



# THE STATE OF VERMONT'S CHILDREN

2021 YEAR IN REVIEW





## From the **GOVERNOR**

Giving kids a healthy start is a priority for me as Governor, laying the foundation for well-being throughout their lives. Decades of research on brain development shows investing in Vermont's youngest children is one of the most critical prevention strategies. Specifically, it shows supporting a child's development, education and well-being, as well as strengthening the communities in which they live, are critical building blocks that set the stage for healthy relationships, mental and physical health, and social emotional well-being during early childhood and throughout adulthood. It also plays an important role in preventing a range of adult outcomes in areas of substance abuse, emergency department visits, incarceration and unhealthy relationship patterns.

Investment in the early childhood years is an investment in a vibrant, healthy, sustainable economy, which is why early care and learning is a cornerstone of the cradle to career system of learning we're building in Vermont.

My vision to support our youngest Vermonters is focused on access to early education and quality opportunities for all children, helping families get ahead, and strengthening communities to provide safe and healthy environments for children and families. This means moving toward affordable, high-quality early education for children under 5, and continues with universal prekindergarten education, kindergarten through grade 3, and after school and out-of-school care.

This year, we continued to make significant investments in child care, building on the significant increases we've passed over the last five years. We also enacted legislation recognizing child care as essential for the development and education of our children as well as to ensure families with children are able to be at work, and committing to continued use of evidence and data to inform our decision-making on these issues.

We'll also continue to prioritize equitable access to universal prekindergarten education, which will help more children enter school with the developmental, social and emotional readiness to succeed when they get to kindergarten and beyond, setting the foundation for lifelong learning.

Finally, as we commit to a comprehensive system of services to support children and families, our focus on afterschool, summer activities and out of school time care will provide children with rewarding and safe opportunities to connect with peers and trusted adults outside of the classroom, and families with the hours of care needed to fully participate in the workforce.

I'm excited about our efforts to increase economic equity and opportunity across the state, as we work together to build the safest and healthiest communities for children and families to thrive. We've continued to pursue this vision during the COVID-19 pandemic, but I know the pandemic has widened gaps in our system, and children, parents, educators and providers are still struggling. We're grateful to, and proud of, the work of our early childhood workforce during this crisis and are working to ensure our system supports them alongside children and families.

This report, together with Vermont's Early Childhood Data and Policy Center, provides another tool for data-driven decision-making for our kids and their families and can support our collective work as a state to make Vermont the best possible place for children and families to live.

Very truly yours,

**Philip B. Scott**  
Governor



From the  
**EXECUTIVE  
DIRECTOR**

It is an honor to serve as the Executive Director of Vermont's Early Childhood State Advisory Council Network, Building Bright Futures (BBF). The Network serves as Vermont's early childhood public-private partnership charged under State and Federal statute as the State Advisory Council (SAC), the mechanism used to advise the Governor and Legislature on the well-being of children in the prenatal period through age 8 and their families.

In this role, it is my responsibility to lead the Network, which includes over 450 early childhood stakeholders and leaders across all sectors, to assure that policy is developed and decisions are made with the best interest of children and families at the forefront. One of BBF's responsibilities is to maintain Vermont's vision and strategic plan for the early childhood system and monitor progress on child and family outcomes over time. We do this through Vermont's Early Childhood Action Plan (VECAP), which serves as the vision and strategic plan for the early childhood system supporting Vermont children from the prenatal period to age eight and their families (pg, 2).

The ninth iteration of the State of Vermont's Children report is one way in which BBF monitors progress towards the state's vision. The report includes the 2021-2022 Recommendations of the Vermont Early Childhood State Advisory Council Network, formally endorsed by the SAC in November 2021; data and context across a range of sectors including but not limited to demographics, basic needs, resiliency within families and communities, health and well-being, child development and education; and profiles of Vermont's 12 regions.

The 2021 Data Spotlight is on Vermont's early childhood workforce crisis, including vacancies and declines in specific early childhood roles, challenges facing Vermont's overall labor force, and the unique role that women play in Vermont's workforce and early childhood system.

The State of Vermont's Children report covers many aspects of the state's early childhood system, but there is often additional data and context that cannot be included. That is where Vermont's Early Childhood Data and Policy Center - [Vermontkidsdata.org](https://Vermontkidsdata.org) comes in. [Vermontkidsdata.org](https://Vermontkidsdata.org) is a hub of the most high-quality, up-to-date information on the status of children and families across sectors. By centralizing data from the complex early childhood system, [Vermontkidsdata.org](https://Vermontkidsdata.org) makes it easier for leaders, policymakers, families, and communities to use data to make informed policy and program decisions. More information is available on the back cover of this report.

I hope that together, this report and [Vermontkidsdata.org](https://Vermontkidsdata.org) will inspire you in our collective work to improve the lives of children and families in Vermont, because our children are the future, and the future is bright!

Sincerely,

A handwritten signature in black ink that reads "Morgan K. Crossman".

**Morgan K. Crossman, Ph.D., M.A.**  
*Executive Director*



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# MISSION

To improve the well-being of each and every child and family in Vermont by using evidence to inform policy and bringing voices together to discuss critical challenges and problem solve.

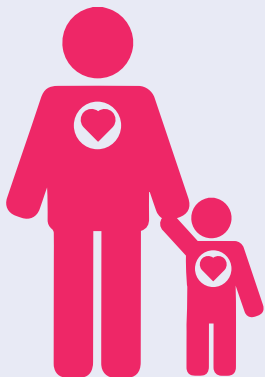
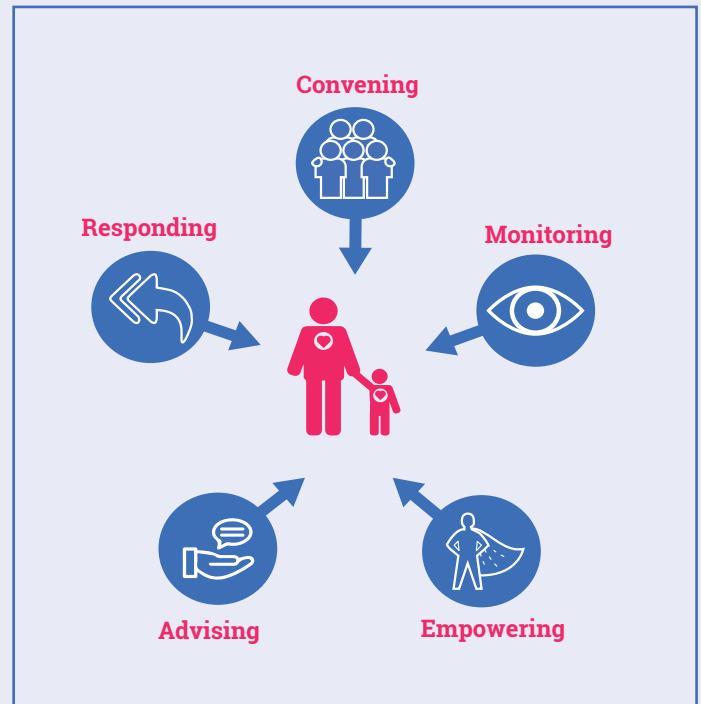


# VISION

BBF maintains the vision and strategic plan for Vermont's Early Childhood System. Vermont's vision for the Early Childhood System is to be an integrated continuum of comprehensive, high-quality services that are equitable, accessible, and improve outcomes for each and every child in the prenatal period to age eight and their family.

Building Bright Futures (BBF) is Vermont's early childhood public-private partnership, charged under Vermont Title 33 § Chapter 46 and the Federal Head Start Act (Public Law 110-134) as Vermont's Early Childhood State Advisory Council (SAC), the mechanism used to advise the Governor and Legislature on the well-being of children in the prenatal period through age 8 and their families. BBF maintains Vermont's Early Childhood Action Plan, a five-year vision and strategic plan. Within these legislative mandates, BBF is charged with five primary responsibilities: convening, monitoring, empowering, responding, and advising.

With a wide reach throughout Vermont's Early Childhood System and in every corner of the state, the Early Childhood State Advisory Council Network has a multi-tiered infrastructure that includes the State Advisory Council (SAC), 12 Regional Councils, and 7 Committees that move Vermont's Early Childhood Action Plan (VECAP) forward. Partners and committees within BBF's Network



perform a critical role by compiling and distributing the most up-to-date and high-quality quantitative and qualitative data pertaining to young children, their families, and the Early Childhood System.

BBF is unique in its ability to be agile in responding to emerging policy, programmatic, and community needs while also remaining focused on the long-term health, well-being, early care, and education of Vermont children and their families.

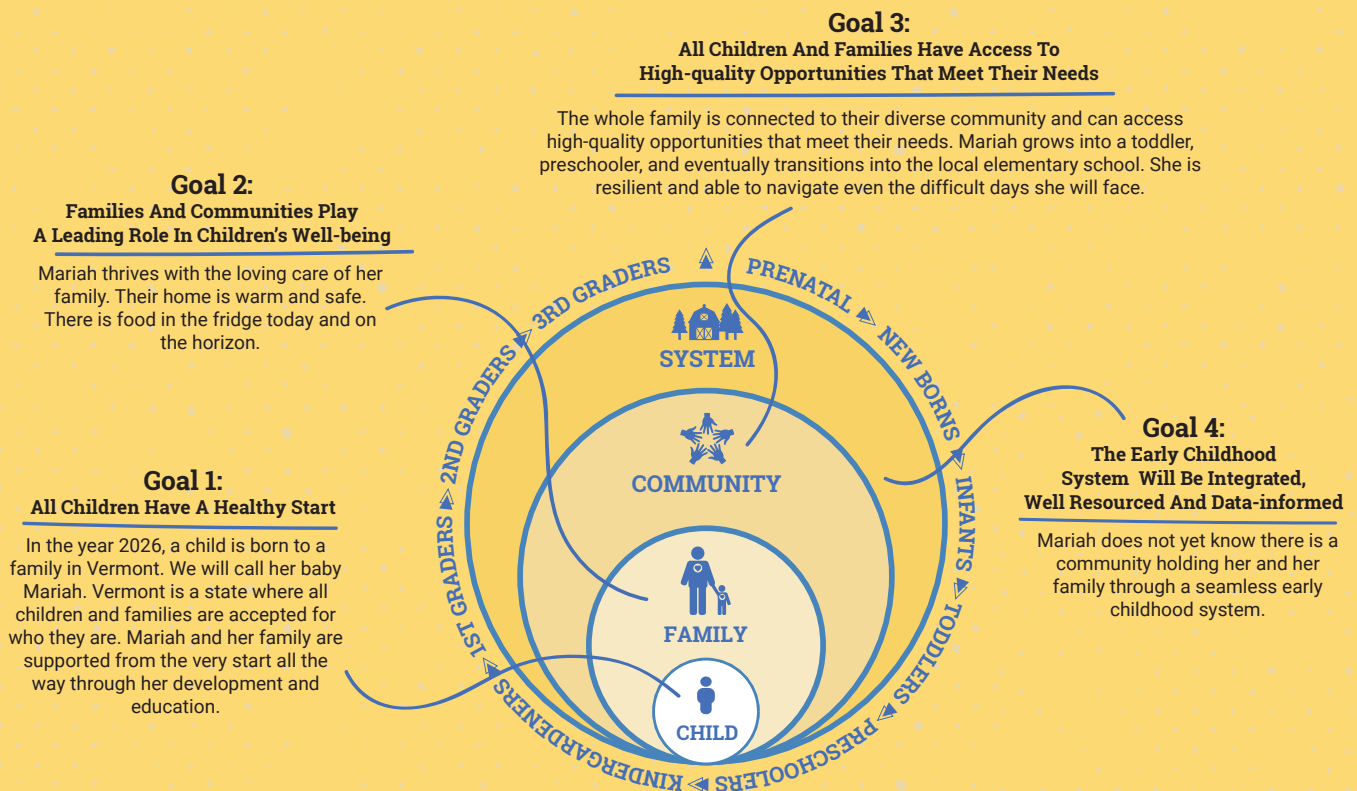
# VERMONT'S EARLY CHILDHOOD ACTION PLAN 2020-2025 STRATEGIC PLAN

Vermont aspires to realize the promise of each and every 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 8 and their families in Vermont.

Vermont's Early Childhood Action Plan (VECAP) is the vision and strategic plan for the early childhood system supporting Vermont children prenatal to age 8 and their families. The VECAP was updated in 2020 using a lens of equity, access, and common language, with a commitment to creating positive change in Vermont's early childhood system. The strategic plan is centered on four common goals, with strategies and objectives to meet those goals. For the first time, the 2020-2025 VECAP includes outcomes and indicators to monitor progress. Vermont intends to meet the goals outlined in this cohesive vision by the year 2026, and utilize the BBF Network to establish shared accountability for achieving statewide priorities.

The VECAP was originally established in 2013 to emphasize the importance of early childhood outcomes and was built on Vermont's Guiding Principles which articulate the 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.

## THE VECAP IN ACTION



In 2020, the early childhood system lost a leader in Mariah McGill (1977-2020). Mariah served as a Regional Coordinator for BBF and contributed as a keen leader, advocate, and problem solver in other roles throughout the community. Mariah joined the BBF team in September 2020 and was ebullient with her passion about improving the lives of children and families in Vermont. In her spirit, we carry on to make true and lasting change.

## VECAP Committee Network

The Vermont Early Childhood Action Plan (VECAP) committee network alongside Vermont’s Early Childhood State Advisory Council Network (SAC) upholds the vision and strategic plan for Vermont.

The seven VECAP committees are guided by the goals and objectives that Vermont has identified as essential. Committees meet monthly or as needed each led by a public and private volunteer co-chair. Membership is composed of key stakeholders in the early childhood system; most committees are open to all early childhood stakeholders. Annually VECAP committees and early childhood partners elevate gaps and barriers impacting children and families and bring them to the State Advisory Council to make policy recommendations.

## HOW TO USE THE VERMONT EARLY CHILDHOOD ACTION PLAN

<b>Vision</b>	What Vermont wants to be true for young children and their families pre-natal to eight.
<b>Vermont’s Guiding Principles</b>	Our fundamental beliefs to be used throughout the development and implementation of the Vermont Early Childhood Action Plan.
<b>Goals</b>	Areas where focused measurement and effort is needed to change outcomes for children and families.
<b>Five Year Indicators</b>	Specific and measurable child-level outcomes for young children from prenatal through age 8 by 2026. An indicator may be aligned to just one aspect of the state’s broader commitment toward one goal, or it may not yet be associated with a reliable data source. Many indicators currently have a reliable statewide data source or proxy measure. Some of the more complex indicators are still needed to monitor progress. Both intermediate and five-year indicators will be monitored annually using the VECAP data dashboard on Vermont’s Early Childhood Data and Policy Center.
<b>Intermediate Indicators</b>	Annual measures that indicate trends toward the broader commitment and indicator. Changes in intermediate indicators allow for us to course-correct our actions over time. Each intermediate indicator has a reliable statewide data source, and most are able to be disaggregated by county, race, or other demographics.
<b>Objectives</b>	A measurable step Vermonters will take to change outcomes for children and families.
<b>Strategies</b>	High level ideas to drive change across Vermont. Anyone across the state can look at the list of strategies provided as a component of the Vermont Early Childhood Action Plan and be able to apply them to their own specific context in order to take action. You’ll find a recommended list of strategies in this plan. Strategies listed are targeted at 1-5 years to achieve.
<b>Actions</b>	Specific steps taken by individuals, agencies, groups, organizations or others, to drive change toward statewide goals for young children. Actions will turn the curve in Vermont. Activities 0-1 years are captured in committee/partner organization work plans and not listed in this VECAP.
<b>Measuring Progress</b>	Vermont’s Early Childhood Data and Policy Center has an interactive VECAP data dashboard with indicators for each domain of the four goals. (See the back cover for how to navigate Vermontkidsdata.org.)

The full strategic plan document including strategies and objectives as well as up to date information on VECAP committees is available at [buildingbrightfutures.org/VECAP](http://buildingbrightfutures.org/VECAP)

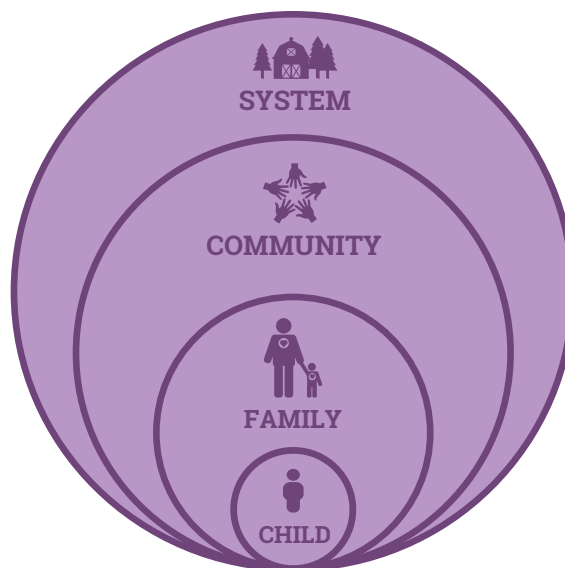
# 2021-2022 POLICY RECOMMENDATIONS OF THE VERMONT EARLY CHILDHOOD STATE ADVISORY COUNCIL NETWORK



The State Advisory Council (SAC) is Vermont’s Governor-appointed, primary advisory body on the well-being of children prenatal to age eight and their families. In partnership with Vermont’s Early Childhood Action Plan (VECAP) Committees and the Regional Council Network, the SAC sets priorities, and strategic direction for statewide initiatives using the VECAP and up-to-date data. The annual SAC recommendations are developed with input across all BBF network gatherings and seeks to identify the current gaps and needs in policy, promote action in strategic areas for the coming year, ensure recommendations are measurable and move Vermont toward a more equitable early childhood system. In the 2021 recommendations, the SAC continues to seek improvement in 5 key policy areas originally outlined at the start of the COVID-19 Pandemic in 2020 and identifies areas where there are barriers that need a strategy to reach resolution as a step toward policy change:

- A RESPOND TO VERMONT’S MENTAL HEALTH CRISIS**
- B ADDRESS CHRONIC INEQUITIES IN VERMONT’S EARLY CHILDHOOD SYSTEM**
- C ELEVATE FAMILIES AS DECISION MAKERS**
- D DEVELOP A WELL-RESOURCED EARLY CARE AND EDUCATION SYSTEM**
- E EVOLVE THE EARLY CHILDHOOD DATA SYSTEM AND INFRASTRUCTURE**

The 2021 SAC Recommendations continue to promote meaningful change across the **four levels of Vermont’s early childhood system**: 1) **child outcomes**, 2) **families and communities**, 3) **early childhood agencies, service providers, and 4) policy makers** (e.g. the legislature, Governor, etc.). Each recommendation identifies which level of the early childhood system is targeted for change within the next year and how it is aligned with Vermont’s Early Childhood Action Plan (VECAP). The ultimate goal of all recommendations is to improve outcomes for each and every child.





