

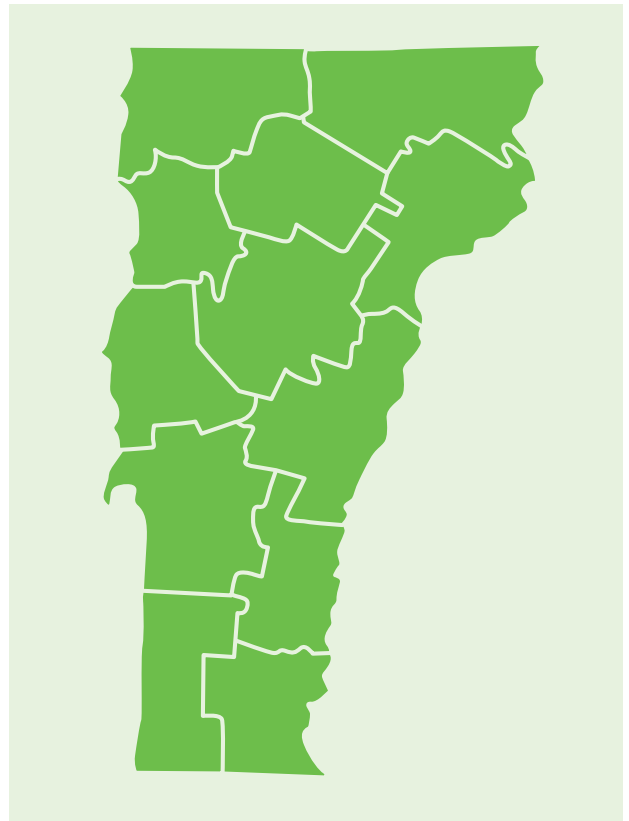
Introduction to Regional Profiles

While Vermont is a relatively small state with commonalities across communities, each region is unique. The following regional profiles offer a snapshot of selected indicators of child and family well-being for each of Vermont’s 12 regions. Each indicator includes the most high-quality, up-to-date data that is available at the regional level and includes the same data from five years prior for comparison.

Each Regional Council is addressing the early childhood workforce crisis with a regional focus based on the strengths and opportunities available as part of the Council Action Plan. Each profile outlines one way that the Regional Council is addressing these challenges and moving forward the **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**

For more information on the early childhood workforce crisis, see the Spotlight starting on page 10.

Please note that due to “test administration during 2020-2021 [being] impacted by several, novel variables”, proficiency in third grade reading assessments is not included for each School District/Supervisory Union.⁶⁷



Current Status of All Vermont Children

CHILD POPULATION¹¹ (2019)

53,821 children under 9

Decreased by 5% from 56,495 in 2014

CHILDREN LIVING IN POVERTY⁶⁹ (2019)

35.7% children under 6 (12,382)

Decreased by 16% from 42.5% - 15,628 in 2014

CHILDREN IN OUT OF HOME CUSTODY³⁵ (2021)

