Team in Chittenden County utilizes a phone translation service as needed and also collaborates with Association of Africans Living in Vermont (AALV) as they support families to find child care and apply for financial assistance.

Head Start and Early Head Start⁶⁸ are comprehensive early education programs for children from at-risk backgrounds ages birth to five. From early math and reading skills to confidence and resilience, Head Start and Early Head Start help children build the skills they need to be successful in school and in life. In addition to helping children prepare for kindergarten and beyond, Head Start and Early Head Start help facilitate critical health services like immunizations, and vision, dental, and hearing screenings. For parents, Head Start and Early

Appendix F: Programs & Initiatives Used to Certify, Monitor, & Improve Quality

Head Start offer job training opportunities and share information about important child development milestones, so parents can learn more ways to create encouraging home environments and enhance their relationships with their children. Each program engages parents as equal partners and works closely with the local community to adapt to what each area needs.

Help Me Grow Vermont (HMGVT)⁶⁹ is part of the national Help Me Grow program, which seeks to ensure all young children receive developmental screenings to support healthy development by engaging families, pediatricians, child care providers, and others in the early childhood system. Help Me Grow helps early childhood partners work together to build strong, connected communities and healthy, resilient families. HMG's mission is to align the efforts of early childhood partners to strengthen families and ensure that all children reach their greatest potential. Help Me Grow builds families' and service providers' understanding of early development, promotes the importance of social and emotional skill development, and connects children to the community resources and supports they need, when they need them.

Make Way For Kids from Let's Grow Kids⁷⁰ provides grants and technical assistance to child care programs to help increase the availability and quality of early care and learning programs for Vermont's children.

Northern Lights at CCV⁷¹ is the hub of the professional development system for early childhood and afterschool professionals in Vermont. Trainings, career advising and technical assistance, and friendly support are offered to assist with professional development goals. Support with competencies, credentials, career ladder level certificates, the Vermont Instructor Registry, the M.A.T.C.H. Registry, and much more is also available. Northern Lights at CCV works closely with key partners to improve and enhance a unified, statewide system of professional development for early childhood and afterschool professionals.

Parent Child Centers (PCCs)⁷² Parent Child Centers, deeply rooted in the Strengthening Families Framework, provide holistic services that are family-driven, strength based, and multi-generational all while building protective factors in children and families and addressing social determinants of health. PCCs serve every family (in the prenatal period and beyond) that walks through their door; making sure that families have the support and resources they need to nurture their children and get them off to a great start in life. The network of 15 Parent Child Centers serve all of Vermont with a focus on early identification, intervention, and prevention. Individually, there are 15 independent, locally based nonprofit organizations, each providing a wide range of supports and services unique unto the needs of their specific region. United, the Vermont Parent Child Center Network serves ALL of Vermont with a shared vision, philosophy, and purpose through the delivery of the 8 Core Services: Parent Education, Parent Support, Home Visits, Early Childhood Services, Concrete Family Supports, Playgroups, Community Development, and Information & Referral. Vermont's Parent Child Center Network is named in Vermont statute and recognized as an engine of collaboration and innovation. PCCs' innovative work helps build communities where children and families thrive; communities that support children in having a healthy childhood.

STARS (STep Ahead Recognition System) is Vermont's Quality Recognition Improvement System (QRIS)⁴⁸ for child care, preschool, and afterschool programs. Vermont STARS works with providers and parents to maintain and continually improve the quality of child care across Vermont. Programs that participate in STARS go above and beyond Vermont state regulations to provide professional services that meet the needs of children and families. Quality early childhood care and education is provided by programs that strive to realize the promise of each and every child. These programs focus on (1) child health and safety; (2) early care, education and child development; (3) family and community engagement; and (4) leadership and management systems.

Vermont Afterschool⁷³ partners with the Vermont Agency of Education to evaluate 21st CCLC program data and research to determine program outcomes and ultimately inform the best practices and standards we recommend. Additional resources for afterschool program staff and the community include: quality improvement assistance, self-assessment and external evaluation tools, and professional learning opportunities.