# RESPOND TO VERMONT'S MENTAL HEALTH CRISIS



**Why it Matters:** Early childhood and family mental health is the foundation of all future child development. For many children, mental health challenges resulting from the COVID-19 pandemic will have both short- and long-term consequences to their overall health and well-being. This includes children's capacity to regulate, express emotion, form close, secure relationships, and to explore the environment and learn. Optimal family mental health with stable and responsive relationships builds a strong foundation allowing children to develop resilience to ensure that stress is tolerable rather than toxic and to grow into secure, healthy adults.

Decades of neglect and underinvestment in the systems that address mental health needs across childhood settings have been exposed by the COVID-19 pandemic and must be addressed urgently. The pandemic has highlighted more than ever the need for increasing mental health resources and supports across settings and in multiple modes. While the need and acuity are continuing to rise, recruiting and retaining the mental health workforce has escalated from a challenge to a crisis.

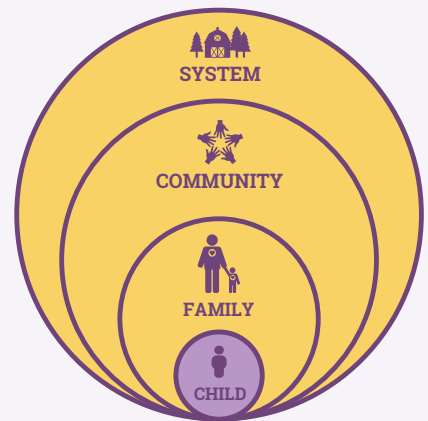
## LEVELS REQUIRING ACTION > FAMILY - COMMUNITY - SYSTEM

### RECOMMENDATION 1 (Level 2-4) Invest in community-based mental health supports for children and families (funding, human capital, and coordination):

- > Expand connection of mental health in primary care and education settings (screening, care coordination, training and investment in credentials).
- > Expand funding for Early Childhood and Family Mental Health (ECFMH) consultation, education and treatment to support children's mental health in ECE settings.
- > Continue the use of telehealth as a practice that improves access to care (ie: equipment, billing/insurance coverage, etc.)
- > Expand Mobile Response and Stabilization Services.

### RECOMMENDATION 2 (Level 3-4) Address the mental health workforce crisis in Vermont (Designated and Specialized Service Agencies, CIS, private providers, social workers):

- > Implement strategies to recruit and retain the mental health workforce including workforce sign-on and retention bonuses, relocation costs, tuition reimbursement, loan repayment, housing stipends for new employees, purchase of apartments for new employees' short-term stays, and financial support toward child care.
- > Increase payment rates.
- > Build a workforce that is reflective of the Vermont population (with particular attention to BIPOC, GLBTQA, ability to meet rural needs.)
- > Respond to the burden and stress on current mental health workforce causing staff burnout.



# ADDRESS CHRONIC INEQUITIES IN VERMONT'S EARLY CHILDHOOD SYSTEM



**Why it Matters:** Equitable access to education-based services, resources, and support for children with mental, emotional, developmental, and behavioral conditions and special health care needs and their families is critical to creating an optimal environment for all children and their families. The full implementation of Early Multi Tiered Systems of Support (Early MTSS) will culturally transform educational settings and encourage true inclusion while also providing structure and support for all children. Creating this optimal environment also requires a system of services, resources, and supports. While awaiting the recommendations from Vermont’s Child Care and Early Childhood Education Systems Analysis, there are existing systems that must be maintained.

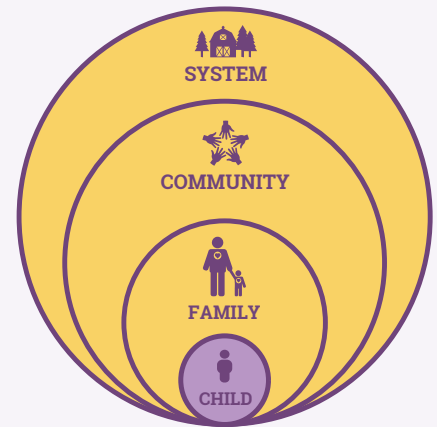
## LEVELS REQUIRING ACTION > FAMILY - COMMUNITY - SYSTEM

**RECOMMENDATION 1 (Levels 3-4) Invest in evidence-based frameworks for supporting children's social emotional development statewide and implement these practices as designed and researched:**

- > Utilize existing data, reports, and national best practices to determine how to scale implementation of Early MTSS statewide.
- > Monitor and evaluate the efforts to promote equitable access and outcomes for children.
- > Provide coaching through Early MTSS as an evidence-based practice for educators and staff.
- > Utilize Early MTSS to support and retain highly qualified, consistent, early childhood professionals.

**RECOMMENDATION 2 (Level 3-4) Strive for seamless navigation of services. Improve the existing infrastructure; recognizing forthcoming recommendations from Vermont’s Child Care and Early Childhood Education Systems Analysis in July 2022:**

- > Strengthen the current Children’s Integrated Services (CIS) infrastructure by developing a strategy to address persistent challenges such as: lack of a comprehensive data system and complex administrative and financial burden.
- > Continue to fund child development and behavioral support programs to meet current and future needs such as: Special Accommodations Grants (SAGs); Specialized Childcare; Help Me Grow; Early MTSS; ECFMH treatment, consultation and education.
- > Develop an integrated and consistent data system to document efficacy, impact, and monitor outcomes and equitable access to high quality resources, supports and services. \*See Evolve the Early Childhood Data System and Infrastructure recommendations below.



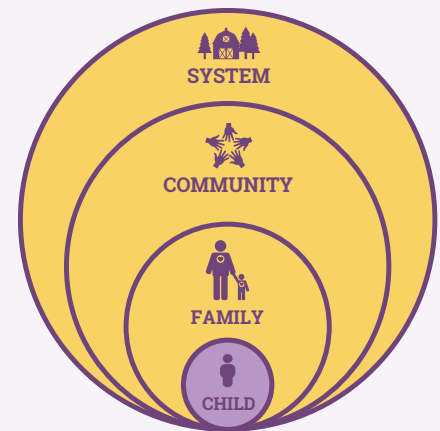
# ELEVATE FAMILIES AS DECISION MAKERS

**Why it Matters:** Family knowledge, values, beliefs, and cultural backgrounds should always be incorporated into the planning and delivery of policies and services. Providing parents and caregivers opportunities to express their thoughts and concerns contributes to an early childhood system that mirrors the diverse needs of Vermont families. It also provides children and future generations the opportunity to have a voice and be leaders in the creation of the system instead of solely being consumers of resources, services, and supports. Such partnership and the inclusion of parents and caregivers in critical systems conversations and decision-making processes ensures families become leaders in designing a responsive system that works for them.

## LEVELS REQUIRING ACTION > FAMILY - COMMUNITY - SYSTEM

**RECOMMENDATION 1 (Levels 2-4) Representation and voice matter. Engage families with lived experience to participate in leadership and decision making across sectors and policy areas:**

- > Require each legislatively mandated board/committee/study section/decision-making body have at least 1 parent representative with lived experience (having parented children through the early childhood years 0-8, experience with the system of services).
- > At the community, state, and policy level, conduct review of programs, policies and legislation to ensure that revisions and requirements consider the impact and consequences to child development and family well-being.
- > Utilize the BBF Families and Community committee to consult on policy development; particularly when parent representation on committees is not yet reached.
- > Foster engagement by calling out and working to dismantle barriers that are symptoms of systemic, institutional, and individual racism.



**RECOMMENDATION 2 (Levels 2-4) Create a culture that invites and supports family engagement and partnership, and provides the necessary training and coaching to attract families who are unfamiliar or uncomfortable with the current process, language, and decision-making structure:**

- > Develop and use a common definition of family engagement and partnership throughout the state's early childhood system.
- > Invest in strategies to engage culturally and linguistically diverse populations (provide translation and interpretation, accessible language, utilize cultural brokers, identify current barriers etc.)
- > Provide training and coaching of early childhood professionals, boards/committees and policy makers in order to successfully engage diverse populations and families as decision makers.
- > Promote and increase family participation through engagement, training, coaching, compensation in early childhood programs and services.
- > Measure impact and ensure accountability by conducting regular family engagement assessments.

**RECOMMENDATION 3 (Levels 2-4) Fully commit to the Vermont Guiding Principles Supporting Each and Every Young Child and Family's Full and Equitable Participation by advancing policies and practices that honor of each family's culture, strengths, and expertise:**

- > Create a strategic plan to operationalize the Vermont Guiding Principles.
- > Demonstrate commitment by posting the Vermont Guiding Principles on organization/agency websites, aligning Guiding Principles into State of Vermont contracts, and referencing in scopes of work.
- > Demonstrate commitment to fully include each and every child and their family by referencing Guiding Principles in early childhood laws and initiatives

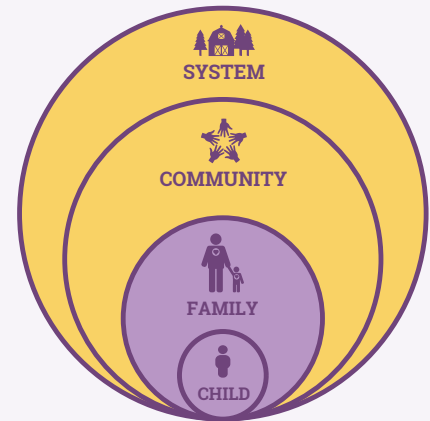
# DEVELOP A WELL-RESOURCED EARLY CARE AND EDUCATION SYSTEM

**Why it Matters:** The COVID-19 pandemic has further illustrated the need to invest in early care and education, universal prekindergarten (UPK), and out of school time care. There is nation-wide discussion about how to improve, invest, and strengthen the early childhood system. While Vermont has made significant investments in early care and education, UPK, and out of school time care, it is important to use this critical moment in time to leverage federal investment and build on the infrastructure already in place.

## LEVELS REQUIRING ACTION > COMMUNITY - SYSTEM

**RECOMMENDATION 1 (Level 4) Improve equitable access to affordable, high quality early care and afterschool programs by responding to the gaps in current funding:**

- > Respond to the ECE workforce crisis by investing in compensation, recruitment, retention, training, and professional development.
- > Identify state administrative capacity required to serve more families due to the planned expansion of CCFAP and anticipated federal investment.
- > Implement and monitor CCFAP eligibility expansion through the development of the CDD Information System.
- > Seek resolution around CCFAP payment by enrollment vs attendance policy in CCFAP that will both foster stability of the childcare industry and improve access for children and families.



**RECOMMENDATION 2 (Levels 3-4) Seize the day on UPK. Expand access to UPK toward a vision of universal, high-quality, equitable, mixed-delivery, free, and inclusive, education for all three and four-year-olds:**

- > Revise the regulatory framework for quality and equity, including agency roles and ability to provide leadership, support and oversight; defining and monitoring quality standards for governance, facilities, licensing, and regulations; and revising the strategic plan with a shared vision toward integration with the larger early childhood system.
- > Seek resolution in the appropriate number of hours and weeks per year for UPK education and appropriate weighting of students
- > Expand Act 35 (An act relating to the Task Force on Equitable and Inclusive School Environments) to cover private UPK programs.

**RECOMMENDATION 3 (Level 4) Monitor progress and results of the Vermont Child Care and Early Childhood Education Systems Analysis (ECSA) and leverage Federal investment to develop a well-resourced early childhood system:**

- > Anticipate the ECSA report July 1, 2022 and use the State Advisory Council to develop a 3-year plan and process for how to move from recommendations toward implementation.
- > Identify funding to execute the Finance Study outlined in [Act 45](#).
- > Leverage Federal investments (e.g. ARPA) to improve child and family outcomes by coordinating across agencies, stabilizing the early childhood workforce, and building quality and capacity of programs.
- > Monitor federal investment in child care and PreKindergarten education and engage in National conversations to inform the development and implementation of the American Families Plan.
- > Utilize the Vermont Early Childhood Action Plan (VECAP) and other strategic plans to inform funding allocation. Environments) to cover private UPK programs.

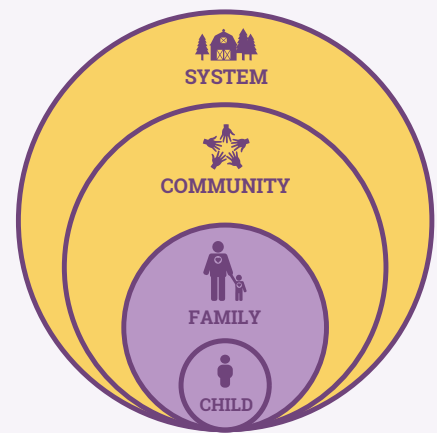
# EVOLVE VERMONT'S EARLY CHILDHOOD DATA SYSTEM AND INFRASTRUCTURE

**Why it Matters:** Vermont leaders have recognized that using evidence and data to inform policy is an essential strategy for positively impacting outcomes for children and families. Although there have been investments in select data systems and development of several procedures for measuring outcomes, Vermont's early childhood systems for the collection, analysis, and use of data on the whole remain inadequate. Vermont must now concretely prioritize and invest in integrated early childhood data systems and procedures to utilize findings. This is the first step to ensuring the resources, services, and supports currently serving young children and their families are as effective and efficient as possible. *Please note that the results from Vermont's Child Care and Early Childhood Education Systems Analysis (July 2022) and the Early Childhood Budget (July 2022) will likely result in recommendations that fall under this umbrella.*

## LEVELS REQUIRING ACTION > COMMUNITY - SYSTEM

### **RECOMMENDATION 1** (Level 3-4) **Commit to early childhood data integration and governance through sustained funding, dedicated staffing, data infrastructure, and data-driven accountability at all levels of the system: executive, legislative, and agency leadership:**

- > Commit to restarting and resourcing the Early Childhood Data Governance Council based on national best practice and findings from the ECSA.
- > Secure data sharing agreements and prioritize data sharing activities and procedures (i.e. coordinate storage, analysis, access and use protocols and processes that maximize efficiency and the security of each partners' data and resources).
- > Secure sustained funding for personnel to ensure high quality data through the following activities: simplify data management and reporting activities; training and TA to support quality collection and reporting; engagement in data integration meetings and visioning.
- > Utilize the VECAP Data and Evaluation Committee to vision and build a data development agenda, convene subject matter and data experts, prioritize data integration and collaboration, monitor progress on key indicators for Vermont's early childhood system, and serve as an advisory body for data initiatives.
- > Enhance data systems and integrate them with the State Longitudinal Data System including the CDD Information System, Common Education Data Standards, Universal Developmental Screening Registry, and the development of a data system for Children's Integrated Services.



### **RECOMMENDATION 2** (Levels 2-4): **Commit to utilizing data to demonstrate the impact of programs, policies, and resources through routine monitoring and rigorous evaluation:**

- > Continuously collect high quality, up-to-date data.
- > Require and invest in regular monitoring, analysis, and evaluation of new and existing programs and initiatives with an equity lens using process and outcome measures to document impact on children, families, and the early childhood system.
- > Strengthen programs, policies, and resources based on recommendations resulting from the required monitoring, analysis, and evaluation.

# VERMONT'S EARLY CHILDHOOD WORKFORCE CRISIS



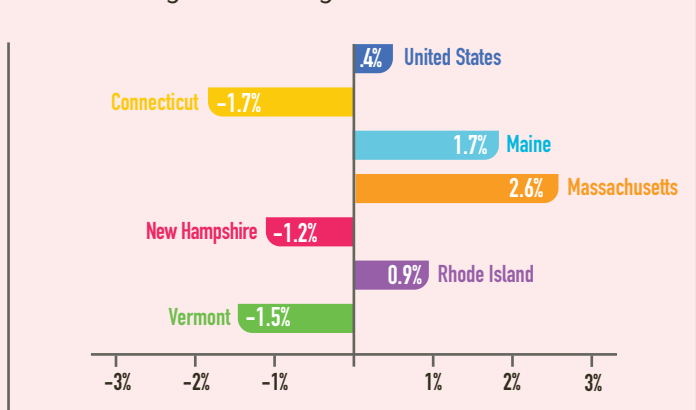
*“Hiring”, “Closed due to Staff Shortage”, “We need to close a classroom”, “I can’t do this anymore!”*

In 2021, these signs and messages have become all too common.