520 children under 9

Decreased by 28% from 721 in 2016

Educational Assessments

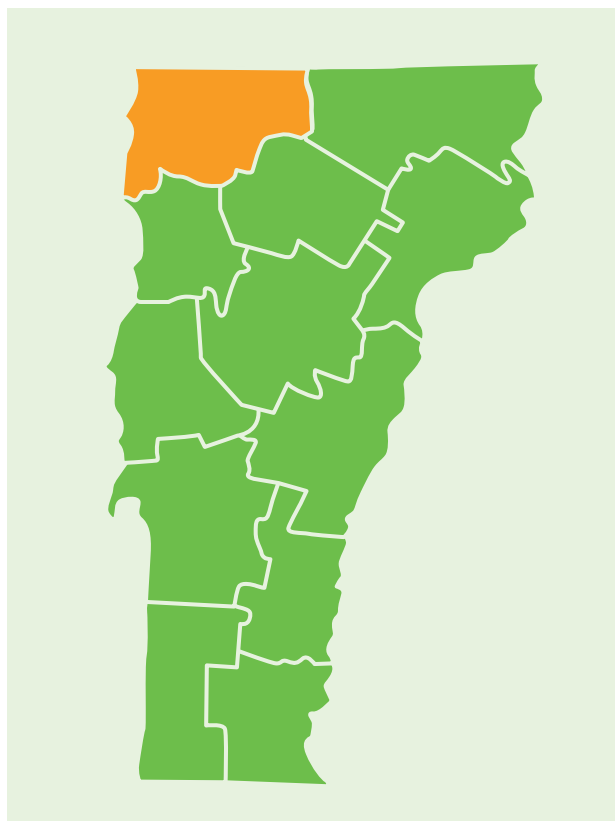
VERMONT STUDENTS

| | | |
|---|-----|-------|
| All Students | 86% | |
| Boys | 82% | |
| Girls | 91% | |
| Free and Reduced Lunch Eligible | 77% | |
| Not Free and Reduced Lunch Eligible | 89% | |
| Attended Publicly Funded PreK | 87% | |
| Did Not Attend Publicly Funded PreK | 82% | |
| Percent of Students Surveyed | 90% | |

KINDERGARTEN READINESS⁶⁸ (FALL 2020)

Franklin & Grand Isle

The Franklin and Grand Isle Regional Council set a priority to support an integrated system of care, with a stable and sustained workforce as an essential component to success. One strategy for sustaining the workforce is increasing the understanding of Substance Use Disorder and its impacts on children and families, as well as the resources and strategies to support them. As part of the SUD - Making the Systems Work for Families project, Grand Isle and Chittenden County professionals have partnered with the Vermont Head Start Association in bringing a “Training of Trainers” event to VT from the National Center on Early Childhood Health and Wellness, enhanced with Vermont specific data, referral and support information from partners in Early Childhood Mental Health and with leadership from the Chittenden Clinic. The trainers have since led two virtual trainings for 85 early childhood professionals with the goals to enhance the skills of the partners, deepen the understanding of substance use disorder, and reduce stigma in the community. Embedding resilience strategies through these trainings along with connections to concrete referral and support information is one way that the Franklin and Grand Isle Regional Council is sustaining the early childhood workforce and moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



Current Status

CHILD POPULATION¹¹ (2019)

5,917 children under 9

Consistent with 5,939 in 2014

CHILDREN LIVING IN POVERTY⁶⁹ (2019)

25.2% children under 6 (964)

Decreased by 43% from 44.0% - 1,650 in 2014

CHILDREN IN OUT OF HOME CUSTODY³⁵ (2021)

76 children under 9

Decreased by 38% from 123 in 2016

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

| | |
|-----------------------------|--|
| Franklin Northeast SU | |
| Franklin West SU | |
| Grand Isle SU | |
| Maple Run SD | |
| Missisquoi Valley SD | |

KINDERGARTEN READINESS⁶⁸ (FALL 2020)