The **Vermont Association for the Education of Young Children (VTAEYC)'s Quality Improvement Project**⁷⁴ is designed to assist programs with improving overall quality. The Quality Improvement Project offers mentoring services for programs wishing to attain/renew NAEYC Accreditation or increase their star level using the Vermont STARS Quality Rating System. In addition, VTAEYC is participating in NAEYC's Power to the Profession initiative to define the early childhood profession by establishing a unifying framework. The Unifying Framework is a set of national recommendations in four areas: (1) a clearly defined profession, with distinct roles and responsibilities; (2) aligned professional preparation, pathways and licensure; (3) professional compensation; and (4) supportive infrastructure and shared accountability

Vermont's Bright Futures Child Care Information System (BFIS)⁷⁵ is administered by the DCF Child Development Division. This web-based resource provides parents, early childhood and afterschool programs, and professionals with information about child care services. Child care provider information is searchable by town/zip code, program type, age, special services, STAR level, and other factors. The system also provides information about child care benefits and subsidies, and includes resources to promote quality for child care providers.

Vermont Child Health Improvement Program (VCHIP)⁷⁶ is a population-based child and adolescent health services research and quality improvement program of the University of Vermont with initiatives that address health, development, and early care for young children and families. Current quality improvement efforts at VCHIP include a program to improve care for children with chronic illness, the Universal Developmental Screening, Help Me Grow, and the Child Health Advances Measured in Practice (CHAMP) program. Since 2000, a partnership between the MCH and VCHIP has resulted in measurable improvements in child health outcomes across the pediatric age spectrum in a variety of health service areas.

Vermont Early Childhood Comprehensive Assessment System Framework (VECCAS)⁷⁷ within the Agency of Education provides a plan and framework to implement a comprehensive, statewide early childhood assessment system. The VECCAS framework enables early childhood (birth-grade 3) efforts to conduct reflection, self-evaluation, and improvement, and to address the key questions program planners encounter in developing birth to grade 3 assessment approaches in schools, districts, and communities. The framework includes:

- **Teaching Strategies GOLD® (TSGOLD)**, a tool used to assess children from birth through kindergarten. Extensive field tests have shown it to be both valid and reliable. Available online, the system can be used with any developmentally appropriate early childhood curriculum. Grounded in 38 research-based objectives that include predictors of school success and are aligned with the Common Core State Standards, Vermont Early Learning Standards, and the Head Start Child Early Learning Outcomes Framework, Teaching Strategies GOLD® helps teachers focus on what matters most for school readiness. It can be used to support all types of learners, including children with special needs and children with advanced knowledge and skills. Teaching Strategies Gold has been adopted as the progress monitoring tool for Universal PreK.
- **The Classroom Assessment Scoring System (CLASS®)** is the observation tool developed to assess the adult-child interactions which impact learning and development from infant care through 12th grade. CLASS observations are completed by Teachstone®

Appendix F: Programs & Initiatives Used to Certify, Monitor, & Improve Quality

certified CLASS Observers who assign scores to specific teacher behaviors and responses.

- In addition, **AOE's Vermont Early Learning Standards** establishes common goals for development and learning across the early childhood years. The VELS is a resource tool for adults to provide the opportunities and experiences that allow all children to make progress toward or achieving standards, including making adaptations and accommodations for children's unique circumstances.

Vermont Early Childhood Networks⁷⁸ are local networks of early educator leaders across all 12 regions in Vermont who utilize professional development opportunities and peer support to encourage, learn and grow together. Vermont Early Childhood Networks meet regularly to provide a comfortable and engaging way for early educators to connect with each other, identify opportunities and challenges, propose solutions and celebrate achievements.

Vermont Interagency Coordinating Council (VICC)⁷⁹ is made up of parents of children receiving Children's Integrated Services (CIS), as well as representatives from legislature, Medicaid, Head Start, community providers and many more that have a desire to improve services for Vermont families. The Interagency Coordinating Council (ICC) advises the State of Vermont around programs relating to children and families with disabilities, an act known as Individuals with Disabilities Education Act (IDEA) Part C. Vermont's unique approach to the ICC uses this group to advise and assist program practices and decisions for all of Vermont's Children's Integrated Services programs, in addition to Part C Early Intervention.

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