This year, the long-standing workforce challenges have escalated into a crisis for Vermont’s early childhood system. This workforce is inclusive of mental health providers, early educators, early interventionists, and other critical providers. Concerns related to finding, retaining, and supporting a strong workforce have been described by providers, families, employers, and policymakers alike. The full story is not yet clear due to data gaps and delayed consequences. However, the implications from the social isolation and stress on children and families are beginning to arise in the form of increased frequency and acuity of behavioral, emotional, and mental health challenges for children, and increased burnout for those who serve children and families. These additional needs paired with the vacancies, understaffing, and turnover in essential human services, pose significant risks to Vermont children and families.

This section shines a light on what we know about Vermont’s early childhood workforce crisis, including vacancies and declines in specific early childhood roles, challenges facing Vermont’s overall labor force, and the unique role that women play in Vermont’s workforce and early childhood system.

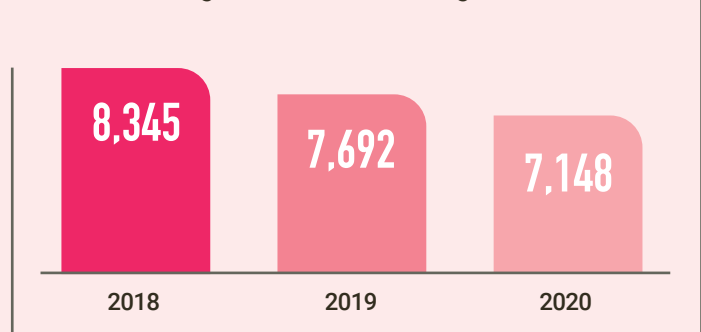
**Figure 1** August 2020 to August 2021 Labor Force Percent Change in New England States<sup>3</sup>



## Vermont’s Workforce Challenges

2021 was a time of significant workforce turmoil in the country as a whole, with 2.9% of the American workforce leaving their jobs in August of 2021, the highest ever reported.<sup>1</sup> This challenge seems particularly acute in Vermont, with a loss of 28,000 people from the labor force, which includes both those working and those looking for work, over the course of 15 months.<sup>2</sup> Vermont continues to struggle with maintaining its labor force as compared with neighboring states. As can be seen in **Figure 1**, between August 2020 and August 2021, Vermont’s labor force declined by 1.5%. This is in contrast to other states in our region, such as Massachusetts, which increased its labor force over this same period by 2.6%.<sup>3</sup>

**Figure 2** Unduplicated Individuals Working in Regulated Child Care Settings, in Positions Working with Children<sup>4</sup>



## Early Childhood Educators

According to data from the Bright Futures Information System, between December 2018 and December 2020 there was a 14% decline (1,200) in the number of individuals working with children in regulated child care settings (**Figure 2**).<sup>4</sup> A number of factors are thought to potentially contribute to this notable decrease, including staffing changes due to COVID-19, a decrease in aides and substitutes, and an overall decline in individuals pursuing and entering the field.

## Head Start

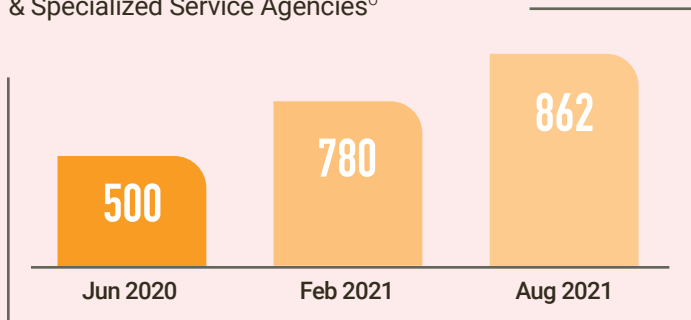
The Vermont Head Start Association identified that between April and September 2021, 14% (92 out of 664) Head Start and Early Head Start staff left their positions, with an average of 3

to 6 months to fill vacant positions. This lack of capacity has led to classrooms being under enrolled or closing altogether. **27% of Head Start and Early Head Start slots are not utilized despite the dire need for child care and wrap-around services** throughout Vermont (1,040 children enrolled, 1,419 enrollment capacity).<sup>5</sup>

### Early Childhood & Family Mental Health Providers

Similar to the challenges that appear to be facing the child care and early education workforce, Vermont’s early childhood and family mental health workforce is reporting record high vacancies and turnover rates. As can be seen in **Figure 3**, there has been a substantial and growing number of vacancies among the Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) from 500 vacancies in June 2020 to 862 in August of 2021. This sector of the workforce makes possible the critical mental health resources, services, and supports for Vermont’s young children and their families. In addition to vacancies, there is a high rate of turnover. **During Fiscal Year 2021, there was a 31% turnover rate across DAs and SSAs, reported as the highest turnover rate experienced by the system.** While there has been fluctuations in the turnover rate between 19% and 31% over the last 10 years, the increased need and acuity paired with the turnover and vacancy rates are of particular note.<sup>6</sup>

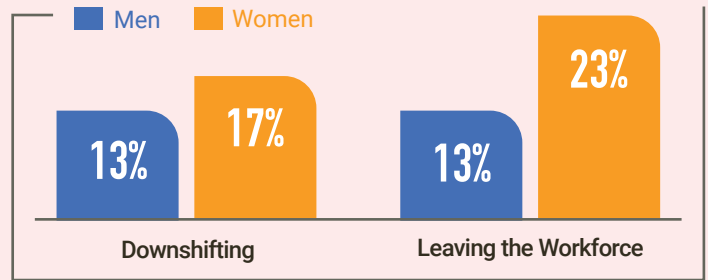
**Figure 3** Vacancies in Designated Mental Health Agencies & Specialized Service Agencies<sup>6</sup>



### The Workforce, Women, and Young Children

While not new or unique to Vermont, our workforce challenges as a state must take into account the ability, or inability, of parents and caregivers with young children to work, with each parent of a young child who is forced to leave or downshift their career in their prime working ages (25 to 54) considered a loss. There are consequences for the larger Vermont economy both in the short-term decrease in labor force, as well as the long-term impact of reduced future earnings due to career gaps. Additionally, with **women making up 82% of roles in the personal care industry, including child care roles,**<sup>7</sup> the proportionate loss of women as compared to men has ripple effects on the ability of the larger labor force to continue working.

**Figure 4** Workers with Children Under 10 Considering Downshifting Their Career or Leaving the Workforce in 2020<sup>8</sup>



As can be seen in **Figure 4**, according to the Women in the Workplace 2020 report from McKinsey and Lean In, **1 in 4 women with children under 10 were considering leaving the workforce completely, compared to 1 in 5 men nationally.**<sup>8</sup>

This is reinforced by a recent survey conducted by a team of researchers from University of Massachusetts Amherst, Amherst College, and Indiana University and supported by four Vermont organizations which suggests that families with children are facing unique challenges during the pandemic:

- 79% of respondents reported disruptions in school and child care with varying levels of productivity in their jobs; and
- 55% of respondents with kindergarten-age children reported their productivity being extremely affected by disruptions in child care.<sup>9</sup>

### What’s next?

It is clear that a statewide, cross-sector strategy is urgently needed to recruit, retain, and sustain Vermont’s early childhood workforce in order to meet the needs of our children and families now and in the future. To address the multitude of challenges, early childhood partners have highlighted a number of strategies through the [2021-2022 Recommendations of the Vermont Early Childhood State Advisory Council Network](#) (starting on page 4).

*Each and every individual working in early childhood fields plays a critical role in supporting Vermont children, their families, and the future of the communities and economy of Vermont.*

The following chapters include key indicators of child and family well-being, many of which show trends over time. Indicators show a snapshot of the status of children and families, but may not reflect the entire context impacting outcomes.

## DEMOGRAPHICS

Who are Vermont's young children? How many are there? Where do they live? These factors are important to take into consideration when crafting policy and designing programs for children and families.

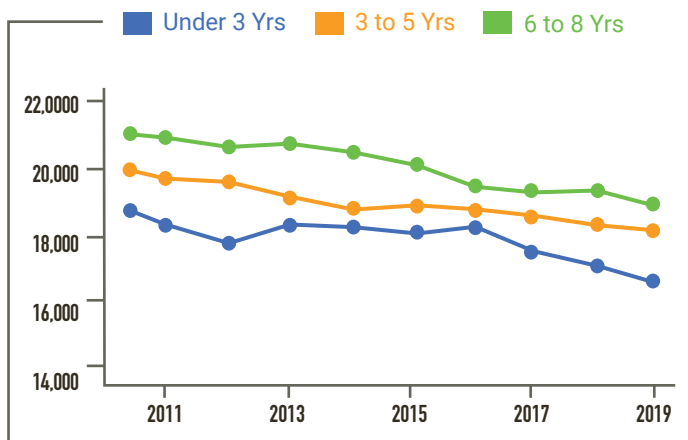


It is no secret that Vermont's population is aging and shrinking. The total number of children born each year in Vermont has been declining since the 1980s. In 2019, 5,361 babies were born to Vermont residents. The age of females giving birth has shifted along with national trends. Between 2014 and 2019 the fertility rate (births per 1,000 females by age) of teen females has fallen from 14.2 to 7.6, while the fertility rate among females ages 35 to 44 has risen from 28.2 to 30.<sup>10</sup>

Accordingly, the number of children under the age of 9 is in decline. Figure 5 shows that in 2019, there were 53,821 children under age 9 compared with 56,495 in 2014, a 4.7% decrease over 5 years.<sup>11</sup>

Similar to the population as a whole, over 55% of Vermont's young children are concentrated in four regions: Franklin and Grand Isle, Central Vermont, Rutland, and Chittenden. The Chittenden region alone is home to 25% of Vermont children under age 9.<sup>11</sup>

Figure 5 Estimated No. of Children (by Age Group 2010-2019)<sup>11</sup>



In 2019, 62% of Vermont's children under age 18 lived in two-parent households, with 27% living in single parent households, 6% living with grandparents, 2% with relatives, 2% in foster homes, and 0.6% in group quarters (0.5%).<sup>12</sup>

Table 1 Distribution of Children Under 10 Years and Total Population by Race & Ethnicity (2019)<sup>13</sup>

Racial Distribution	Children Under 10	Population
American Indian or Alaska Native	Suppressed	Suppressed
Asian	1.1%	1.4%
Black or African American	1.9%	1.5%
Native Hawaiian and other Pacific Islander	<0.1%	0.1%
Some Other Race	0.6%	0.4%
Two or More Races	4.6%	2%
White	91.8%	94.6%
Hispanic or Latino	2.9%	2%

Although the vast majority of Vermont's population identify as white, the state is growing more racially diverse, especially among young children. Table 1 shows that the percentage of the population under age 10 who identify as two or more races or multiracial (4.6%), is more than twice that of the Vermont population as a whole (2%). Similarly, 2.9% of children under age 10 identify as Hispanic or Latino compared with 2% of the population as a whole.<sup>13</sup>



## BASIC NEEDS

Can children and families meet their basic needs? How many children are homeless? Do children and families have enough food to eat?

### VECAP GOAL 1 : ALL CHILDREN HAVE A HEALTHY START

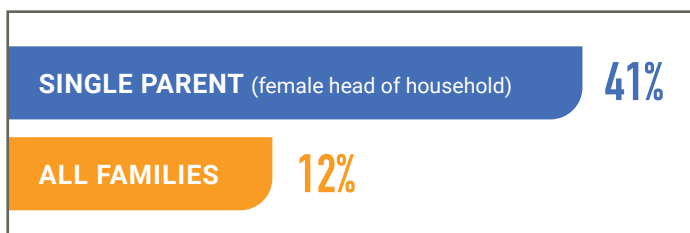


The stress of being unable to meet the basic physiological needs of food and shelter, often due to poverty, impacts the ability of parents and caregivers to create an environment where children can thrive. Chronic poverty can lead to a wide range of challenges for children and families, which negatively affects their physical and social emotional health and development and their ability to learn and be successful in school and beyond.

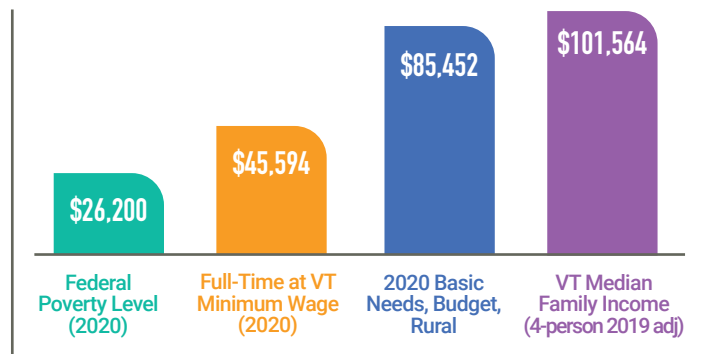
#### Cost of Living

The Federal Poverty Level (FPL) is a national guideline used to determine eligibility for programs and services. For example, to be eligible for 3SquaresVT (SNAP) the household income must be less than 185% of the FPL.<sup>14</sup> In 2020, the FPL for a family of four was \$26,200.<sup>15</sup> Since 2012, Vermont’s families with young children have seen a reduction in poverty, but, as shown in **Figure 6**, **children under age 5 with single mothers experience poverty at almost four times the rate of all families (41% vs. 12%).**<sup>16</sup>

**Figure 6** Children Under 5 Years Living in Households with Incomes Below the Federal Poverty Level (2018)<sup>16</sup>



**Figure 7** Vermont Basic Needs Budget Compared to other Benchmarks for Two Working Parents & Two Children<sup>17</sup>



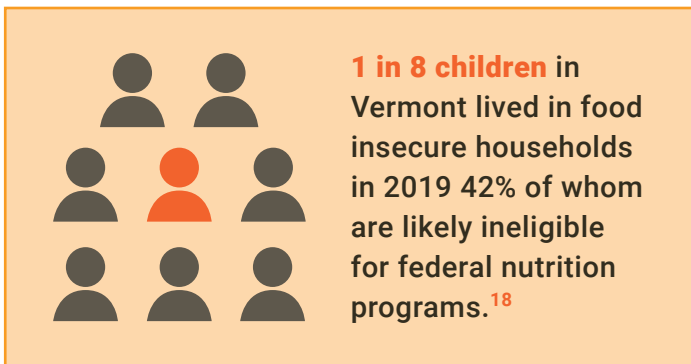
The reality is that the Federal Poverty Level is not a measure of family economic well-being. Many Vermonters earning well above the FPL struggle to cover the cost of basic needs such as housing, transportation, and healthcare. Every two years the Joint Fiscal Office develops a Basic Needs Budget, detailing the actual costs of living in Vermont. **The Joint Fiscal Office strongly recommends that the General Assembly consider the appointment of an advisory committee to comprehensively review, and possibly recommend, updates to the statute, methodology, and available data prior to the release of the 2023 report.** **Figure 7** shows that the income needed to meet household needs is almost double the income of two adults making minimum wage (\$10.96 in 2020), and more than three times higher than the Federal Poverty Level.<sup>17</sup>





### Food Security

One way to examine the ability of Vermonters to meet their basic needs is through the lens of food security. Food insecurity is defined as an *economic and social condition of limited or uncertain access to adequate food*.<sup>18</sup> Children who live with food insecurity may struggle to pay attention and be successful in school and learning environments. They may also face immediate and long-term risks to their physical and mental health, including chronic disease, depression, suicide, nutritional deficiencies, and obesity.



In 2019 in Vermont, 14%, or approximately 15,730 children under age 18, live in households that are food insecure. Households with incomes below 185% of the federal poverty level are likely eligible for federal nutrition programs. **Of the 14% of children living in food insecure households, 42% are likely ineligible for federal nutrition programs** compared to 23% for the nation as a whole. As with many indicators, food insecurity varies across the state with **the rate of children living in food insecure households ranging from 11.2% in Grand Isle to 19.5% in Essex Counties**.<sup>18</sup>

Other efforts to address food security in Vermont include **3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP), which served 20,373 children under age 18** in 10,377 households with an average benefit of \$687 in

June of 2021.<sup>19</sup> The federal WIC program caseloads have been on a steady decline in Vermont and across the country although the decline has leveled off since the implementation of an electronic benefits transfer (EBT) card. **Statewide, 40.4% of Vermont infants and 35.0% of Vermont children participate in the WIC program with regional variation across the state.**<sup>20</sup>

### Transportation

Although not a physiological need like food or housing, 70% of Vermont's children live in rural areas,<sup>21</sup> making access to reliable transportation a necessity. However, **low-income families often rely on older vehicles and spend a higher proportion of income on transportation fuels; 10% for drivers making less than \$25,000 per year compared to 5% for drivers making more than \$75,000 per year.**<sup>22</sup> For those who need or want to get around without a car, existing fixed-route public transit is not accessible or flexible enough to consistently get rural residents to work, child care, and other services.