| |
|--------------------|
| 86.1% |
| 88.3% |
| 90.6% |
| 90.3% |
| 88.7% |

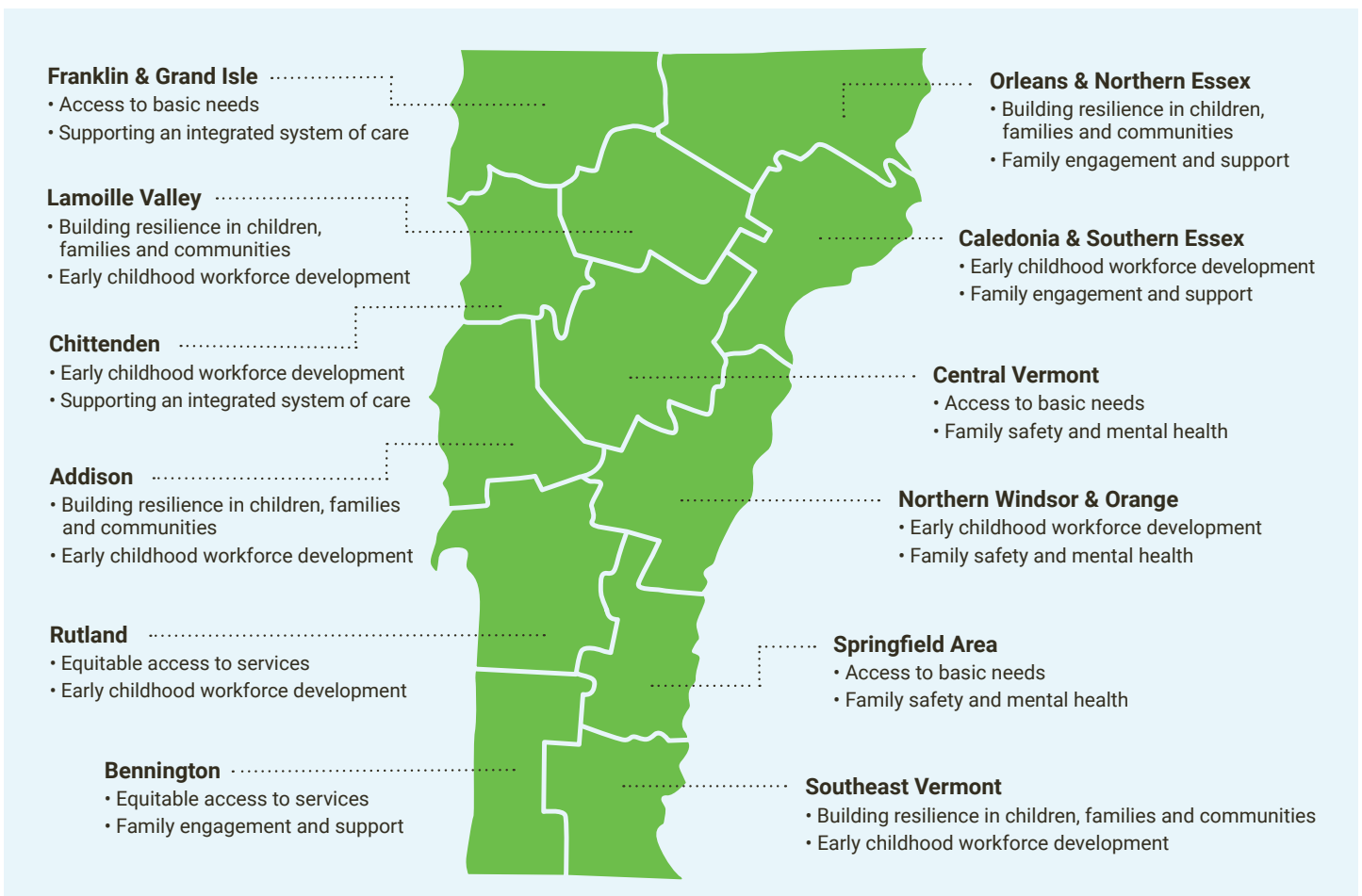
ABOUT REGIONAL COUNCILS

Building Bright Futures’ Regional Councils bring together early childhood stakeholders to identify gaps; share expertise and resources to break down silos; elevate regional and family voice; and implement strategies to respond to the needs of each and every child and family in their respective area. Regional Council members are crucial to each stage of this process, both in official convenings of the Regional Councils, and within the early childhood system more broadly.

The 12 Regional Councils are mandated to support an integrated system of early care, health, and education at the local level under Vermont Statute Title 33 § Chapter 46. In alignment with, and with support from, the State Advisory Council, Regional councils are tasked with coordinating and implementing services in accordance with system and regional priorities. Regular Regional Council meetings are just one way that this mandate is fulfilled.

Statewide, nearly 250 people bring their perspectives together through Regional Councils on a monthly basis. Early childhood stakeholders across regional tables include professionals in physical and mental health, social services, basic needs, early childhood education, PreK-12 education, families of children under 9, and community members invested in the well-being of young children.

Each Regional Council has an action plan to guide decisions and activities. While each plan supports a local comprehensive early childhood system, two regional priorities are set by Regional Councils annually to share across the state. The map below presents the top two priorities of each region which showcases the strength of the regional council network in local priority setting, as well as the connections and variation between the 12 regions in Vermont.



More information about each region including monthly council meetings and updates can be found at buildingbrightfutures.org/what-we-do/regional-councils/