### Connectivity

Another long-standing challenge for Vermonters is digital connectivity. Connectivity challenges appear in part, due to the rural nature of Vermont, but also because of access and affordability of the internet, and limited capacity and number of devices. While these challenges might have previously been a hardship, now connectivity is a necessity. The Vermont Community Broadband Board was established in June 2021 to accelerate community broadband deployment. According to the Vermont Department of Public Service based on data from Vermont internet service providers, **80% of building locations in Vermont are served with speeds of at least 25/3 (25 Mbps download and 3 Mbps upload), while only 29% have access to 100/100.**<sup>23</sup> For context, 25/3 is only fast enough for one Zoom virtual meeting with video if there are no other devices running. Broadband access across the state varies and is largely aligned with population density, with higher density areas having higher levels of access.<sup>24</sup>

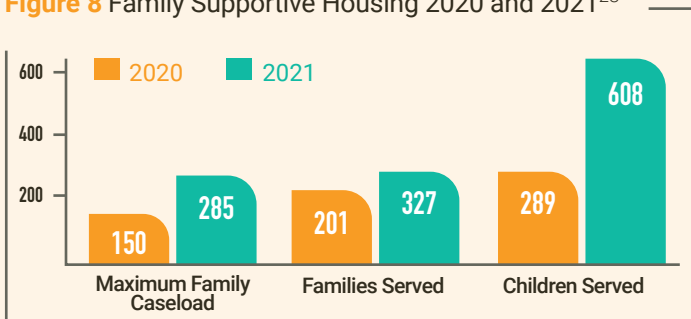


## Housing and Homelessness

Stable housing is a key support to provide children with a positive environment to learn and grow. However, the cost and availability of housing is another significant challenge Vermont families face when trying to meet their basic needs. **54.5% of Vermont households who rent and 26% of households who own report paying more than 30% of their income toward rent or a mortgage**, a common metric of affordability.<sup>25</sup> The average Vermont renter makes \$13.83 an hour and can afford to spend \$719 per month on rent, but the average two bedroom apartment costs \$1,231 per month.<sup>26</sup>

When housing challenges become overwhelming, families may become homeless. The McKinney-Vento Homelessness Assistance Act defines homeless as lacking a fixed, regular, and adequate nighttime residence which includes sharing the housing of other persons, living in temporary housing, and places not designed for regular sleeping accommodation. **During the 2020-2021 school year, there were 256 children under age 9 who met this definition enrolled in school.**<sup>27</sup>

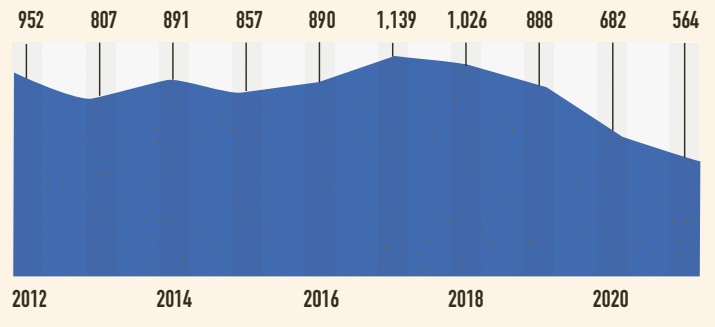
**Figure 8** Family Supportive Housing 2020 and 2021<sup>28</sup>



To address these challenges, the Family Supportive Housing (FSH) program through the Vermont Department for Children and Families (DCF) “provides intensive case management and service coordination to homeless families with children, following

evidence-based practice for housing families with complex needs and multiple systems involvement.” As can be seen in **Figure 8**, in 2021, FSH served 327 families with 608 children compared to 201 families with 289 children in 2020. During the year, FSH also expanded service from seven to ten Agency of Human Services Districts, and increased its maximum capacity by 90% compared to SFY 2020 (150 to 285 families).<sup>28</sup>

**Figure 9** No. of Children in Vermont's Publicly Funded Homeless Shelters 2012-2021<sup>25</sup>



There is still a need for emergency housing. However, the fluidity of the emergency housing regulations during the pandemic has made it difficult to measure the number of young children being housed in shelters or motels. As can be seen in **Figure 9**, the number of children under age 18 housed in Vermont's publicly funded homeless shelters decreased from 888 in 2019, to 564 in 2021.<sup>29</sup> This decrease can be attributed in part to restrictions on the capacity of congregate shelters as well as the increased flexibility and utilization of Vermont's General Assistance Emergency Housing (motel vouchers). Vermont has prioritized safely sheltering children in motels. The data shows an upward trend that has not decreased since the COVID response began, with **approximately 425 children sheltered in motels each night (up from 201 in April of 2020).**<sup>30</sup>

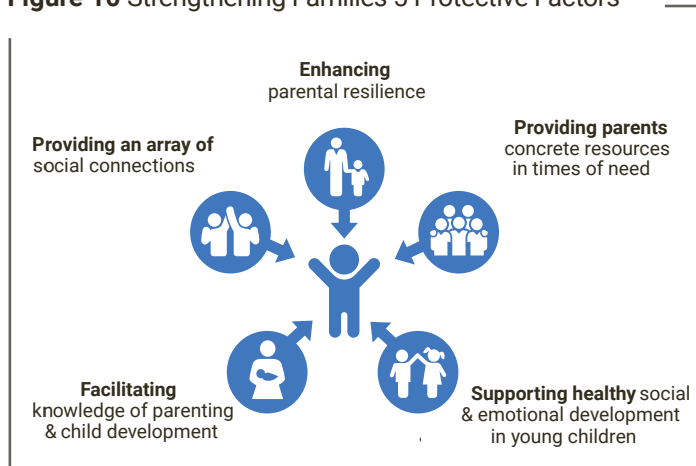
# RESILIENT FAMILIES & COMMUNITIES

A child's sense of who they are and how to interact with the world depends on the quality and stability of their relationships with families and communities.

## Toxic Stress and Resilience

Living in strong families within supportive communities provides the foundation for long-term child health and well-being and the ability to overcome adversity. However, toxic stress can affect anyone, and children are no exception. When children experience trauma and toxic stress in their early years, it can negatively impact their current and long-term physical and mental health if not buffered by nurturing and supportive relationships.

Figure 10 Strengthening Families 5 Protective Factors<sup>31</sup>



Vermont's early childhood system values prevention and intervention to support children and families as early as possible. Examples of Vermont's commitment to prevention and building family resilience include adopting the Strengthening Families Approach (see Figure 10) and the Vermont Resilience Mapping project. The Strengthening Families Approach is based on five protective factors 'to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect'.<sup>31</sup> The Vermont Resilience Mapping project is working to build a coordinated statewide approach to foster resilience for all individuals and communities through consistent shared messaging and integrated communications across the early childhood system, informed by parents and caregivers.

## Measuring Toxic Stress and Resilience

Toxic stress, and resilience are difficult to measure. Below are two indicators from the National Survey of Children's Health from 2018-2020 that Vermont is currently using to inform policy and practice.

The **Adverse Childhood Experiences (ACEs)** score is one of the most common indicators used to measure exposure to toxic stress and childhood adversity. In Vermont, **13.5% of children under age 9 have had two or more adverse childhood experiences** (see Figure 11). The four most common ACEs in Vermont are: experiencing the divorce of a parent or guardian (16%), living in a home where it is hard to cover basic needs (14%), living with someone with substance use disorder (9%), and living with someone who has a serious mental health challenge (7%).<sup>32</sup> Of note, this measure fails to account for factors which mitigate or exacerbate toxic stress.

The **Flourishing** indicator measures characteristics of children that are associated with resilience. Parents and caregivers are asked whether their young children (6 months to 5 years) **1** are affectionate and tender, **2** if they bounce back quickly when things don't go their way, **3** if they show interest and curiosity in learning new things, and **4** if they smile and laugh a lot. As can be seen in Figure 12, **84% of Vermont's children 6 months to 5 years exhibit all four flourishing characteristics.**<sup>33</sup> For older children (6-8) all children meet either two items (33%) or all three items (67%).<sup>34</sup>

Figure 11 Adverse Childhood Experiences for Children Under 9<sup>32</sup>

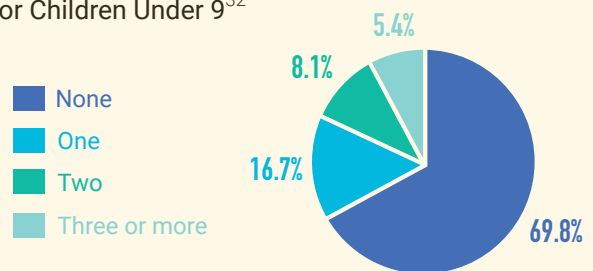
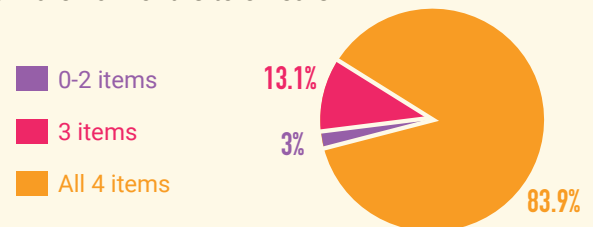


Figure 12 Flourishing Characteristics for Children 6 Months to 5 Years<sup>33</sup>



**VECAP GOAL 2 : ALL FAMILIES & COMMUNITIES PLAY A LEADING ROLE IN CHILDREN'S WELL-BEING**



**Child and Family Safety**

While the indicators above use a national survey to sample Vermont children, the three indicators below are shared by the organizations and agencies in Vermont providing services. While these indicators do not capture the need for services, resources, and support, utilization data are important in providing a more complete picture of Vermont children and their families.

**Table 2 Caseload by Type of DCF Involvement**<sup>35</sup>

<b>DCF Protective Custody:</b> The child is placed with a relative or foster family	<b>1,057</b>	<b>CASES IN 2021</b>
<b>Family Support:</b> DCF provides support to families without court involvement	<b>352</b>	
<b>Conditional Custody:</b> The child is in the custody of a parent or relative with DCF supervision and services to ensure the child's safety	<b>502</b>	

**Data Note:** Custody Cases and Conditional Custody cases are reflective of a child count, whereas the Family Support Cases is a family count. Includes children of all ages.

The first indicator of the adversity faced by Vermont's young children is the rate of children in protective custody. When a child's safety is threatened, the Department for Children and Families (DCF)-Family Services Division (FSD) becomes involved. **In 2021, 17,438 child abuse and neglect intakes (calls to the child protection hotline) resulted in 2,490 assessments and 1,751 investigations.**<sup>35</sup> The result of these interventions may include ongoing DCF involvement in one of the following types of cases: DCF custody, family support, or conditional custody, as seen in **Table 2**.

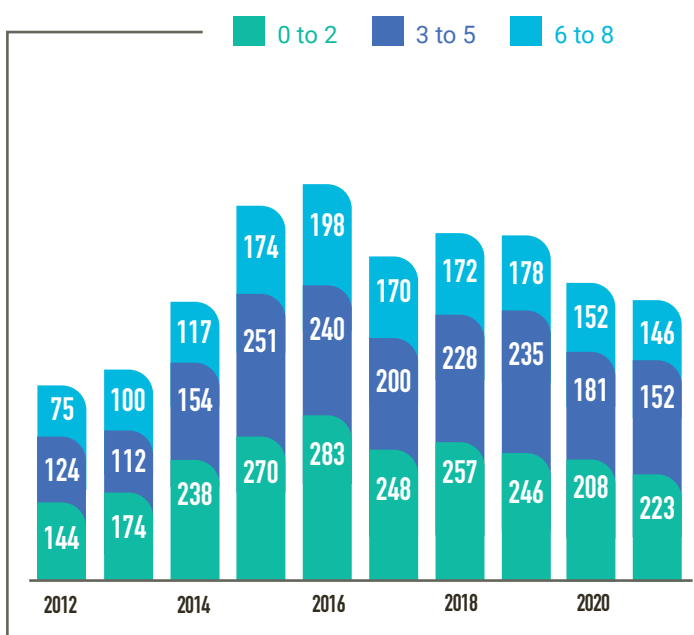
The number of children under age 9 in protective custody from 2012 to 2021 is presented by age in **Figure 13**. Of note, the 2020 and 2021 counts are at 2014 levels. While Vermont is consistently monitoring trends and outcomes, we have yet to

fully determine the impact of the COVID-19 pandemic on the protective custody system and more broadly, the needs of kids under age 9 and their families.

The second indicator of child safety is the number of Vermont children exposed to domestic violence. According to the Vermont Network Against Domestic and Sexual Violence, in 2020 **1,389 children and youth connected with an advocate for help related to abuse toward a family member or toward themselves.**<sup>36</sup>

The Department for Children and Families, Family Services Division is committed to preventive approaches and has just submitted a five-year Title IV-E Prevention Plan which will allow Vermont to use child protection dollars to implement evidence-based prevention services under the Family First Prevention Services Act (FFPSA) which was signed into law in 2018.<sup>37</sup> Other elements of the FFPSA are centered on quality residential care, system alignment and integration, and family focused care.

**Figure 13 Count of Children in DCF Protective Custody by Age**<sup>35</sup>



**Resilience: The capacity to thrive, individually and collectively, in the face of adversity.**

## HEALTH & WELL-BEING

Healthy child development depends on a child's early experiences and environmental factors such as access to health care and support from pregnancy onward, as well as Social Determinants of Health.

### Social Determinants of Health

According to the Centers for Disease Control and Prevention (CDC), *"Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."*<sup>38</sup> Vermont's holistic approach to early childhood well-being recognizes that we all have a role to play in ensuring the health of our children by improving these social factors. Strategies like integrating screenings and conversations into well-child and prenatal health visits, and innovative programs like Developmental Understanding and Legal Collaboration for Everyone (DULCE) that place social support workers in primary care practices, help lay the foundation for healthy development.

### Health Access

Vermont children have some of the best access to health care in the US, with **96% percent of children under age 9 having some type of health insurance at the time of the survey.**<sup>39</sup> **81% of families report that insurance for their children is adequate, with reasonable out-of-pocket costs, benefits that meet their children's needs, and the ability to seek medical care when necessary.**<sup>40</sup>

Vermont emphasizes well-child visits: routine healthcare visits held when the child is healthy, which allow the provider and parent to focus on a child's wellness and development, preventing future health problems as well as encouraging families to access care when a child is sick or injured. **89% of children under age 6 have seen a healthcare provider at least once during the last year for any kind of medical care.**<sup>41</sup>

Vermont also recognizes the importance of oral health for very young children and has initiated efforts to increase preventive dental care visits for 1 and 2 year old children. As can be seen in **Figure 14**, Vermont children ages 3 to 8 regularly see the dentist for preventive care.<sup>42</sup>

### Immunizations

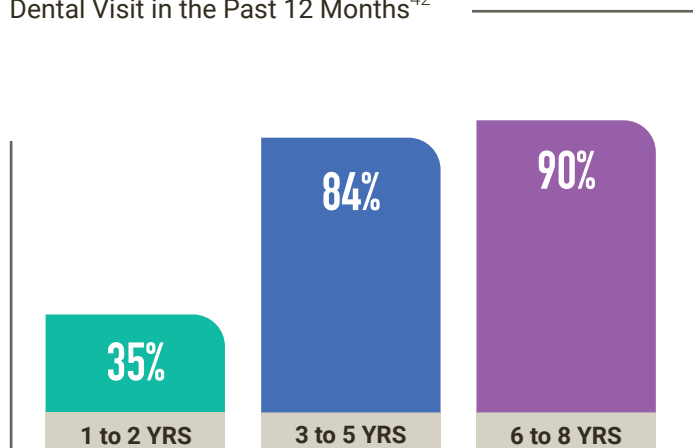
Another measure of health and well-being for young children is the rate of immunization. Receiving the full series of recommended immunizations shields children against 14 preventable diseases.

## VECAP GOAL 1 : ALL CHILDREN HAVE A HEALTHY START



Vaccinations also help protect vulnerable people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults whose immune systems are weaker. **In 2020, three-quarters (75.6%) of Vermont children received their recommended immunizations by age 2.** However, rates differed by county **from a high of 81.5% in Rutland County to a low of 57.7% in Essex County.**<sup>43</sup>

**Figure 14** Children Ages 1-8 with at Least One Preventable Dental Visit in the Past 12 Months<sup>42</sup>



### Pre and Postnatal Health

The foundation of child and family health starts before birth. The period during and immediately following pregnancy is a key time for a child's long-term development and the well-being of both mother and child.

### Breastfeeding

Breastfeeding helps prevent obesity and diabetes in children, and puts mothers at lower risk for breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease. Across the board, **when compared to the U.S., Vermont has higher rates of breastfeeding initiation (90% vs. 84%), exclusive breastfeeding through 6 months (37% vs 26%), sustained breastfeeding through 12 months (51% vs. 35%), and infants receiving formula before two days of age (13% vs 19%).**<sup>44</sup>

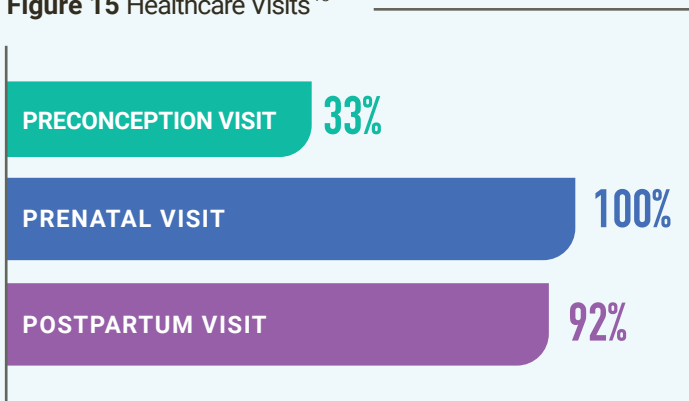


Of note, the *Healthcare Visit and Prenatal Substance Use data below were presented in the 2020 report. The Vermont Department of Health (and the entire health care sector) has been significantly impacted by the COVID-19 pandemic and has been actively responding to the need since being deployed to emergency response efforts in March 2020. The data presented below are still the most up-to-date indicators available.*

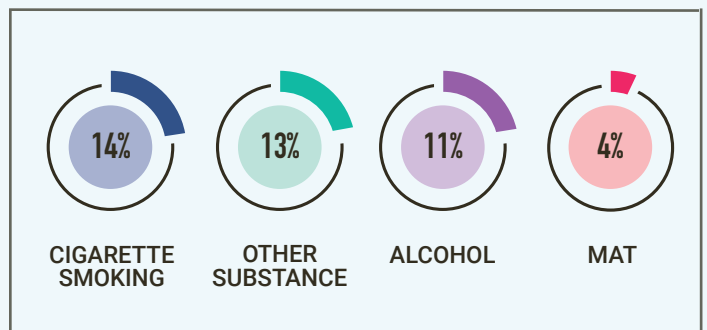
### Health Care Visits

Of the 5,432 Vermont babies born in 2018,<sup>45</sup> 79% of women had a visit with a healthcare provider in the year before pregnancy. However, as seen in [Figure 15](#), only 33% of women discussed getting pregnant at this visit. 34% of births resulted from unintended pregnancies. Almost all women had at least one prenatal visit and 92% of women had a postpartum visit.<sup>45</sup>

**Figure 15 Healthcare Visits**<sup>45</sup>



**Figure 16 Substance Use During Pregnancy (2018 Births)**<sup>45</sup>



### Prenatal Substance Use

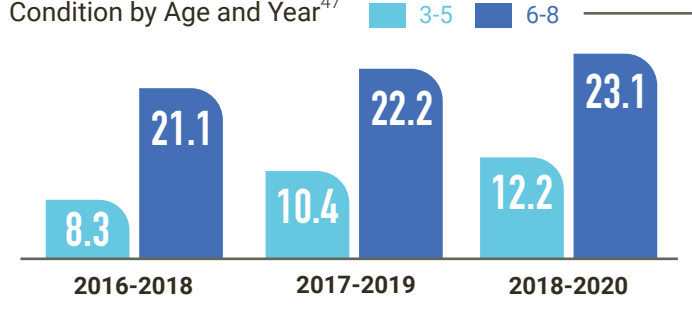
Supporting the reduction of women’s use of harmful substances during pregnancy has been one of Vermont’s key public health initiatives in recent years. This includes tobacco, alcohol, marijuana, and other substance use during pregnancy. A substance-free pregnancy increases the health of a baby. As can be seen in [Figure 16](#), cigarette smoking was the most common form of substance use during pregnancy in 2018.<sup>45</sup>

In 2014, Vermont’s rate of infants born with a diagnosis of drug withdrawal syndrome hit a peak rate of 35.7 per 1,000 live births, but has since dropped down below the 2010 rates to 24 per 1,000 live births.<sup>46</sup> Vermont is committed to ongoing systems of care for screening and diagnosis of substance use disorder in pregnancy, and communities are working together to provide treatment and supportive care for these disorders.

### Early Childhood and Family Mental Health

Mental health is a crucial part of overall health and well-being. Early childhood and family mental health refers to the social, emotional, and behavioral well-being of young children and their families. This includes the capacity to experience, regulate, and express emotion, form close, secure relationships, and to explore the environment and learn. Optimal family mental health allows children to develop the resilience to ensure that stress is tolerable rather than toxic and to 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 without effective supports and/or intervention.

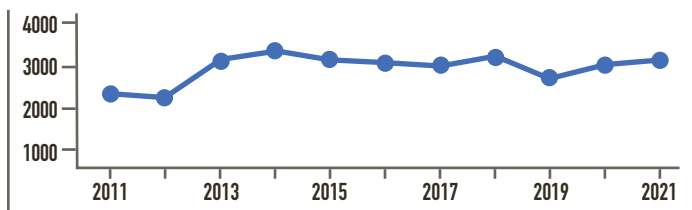
**Figure 17** Percent of Children with a Behavioral, Emotional, Mental Health, or Developmental Condition by Age and Year<sup>47</sup>



**The Need for Behavioral, Emotional, Mental Health and Developmental Disability Services in Vermont Children Under 9**

There has been an increasing trend over time in the percent of behavioral, emotional, mental health, and developmental conditions for Vermont’s children between the ages of 3 and 8. This increase is illustrated in *Figure 17*, which uses a validated set of conditions from the National Survey of Children’s Health: ADD/ADHD, anxiety, depression, behavioral/conduct problems, autism or ASD, developmental delay, intellectual disability, learning disability, speech or other language disorder, or Tourette syndrome. Of note, when the developmental disabilities are not included, there still appears to be an increasing trend over time.<sup>47</sup> The purpose of showing the breakdown by ages is to indicate that the identification or diagnosis of a behavioral, emotional, mental health, or developmental condition varies by age based on a child’s developmental trajectory, and both age ranges (3 to 5 and 6 to 8) show an increasing trend over time as seen in *Figure 17*.

**Figure 18** No. of Children Under 9 Served by Designated Mental Health Agencies 2011-2021<sup>48</sup>



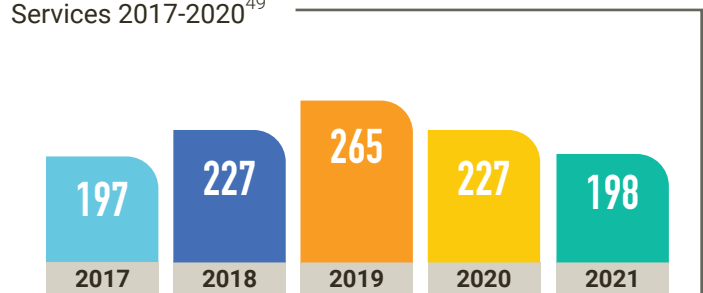
**Mental Health Services for Children**

Children with one or more of a variety of behavioral, emotional, mental health, or developmental conditions and their families often require additional services, resources, and supports. Vermont’s mental health system has multiple levels of intervention for children including routine outpatient services, community-based services and supports including school mental health, and early child and family mental health, crisis services, inpatient care, and residential treatment.

The rate of behavioral, emotional, and mental health conditions has increased from 8.7% in 2018 to 11.6% in 2020 for children between the ages of 3-8.<sup>47</sup>

As can be seen in *Figure 18*, since 2011 the number of young children accessing routine services from Designated Mental Health Agencies has remained relatively consistent.<sup>48</sup> While the use of crisis services appears to have decreased in 2020 and 2021, with 198 children under age 9 accessing services in 2021, it is difficult to interpret this as a trend given the likely impact of the COVID-19 pandemic on people’s comfort with accessing services as well as workforce shortages.<sup>49</sup> These indicators do not capture the current *need* for either service; only *utilization* of services and there is ample qualitative evidence that the need for children’s mental health services is increasing, both in the number of children requiring services, and the acuity of those needs.

**Figure 19** No. of Children Under 9 Accessing Crisis Services 2017-2020<sup>49</sup>



For some children, community-based supports may not be adequate to effectively address the clinical needs of the child and family. In these instances, the family and support team may consider out-of-home treatment such as a community-based therapeutic foster home, small group home, or a residential treatment program. **In 2020, out of 349 children ages 21 and younger in licensed residential treatment programs, 22 children (6.3%) were under the age of 9.**<sup>50</sup>

The State Interagency Team (SIT) publishes a System of Care report each year outlining the current need, available resources, challenges, innovative work, and recommendations to improve the coordination and provision of services for children and youth with disabilities. The 2021 report outlines five priorities for developing the System of Care which include: Parent representation; Retain and integrate effective innovations from a global pandemic; Develop and implement an integrated approach for child and family programs and services; Reduce the use of restraint and seclusion in schools; and Strengthen strategies to improve recruitment and retention of staff.<sup>51</sup> These priorities are reinforced by *Policy Recommendation A on page 5, Respond to Vermont’s mental health crisis.*



## CHILD DEVELOPMENT & EDUCATION

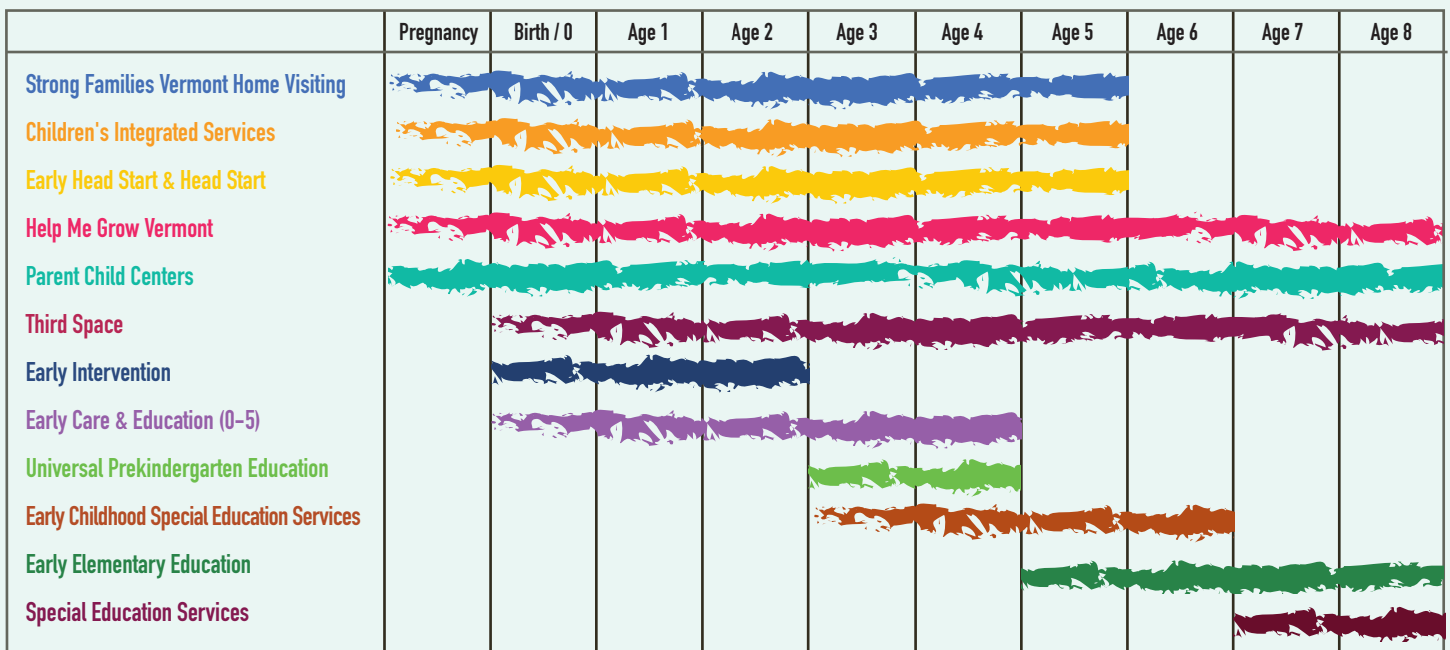
What resources, services, and supports are available in Vermont? Are they easy to access and navigate? How many children are enrolled?



**VECAP GOAL 3 : ACCESS TO HIGH QUALITY EARLY CHILDHOOD SERVICES & SUPPORTS**

Vermont’s early childhood system includes many services, resources, and supports to give children the best opportunity to succeed throughout their lives, many of which can be seen in [Figure 20](#). An overview of the range of services, resources, and supports Vermont offers to promote optimal developmental and educational outcomes for children can be found at [vermontkidsdata.org/continuum](http://vermontkidsdata.org/continuum).

**Figure 20** EC Resources, Services, & Supports Available by Age

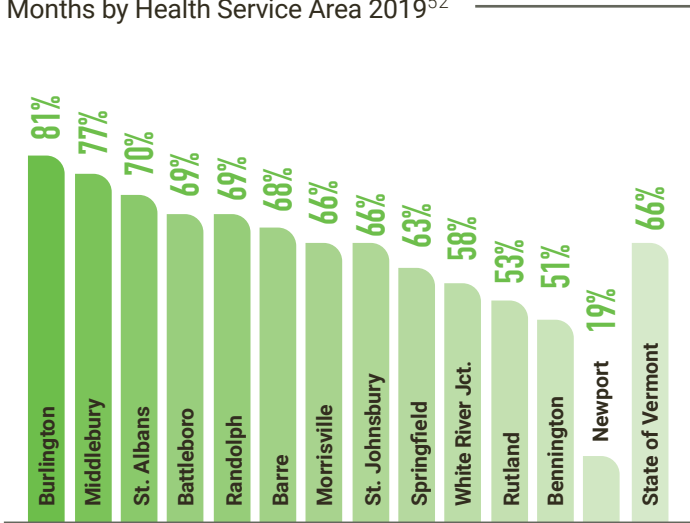


## Early Identification and Intervention

### Developmental Screening

Developmental screening is a whole population strategy designed to help families better understand their child’s early development, celebrate milestones, and identify concerns so that young children get connected to the services they need at an early age when the benefit is greatest. Based on data from Vermont’s statewide medical home initiative, the Blueprint for Health, **there has been a steady increase in the percent of Vermont children under age 3 who received a developmental screening in the past 12 months from 42% in 2013 to 66% in 2019.** As can be seen in [Figure 21](#), regional variation exists.<sup>52</sup> Identifying concerns early through developmental screening and connecting families with concrete supports provides children the greatest opportunity to overcome any delays and reach their optimal potential. Efforts to increase the use of developmental screenings and communication of concerns include the Universal Developmental Screening Registry launched in 2014, and more recently, **Help Me Grow’s Ages and Stages Questionnaire (ASQ) Online Platform, which logged/supported 2,230 ASQ-3 and ASQ:SE (social emotional) screens in 2020.**<sup>53</sup>

**Figure 21** Percent of Children 3 and Under Who Received a Developmental Screening in the Past 12 Months by Health Service Area 2019<sup>52</sup>



Three other examples of programs supporting and promoting early identification and access to services for young children include Children’s Integrated Services (CIS) and Parent Child Centers (PCCs). CIS offers four core services to families of young children facing challenges—Early Intervention (IDEA Part C), Specialized Child Care, Early Childhood and Family Mental Health (ECFMH), and Home Visiting to help ensure the healthy development and well-being of children, pre-birth to age 5. **A new Department of Vermont Health Access (DVHA) Encounter Report shows that between October 2020 and August 2021, CIS served an average of 1,495 clients with at least one service.**<sup>54</sup> The network of 15 Parent Child Centers (PCC) serve all of Vermont with a focus on early identification, intervention, and prevention. **From July 2020 to June 2021, 59,395 participants were served across all 15 PCC programs.**<sup>55</sup> **Strong Families Vermont Home Visiting served 524 children in 2021.** This includes children in both the Maternal Early Childhood Sustained Home Visiting (MECSH) and Parents as Teachers (PAT) programs.

**Early Intervention [Individuals with Disabilities Education Act (IDEA) Part C]**

Early Intervention (EI) provides a broad array of services such as speech and language therapy, physical therapy, occupational therapy, and other types of services to families with infants and toddlers identified with a developmental delay, a disability, or a special health or medical condition. In the most recent program year, there were **1,388 early intervention referrals and 1,928 total active children.**<sup>56</sup> (See timeframe limitations on page 39)

There are many ways that Early Intervention success is measured for each child and the state as a whole. Vermont has focused on improving the success of two measures. **The first is the percent**

**of children with increased social-emotional skills which reached 74% in 2020 exceeding the federal target of 62%. The second is the percent of families who report that EI services have helped the family help their children develop and learn, falling slightly under the federal target (90%) from 91% in 2019 to 85% in 2020.**<sup>57</sup>

Children may exit EI services under several different circumstances. From December 2019 to 2020, **21% of children met all of their goals and were not in need of additional supports, 54% of children transitioned at age 3 to school district early childhood special education services (ECSE) under IDEA Part B, and 7% were not found eligible to receive ECSE at age 3. The remaining 18% were withdrawn by a parent or guardian, moved, or were unenrolled after multiple unsuccessful attempts to contact the parent or guardian.**<sup>56</sup>

**Early Childhood Special Education Services (Individuals with Disabilities Education Act (IDEA) Part B)**

Early Childhood Special Education Services (ECSE) supports children ages 3 to 6 years with special education extending to age 22. Individualized education plans (IEP) are developed and implemented to ensure a child’s right to a Free and Appropriate Public Education (FAPE) under IDEA. **Table 3** indicates the number of students under age 9 who received ECSE services through an individualized education plan (IEP), 504 plan, and educational support team (EST) for children, by age.<sup>58</sup> **See page 20** for more information on the need for behavioral, emotional, mental health, and developmental disability services for Vermont children under age 9.

**Table 3** Number of Children Receiving ECSE Services<sup>58</sup>

Age	IEP	504	EST
3	430	**	**
4	706	**	**
5	808	20	24
6	943	26	120
7	895	54	291
8	1,034	101	345

\*\* Indicates that data are not shared to maintain privacy due to low counts.

**Early Care, Education, and Third Space Programs**

Access to affordable, high-quality early care and education programs (age 0-8), including afterschool and out-of-school time hours (third space programs), affects more than Vermont’s parents and caregivers of young children; it affects the businesses that employ them, and our larger economy.

Vermont’s early care and education system consists of a mix of programs that serve children 6 weeks to 5 years old and not yet in kindergarten including, licensed and registered family child care programs, center-based programs, and school-based

programs. There were 5,794 children whose families received support through the Child Care Financial Assistance Program (CCFAP) as of September 30th, 2021, with 60% (3,517) of those being under the age of 5.<sup>59</sup>

**Figure 22** 2020-2021 Enrollment in Regulated Early Childhood Education Programs<sup>60</sup>

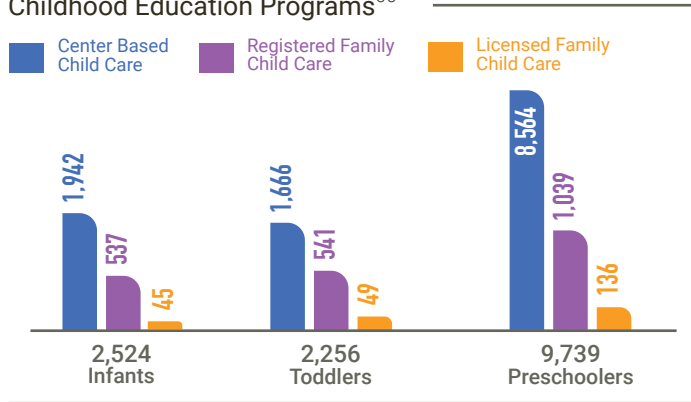


Figure 22 shows that the vast majority (84%) of children are enrolled in Center-Based Child Care programs, followed by Registered Family Child Care Programs (15%), and less than 2% of children enrolled in Licensed Family Child Care Programs.<sup>60</sup> This does not include all children enrolled in Universal Prekindergarten Education (UPK) through Act 166. Like families across the country, many Vermont families with young children struggle to find regulated child care. Data regarding child care supply and demand will be available in January 2022.<sup>61</sup>

### Head Start and Early Head Start

Head Start and Early Head Start (HS/EHS) are comprehensive early education programs for children from at-risk backgrounds ages birth to age 5. From early math and reading skills to confidence and resilience, HS/EHS 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, HS/EHS help facilitate critical health services like immunizations, and vision, dental, and hearing screenings. From September 2020 to August 2021, Vermont Head Start grantees served 746 at-risk children from age 3 to 5, and Early Head Start grantees served 513 infants and toddlers and 38 prenatal women for a total of 1,297 individuals served.<sup>5</sup>

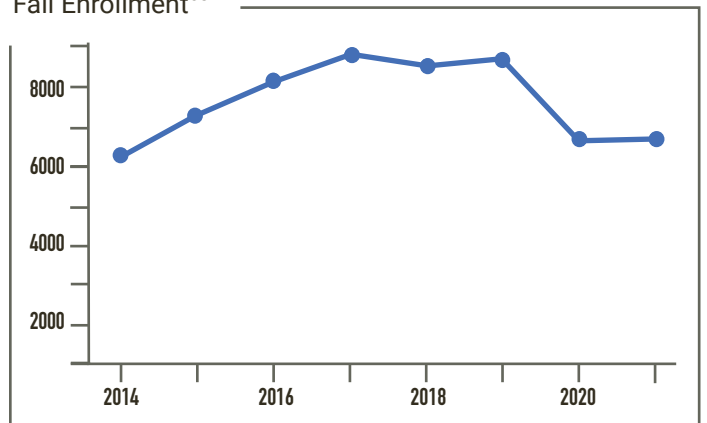
### Universal Prekindergarten Education

In 2014, Vermont passed Act 166, also known as the Universal Prekindergarten Education (UPK) law, which offers all 3- and 4-year olds, and 5-year-olds not enrolled in Kindergarten up to 10 hours a week of publicly-funded pre-K for 35 weeks of the academic year. Vermont has a mixed delivery system for UPK, meaning that these hours can be used in school based programs, but also in prequalified prekindergarten center based child care



and family child care programs. As can be seen in Figure 23, there was a decline in the number of children enrolled in UPK programs between the fall of 2019 (8,666) and the fall of 2020 (6,673). Enrollment in fall 2021 has remained consistent with fall 2020 levels (6,675).<sup>62</sup> Factors thought to be contributing to the lower than expected enrollment include: concerns about COVID-19, program capacity and choice, cost of additional hours for non-school based programs, scheduling and transportation challenges, and parent and guardian employment. In fall 2021, 54% of students (3,617) were enrolled in private prequalified prekindergarten programs with the remainder enrolled in school based programs (46%). The breakdown by program type varies by region and SU/SD with enrollment in private prequalified prekindergarten programs ranging from 2% to 98% of students.<sup>58</sup>

**Figure 23** Universal Prekindergarten Education Fall Enrollment<sup>58</sup>



### Afterschool and Out-of-School Time Care (Third Space)

Vermont is increasingly recognizing the importance of, and investment in, universal afterschool and out-of-school time care, through the Summer Matters funding<sup>63</sup> and the creation of an "Interagency After-School Youth Task Force."<sup>64</sup> There are currently 476 third space programs serving over 20,000 children and youth in Vermont.<sup>65</sup> However, in 2020 (just prior

to the COVID-19 pandemic) the Afterschool Alliance found that **39% of Vermont children (26,148) would participate in an afterschool program if one were available to them**, up from 26% in 2009 although less than for the nation as a whole (50%). The top three reasons for not enrolling their child in an afterschool program were: program cost (38%), lack of safe transportation (31%), and lack of available programs (25%).<sup>66</sup>

### Educational Assessments

Vermont recognizes the importance of measuring educational outcomes in conjunction with enrollment to understand the impact of programs, services, resources, and education, as well as opportunities for improvement. Educational outcomes for young children are difficult to measure and often subjective. Vermont currently reports on three primary indicators to measure children’s knowledge, skills, and behaviors: Teaching Strategies Gold (TSGold), the Agency of Education’s Ready for Kindergarten! Survey, and Third Grade Language Arts (reading) and Math.

The COVID-19 pandemic had an impact on all facets of education including annual assessments. The TSGold Spring 2020 assessments were not conducted, and the data for Spring 2021 are not yet available. We look forward to publishing the data in future reports. While statewide Third Grade Language Arts and Math assessment data are presented below, it is important to note that the 2020-2021 results should not be compared to previous year’s results.<sup>67</sup>

### Ready for Kindergarten! Survey

The Agency of Education’s Ready for Kindergarten! Survey (R4K!S) is a readiness assessment of a kindergarten student’s knowledge and skills within the first six to ten weeks of school. Kindergarten teachers assess students on 34 items across the following domains: Physical Development and Health, Social and Emotional Development, Approaches to Learning, Communication, and Cognitive Development.<sup>68</sup>

**Table 4** Percent of Children “Ready” for Kindergarten in Vermont in Fall 2020<sup>67</sup>

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%

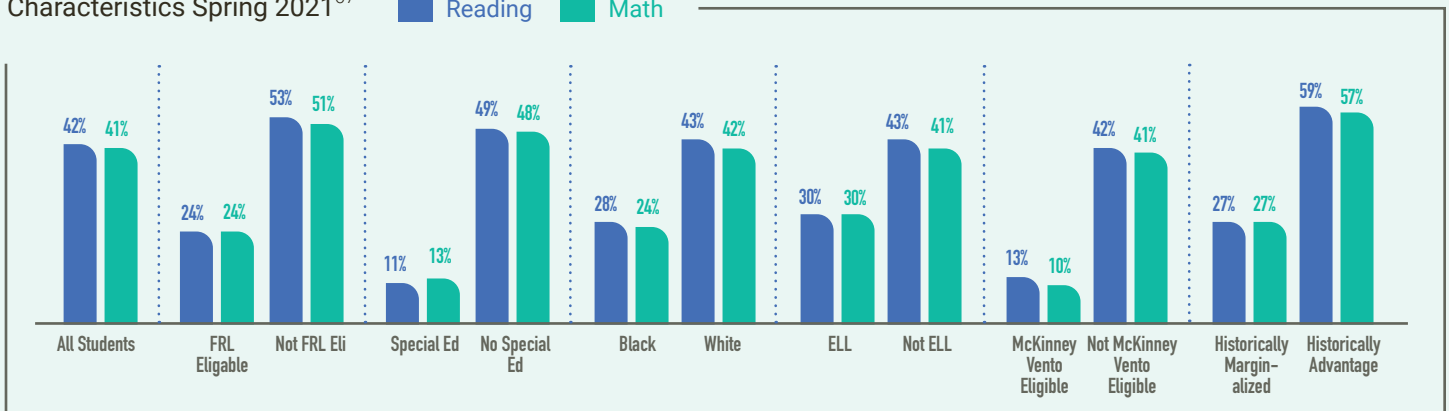
The data can help kindergarten teachers, schools, school boards, families, and early childhood partners assess student strengths and challenges. As can be seen in **Table 4**, **children living in households who are income eligible for free and reduced lunch are less likely to be ready for kindergarten (77%) compared to children from higher income households (89%).**<sup>68</sup> There has not been noteworthy change over time since 2015 in the percent of children ready for kindergarten.

### Third Grade Math and Language Arts Assessments

As indicated above, the Vermont Agency of Education is clear that *“because test administration during 2020-2021 was impacted by several, novel variables, we discourage comparing 2020-2021 results to any prior year’s results.”*<sup>67</sup>

At the end of third grade, Vermont students are assessed on their proficiency in reading and math. As can be seen in **Figure 24**, proficiency rates vary significantly based on economic status, race, homelessness, culminating in a comparison between historically marginalized and historically advantaged students. **For historically marginalized students, 27% are proficient or above in both reading and math, while the rates for historically advantaged students are 59% and 57% respectively.**<sup>67</sup>

**Figure 24** Percent of Third Graders Proficient or Above in Reading & Math Assessments by Characteristics Spring 2021<sup>67</sup>



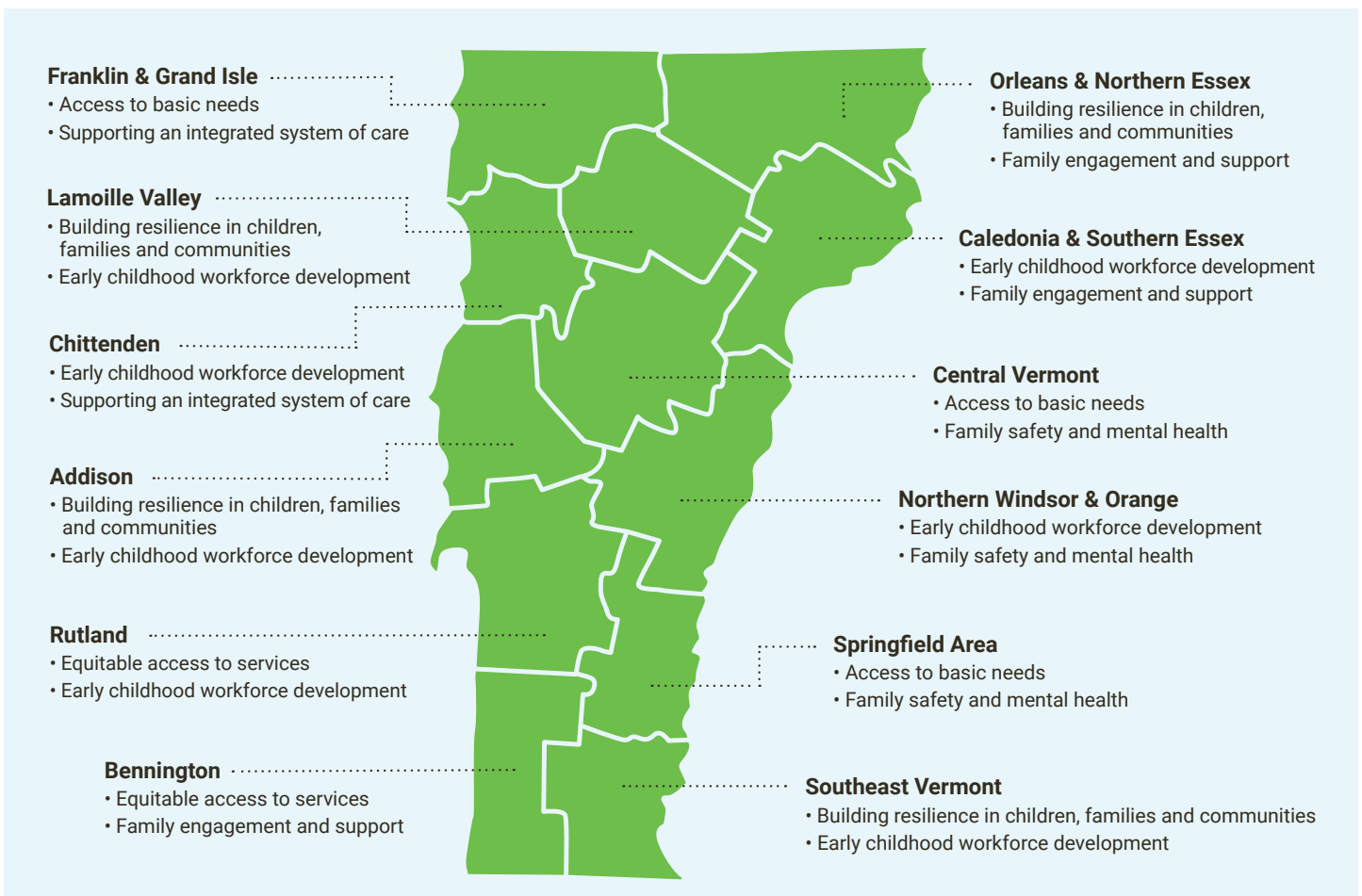
# ABOUT REGIONAL COUNCILS

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/](https://buildingbrightfutures.org/what-we-do/regional-councils/)

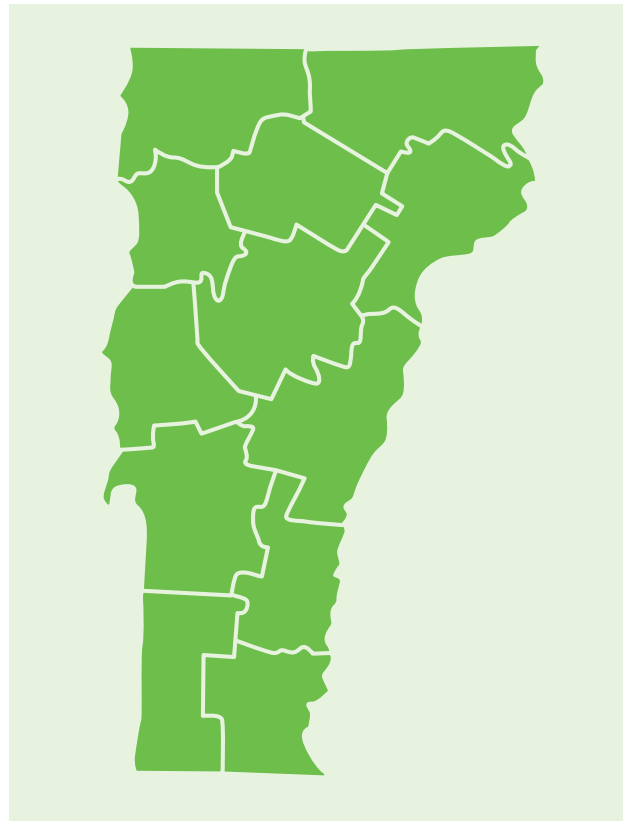
# Introduction to Regional Profiles

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.<sup>67</sup>



## Current Status of All Vermont Children

### CHILD POPULATION<sup>11</sup> (2019)

**53,821** children under 9

Decreased by 5% from 56,495 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**35.7%** children under 6 (12,382)

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

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**520** children under 9

Decreased by 28% from 721 in 2016

## Educational Assessments

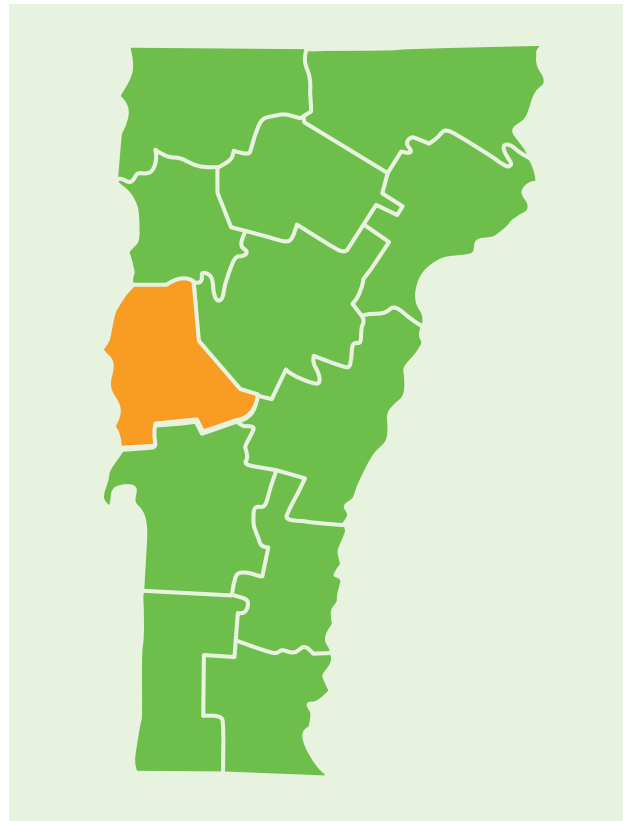
### VERMONT STUDENTS

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 READINESS<sup>68</sup> (FALL 2020)

# Addison

To address its priority of early childhood workforce development, the Addison Regional Council is disrupting the traditional narrative of early childhood education being a low paying, undervalued profession through promotion of the resources, advocacy efforts, and pathways to support entry into the field at this critical moment. The Council is leveraging the communications power of council members and their networks and working with the Vermont Association for the Education of Young Children (VTAEYC) to elevate the visibility of the T.E.A.C.H program, as well as creating a map of resources and paths to enter the early childhood workforce. The critical nature of the early childhood workforce has been highlighted during the COVID-19 pandemic. The Addison Council is determined to support state and national strategies that are regionally appropriate to recruit, retain, and sustain these essential workers and professionalize the field of early childhood education. This is just one way that the Addison Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**2,843** children under 9

Decreased by 6% from 3,011 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**31.9%** children under 6 (596)

Decreased by 21% from 40.6% - 764 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**21** children under 9

Decreased by 51% from 43 in 2016

## Educational Assessments

### SUPERVISORY UNION / SCHOOL DISTRICT

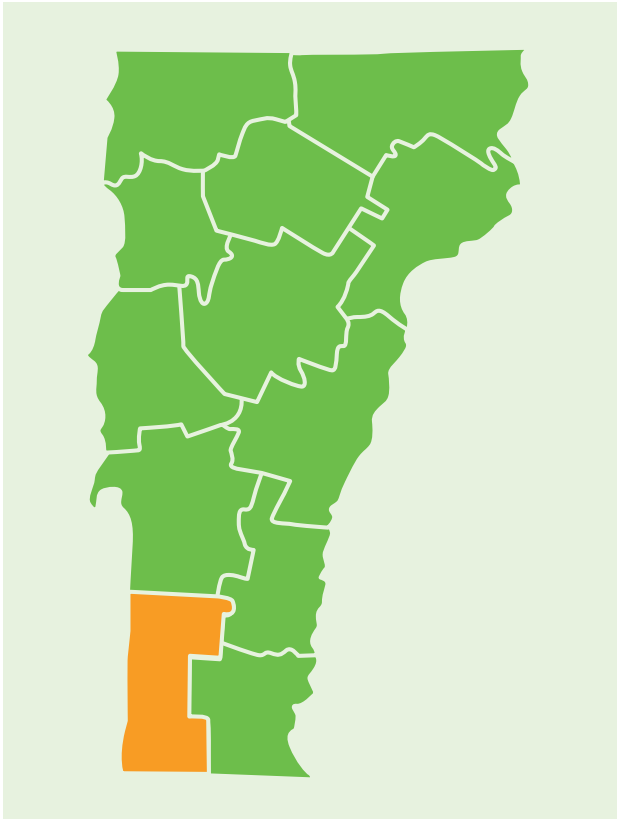
Addison Central SD	94.8%
Addison Northwest SU	76.8%
Slate Valley Unified Union SD	90.2%
Mount Abraham Unified SD	75.0%

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

# Bennington

The Bennington Regional Council is focused on ensuring equitable access to services for children and families. Two of the strategies underway address professional development and transportation. The Council is partnering with Outright Vermont to promote inclusive practices throughout the Bennington Region. The region-wide training on Gender inclusive skills and practices for early educators and those that work with young children offered resources for educators as well as families, and was created as a pilot that can be expanded throughout the state moving forward.

Because of the rural nature of the region, for some families, the nearest services are more than 30 minutes away with no public transportation option. The Bennington Regional Council is working with regional and statewide experts to investigate structures and funding opportunities to potentially form a transportation hub to serve the Bennington Region. While still in the initial stages of formative research, there is a clear need for new approaches to accessing services in rural areas. Concretely addressing the professional development and transportation needs are only two of the ways the Bennington Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**3,043** children under 9

Decreased by 7% from 3,272 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**46.9%** children under 6 (972)

Decreased by 13% from 54.2% - 1,160 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**57** children under 9

Increased by 27% from 45 in 2016

## Educational Assessments

### SUPERVISORY UNION / SCHOOL DISTRICT

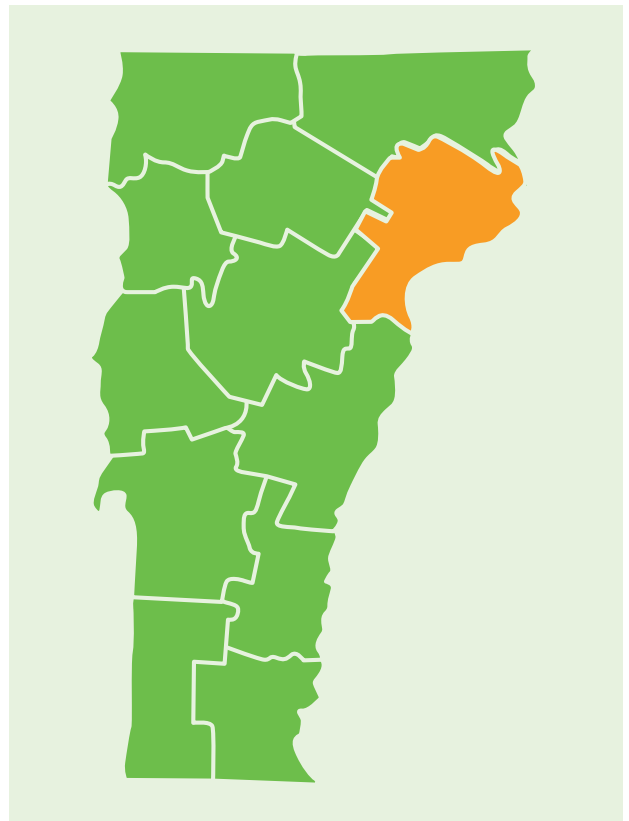
Battenkill Valley SU .....	84.6% .....
Bennington Rutland SU .....	87.2% .....
Southwest Vermont SU .....	76.7% .....
Windham Southwest SU .....	94.1% .....

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)



# Caledonia & Southern Essex

The Caledonia and Southern Essex Regional Council is acutely aware of the necessity of a skilled and stable workforce in order to meet the needs of children and families, especially due to the increased needs of children following the social isolation and potentially toxic stress that children in the rural Caledonia and Southern Essex region experienced due to the COVID-19 pandemic. The Council has been gathering information and discussing how to best support early childhood professionals to embed resilience strategies in educational, community based, and family settings. While continuing to identify needs and gaps for early childhood professionals in the Caledonia and Southern Essex region, the Council is filling a previously identified gap by continuing to sponsor and support professional development. The Professional Development subcommittee adapted the April 2020 Professional Development Conference that was necessarily postponed into a virtual series which was tailored to the requests of regional early childhood professionals. Concretely meeting professional development needs is just one of the ways that the Caledonia and Southern Essex region is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**2,933** children under 9

Decreased by 6% from 3,118 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**49.3%** children under 6 (963)

Increased by 2% from 48.1% - 952 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**30** children under 9

Decreased by 35% from 46 in 2016

## Educational Assessments

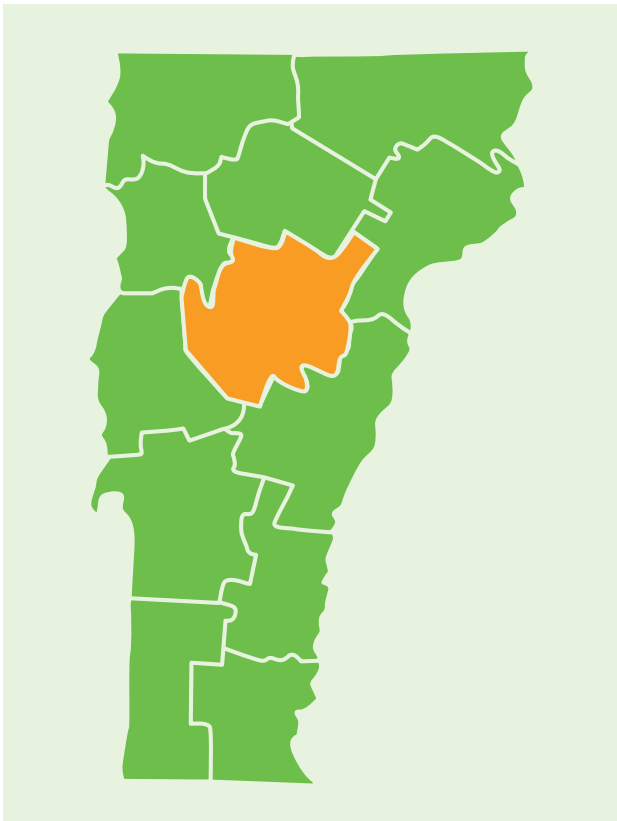
### SUPERVISORY UNION / SCHOOL DISTRICT

Caledonia Central SU .....	90.8%
Kingdom East .....	74.0%
Orange East SU .....	83.8%
St Johnsbury SD .....	92.3%

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

# Central Vermont

The focus of the Central Vermont Regional Council is social connectedness as a way to support and enhance family safety and mental health. This approach is aligned with the American Academy of Pediatrics’ October 2021 Declaration of a National Emergency in Child and Adolescent Mental Health. The workforce challenges for both specific mental health professionals and the upstream providers supporting relational health and family resilience are significant in the Central Vermont region. Previously existing programs grounded in the Strengthening Families Approach are no longer able to be offered despite the increased need due to the isolation and stress exacerbated by the COVID-19 pandemic. The Council is currently completing an early childhood resource mapping project to inform future council specific approaches to improving social connectedness as well as to share with regional partners and the Help Me Grow/211 Resource Center. The system mapping also includes the current strategies for information sharing and eligibility criteria for services, resources, and supports. Mapping the current Central Vermont regional resources is one way that the Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**5,696** children under 9

Decreased by 5% from 6,026 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**38.9%** children under 6 (1,386)

Increased by 5% from 37.1% - 1,480 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**41** children under 9

Decreased by 31% from 59 in 2016

## Educational Assessments

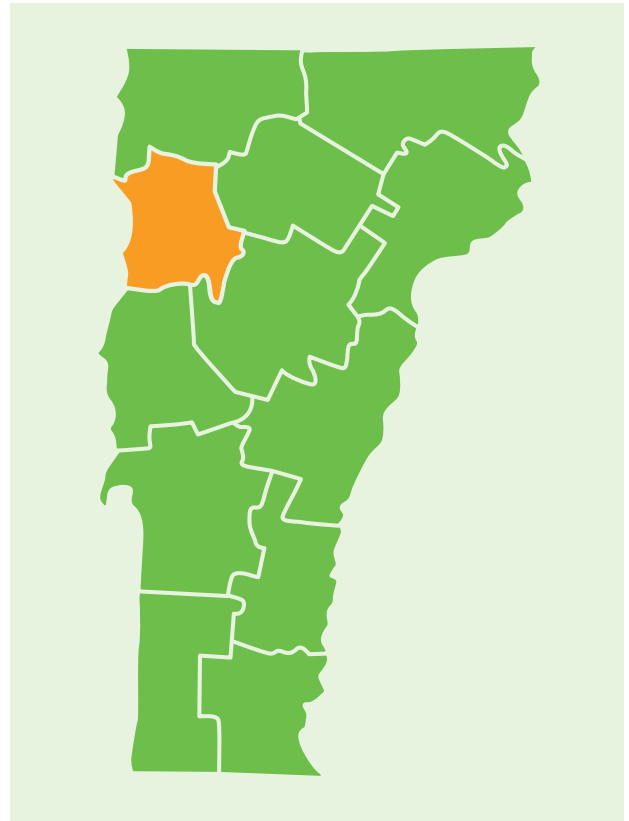
### SUPERVISORY UNION / SCHOOL DISTRICT

Barre SU	82.5%
Central Vermont SU	72.3%
Harwood Unified Union SD	92.7%
Montpelier Roxbury SD	96.8%
Orange Southwest SU	87.0%
Washington Central SU	93.9%
Washington Northeast SU	Not Available

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

# Chittenden

The Chittenden Regional Council in collaboration with the Data and Evaluation VECAP Committee has been actively working to identify and gather information to address the early childhood education workforce challenge. In February of 2021, the council hosted a meeting where a panel of early childhood education program Directors spoke to their staffing challenges. The council realized that accurate data was necessary, but unavailable, to inform effective regional strategies. In response, a series of questions was developed. At the same time the Data and Evaluation VECAP committee was working with CDD to review their draft survey for regulated child care programs. Through the BBF network an effort was made to integrate these surveys by having a joint discussion resulting in a joint survey. This use of the **BBF Early Childhood Network to reduce duplication while elevating regional data gaps to inform and align statewide workforce data collection** is just one example of how the Chittenden Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**13,645** children under 9

Decreased by 4% from 14,266 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**26.8%** children under 6 (2,400)

Decreased by 12% from 30.6% - 2,940 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**67** children under 9

Decreased by 9% from 74 in 2016

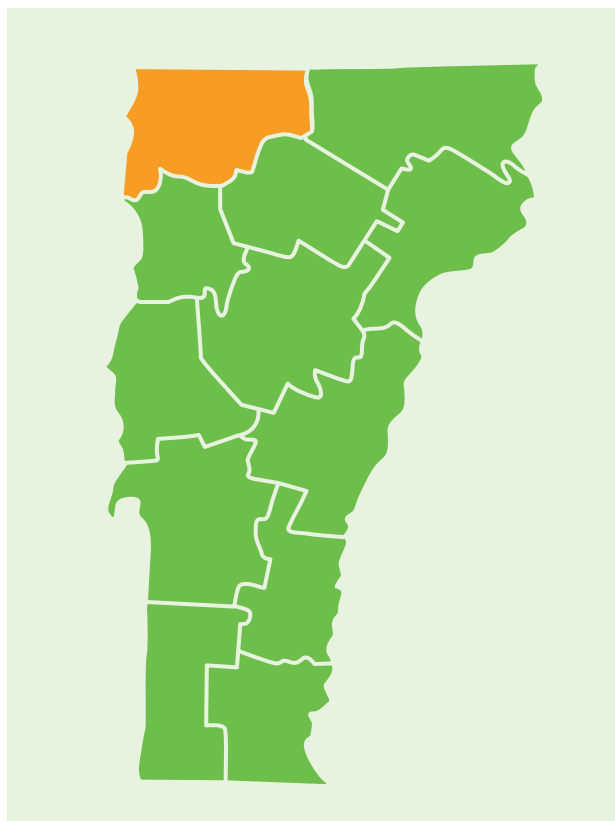
## Educational Assessments

### SUPERVISORY UNION / SCHOOL DISTRICT

SUPERVISORY UNION / SCHOOL DISTRICT	KINDERGARTEN READINESS <sup>68</sup> (FALL 2020)
Burlington SD	75.3%
Champlain Valley SD	92.0%
Colchester SD	84.5%
Essex Westford SD	91.1%
Milton SD	90.0%
Mount Mansfield Unified Union SD	94.2%
South Burlington SD	94.8%
Winooks SD	79.7%

## 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 POPULATION<sup>11</sup> (2019)

**5,917** children under 9

Unchanged from 5,939 in 2014

#### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**25.2%** children under 6 (964)

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

#### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**76** children under 9

Decreased by 38% from 123 in 2016

### Educational Assessments

#### SUPERVISORY UNION / SCHOOL DISTRICT

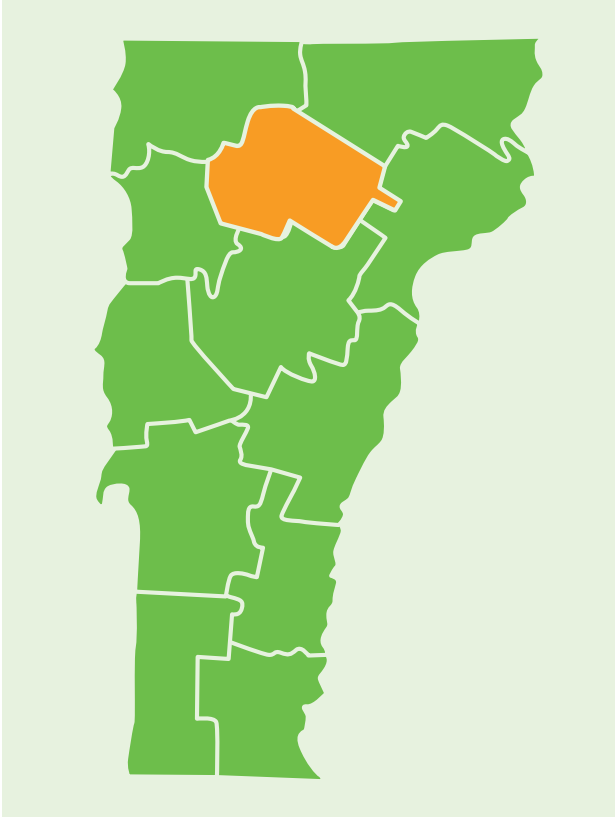
Franklin Northeast SU .....	
Franklin West SU .....	
Grand Isle SU .....	
Maple Run SD .....	
Missisquoi Valley SD .....	

#### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

<b>86.1%</b> .....
<b>88.3%</b> .....
<b>90.6%</b> .....
<b>90.3%</b> .....
<b>88.7%</b> .....

# Lamoille Valley

The Lamoille Valley Regional Council has identified early childhood workforce development as one of two priorities in line with the focus of the regional Working Communities Challenge Grant. The focus on workforce transitions and reducing systemic barriers to work has led to the implementation of the Step Up to Child Care program which prepares individuals with the training, internship experience, and meets the regulatory requirements to enter the workforce at the end of 16 weeks in partnership with Green Mountain Technical and Career Center, Northern Lights at CCV, and the Step up to Child Care Regional Planning Team. In addition to the fundamentals and CPR/First Aid courses, the curriculum includes a small business course to enable home child care providers to be successful and sustainable businesses. The Step Up to Child Care was originally developed and piloted at Northeast Kingdom Learning Services. This expanded pilot program is set to meet the urgent Lamoille Valley regional needs as well as to determine the feasibility of statewide implementation. This is just one way that the Lamoille Valley Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**2,874** children under 9

Decreased by 8% from 3,109 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**41.6%** children under 6 (758)

Decreased by 5% from 43.9% - 887 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**28** children under 9

Increased by 22% from 23 in 2016

## Educational Assessments

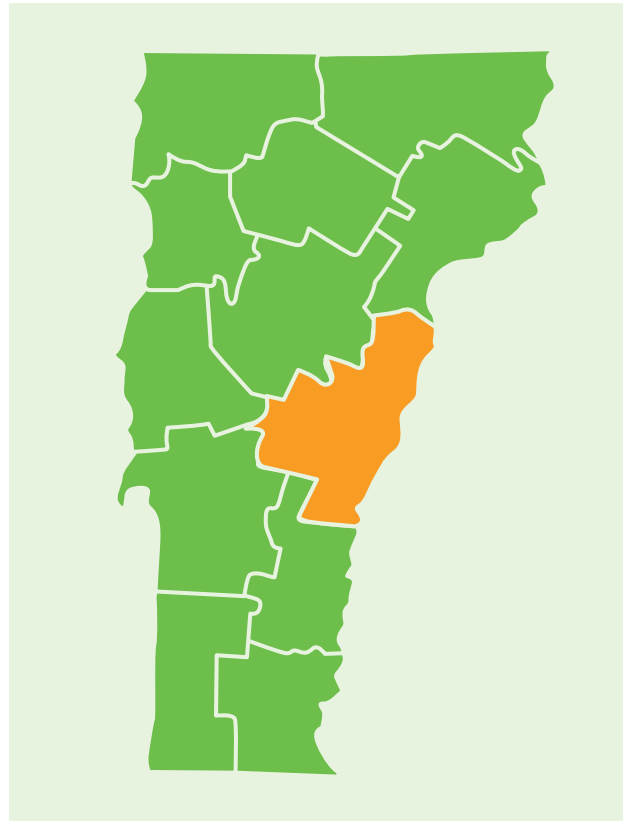
### SUPERVISORY UNION / SCHOOL DISTRICT

Lamoille North SU .....	88.4% .....
Lamoille South SU .....	89.3% .....
Orleans Southwest SU .....	91.7% .....

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

## Northern Windsor & Orange

The Northern Windsor and Orange Regional Council has identified early childhood workforce development as a priority. Recognizing that the early childhood workforce crisis is not isolated to the Northern Windsor and Orange region, the council has decided that strategically aligning with upper valley, statewide, and national efforts may be the best course of action while ensuring the efforts of the council and council network are regionally appropriate and meet the urgency of the moment. The first half of this year has been focused on gathering information from across sectors within and beyond the early childhood landscape. Experts attending council meetings to share current data, approaches, and opportunities for collaboration include representatives from The Department of Labor, Northern Lights at CCV (early childhood educator professional development), Health Care and Rehabilitation Services - HCRS (Regional Designated Mental Health Agency), and the Vermont Association for the Education of Young Children - VTAEYC. Based on this assessment of regional, statewide, and national strategies, the council will identify and execute the most aligned regional action to address the early childhood workforce crisis. This is just one way that the Northern Windsor and Orange Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



### Current Status

#### CHILD POPULATION<sup>11</sup> (2019)

**3,956** children under 9

Decreased by 5% from 4,169 in 2014

#### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**34.7%** children under 6 (905)

Decreased by 21% from 43.9% - 1,198 in 2014

#### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**16** children under 9

Decreased by 67% from 49 in 2016

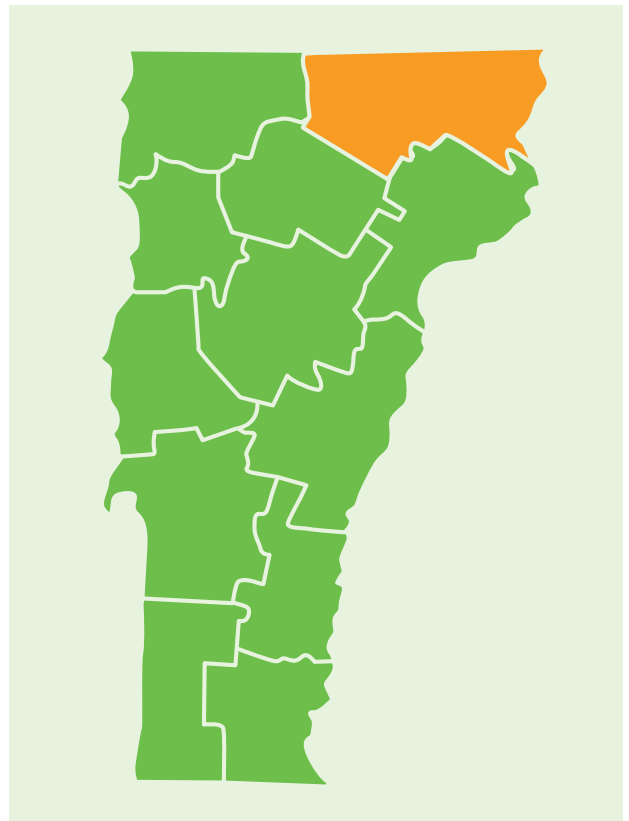
### Educational Assessments

#### SUPERVISORY UNION / SCHOOL DISTRICT

SUPERVISORY UNION / SCHOOL DISTRICT	KINDERGARTEN READINESS <sup>68</sup> (FALL 2020)
Hartford SD	71.6%
Orange East SU	83.8%
Orange Southwest SU	87.0%
Rivendell Interstate SD	100.0%
SAU 70	80.0%
White River Valley SU	86.4%
Windsor Central SU	98.3%
Windsor Southeast SU	94.4%

# Orleans & Northern Essex

The Orleans and Northern Essex Regional Council has long prioritized the well-being of the early childhood workforce along with the prevention of adverse childhood experiences and strengthening resilience. These priorities are more important than ever due to the increased needs of children following the social isolation and potentially toxic stress that children in the rural Orleans and Northern Essex region experienced due to the COVID-19 pandemic. Despite a lack of funding, the Council's Early Multi-Tiered Systems of Support (Early MTSS) subcommittee has continued to support programs in implementing the tiered social and emotional development model. The Early MTSS model is beneficial for children, but also embeds resilience strategies into the classroom for both children and early childhood professionals. The Council has brought in the State Director of Trauma Prevention and Resilience Development, to continue the conversation about addressing stress, resilience, and how to re-envision well-being for both children and early childhood professionals through and beyond the COVID-19 pandemic. Continuing to support the implementation of Early MTSS as an embedded resilience strategy is just one way that the Orleans and Northern Essex Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**2,548** children under 9

Unchanged from 2,543 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**47.3%** children under 6 (720)

Decreased by 23% from 61.4% - 1,004 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**37** children under 9

Increased by 28% from 29 in 2016

## Educational Assessments

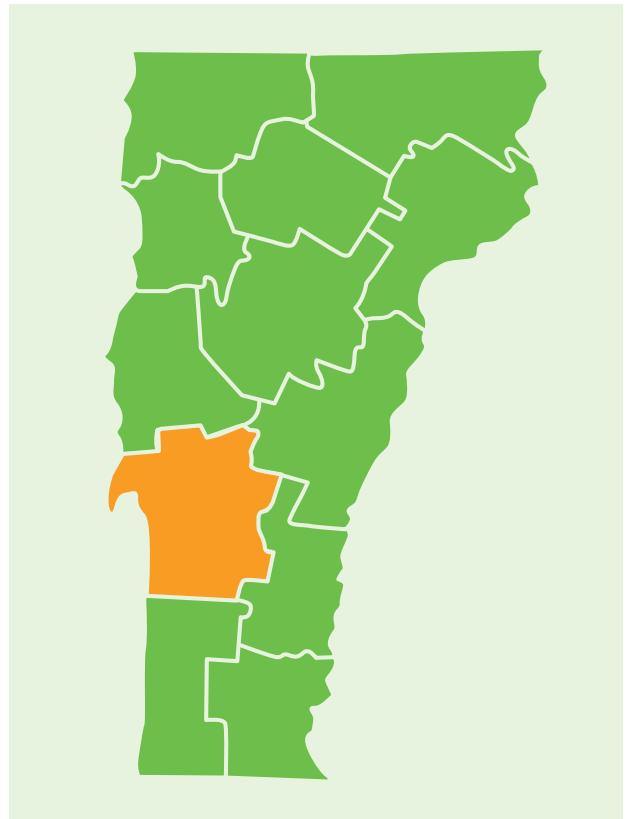
### SUPERVISORY UNION / SCHOOL DISTRICT

Essex North SU .....	66.7% .....
North Country SU .....	79.3% .....
Orleans Central SU .....	85.7% .....

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

# Rutland

The Rutland Regional Council has taken a leadership role in addressing the workforce crisis, not only in the early childhood fields, but with stakeholders across sectors throughout Rutland County. The Council has convened a Workforce Roundtable in order to both align strategies and streamline the use of limited resources, and to ensure that the early childhood workforce is included in the larger regional planning. The working group representatives include the Rutland Chamber of Commerce, Rutland Regional Medical Center, the Vermont Office of Workforce Development, the Stafford Technical Center, and United Way. The Council is also using this opportunity to ensure an equity lens for the strategies that will be developed as well as conducting the process and considering what might have been left out of the conversation. This includes asking questions including “Are there barriers to the strategies we are recommending?” “Are there any potential unintended consequences for specific groups/populations?” Collaborating with partners beyond the early childhood fields while ensuring the use of an equity lens is just one way that the Rutland Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**4,848** children under 9

Decreased by 4% from 5,071 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**39.5%** children under 6 (1,186)

Decreased by 15% from 46.3% - 1,462 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**74** children under 9

Decreased by 9% from 81 in 2016

## Educational Assessments

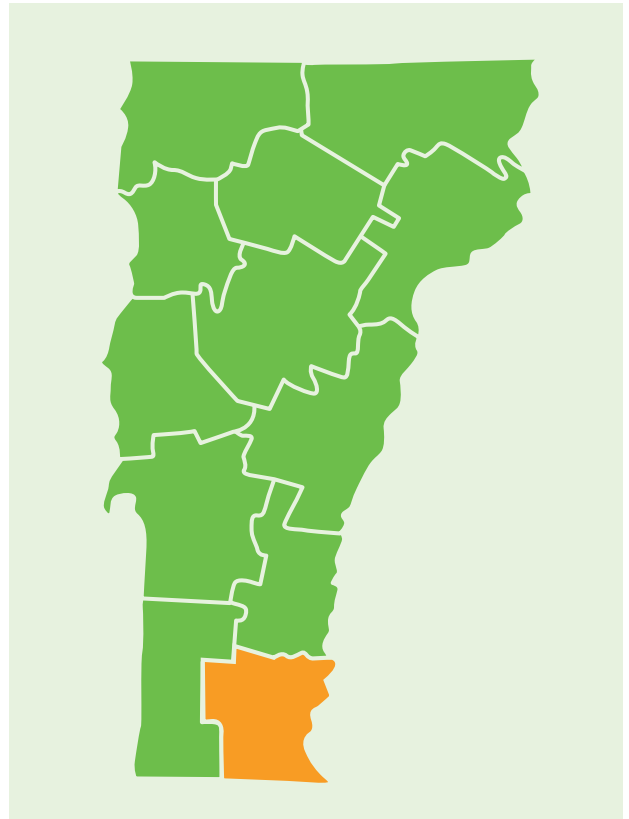
### SUPERVISORY UNION / SCHOOL DISTRICT

SUPERVISORY UNION / SCHOOL DISTRICT	KINDERGARTEN READINESS <sup>68</sup> (FALL 2020)
Slate Valley Unified Union SD	90.2%
Bennington Rutland SU	87.2%
Greater Rutland County SU	85.8%
Mill River Unified Union SD	69.6%
Rutland City SD	76.2%
Rutland Northeast SU	84.9%
Two Rivers SU	88.6%
Windsor Central SU	98.3%



# Southeast Vermont

The Southeast Vermont Regional Council has long been focused on the child care shortage through the Child Care Counts Coalition which was established in 2018 following the Making It Work In Windham Summit held by the Southeast Vermont Regional Council. After identifying the workforce shortage as a critical factor in providing high quality child care in the region in 2021, the Coalition decided on two approaches to meet the regional needs; bonuses for retaining staff, and sign-on bonuses. As of October 2021, there were 152 early childhood educators who served 994 children. The Coalition found that existing programs could serve up to 115 more children if they were able to hire an additional 26 employees as well as retaining the current educators. This concrete approach to addressing one aspect of this complex challenge is one of the ways that the Southeast Vermont region is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

**CHILD POPULATION<sup>11</sup>** (2019)

**2,783** children under 9

Decreased by 8% from 3,010 in 2014

**CHILDREN LIVING IN POVERTY<sup>69</sup>** (2019)

**41.9%** children under 6 (736)

Decreased by 23% from 54.2% - 1,001 in 2014

**CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup>** (2021)

**45** children under 9

Decreased by 49% from 88 in 2016

## Educational Assessments

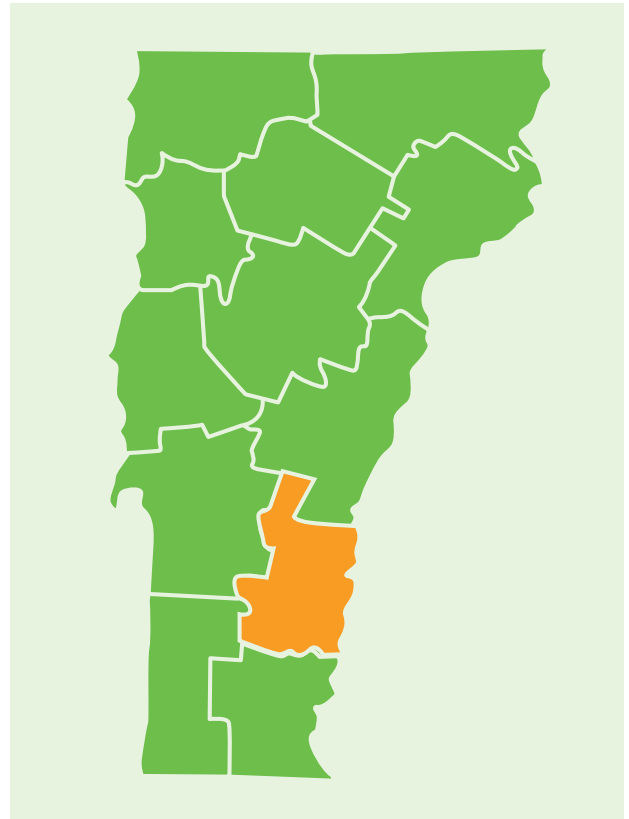
### SUPERVISORY UNION / SCHOOL DISTRICT

Windham Central SU .....	97.3% .....
Windham Northeast SU .....	86.7% .....
Windham Southeast SU .....	90.1% .....
Windham Southwest SU .....	94.1% .....

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

# Springfield Area

The Springfield Area Regional Council has been prioritizing early childhood workforce development since 2017. The Council was part of a regional bid for a Working Communities Challenge Grant, and in 2019, the Springfield Area was awarded one of four grants focused on increasing the workforce. The Child Care Counts Coalition (CCC) model that began in Southeast Vermont has expanded to the Springfield Area based on the needs identified by the Regional Council. The CCC comes together monthly with leaders across and beyond the early childhood landscape to address the intertwined systems that contribute to a lack of child care and currently on recruiting and retaining the skilled early childhood educator workforce. While the CCC has been specifically focused on the child care workforce, the Regional Council has been able to focus on the larger early childhood workforce to increase family access. The Springfield Area Regional Council is well aware of the entrenched challenges and the critical nature of including both statewide and national strategies as well as making sure that the work is appropriate for the region. Bringing these two approaches together to address the early childhood workforce crisis is one example of how the Springfield Area Regional Council is moving forward **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



## Current Status

### CHILD POPULATION<sup>11</sup> (2019)

**2,735** children under 9

Decreased by 8% from 2,961 in 2014

### CHILDREN LIVING IN POVERTY<sup>69</sup> (2019)

**45.3%** children under 6 (796)

Decreased by 19% from 55.9% -1,130 in 2014

### CHILDREN IN OUT OF HOME CUSTODY<sup>35</sup> (2021)

**28** children under 9

Decreased by 54% from 61 in 2016

## Educational Assessments

### SUPERVISORY UNION / SCHOOL DISTRICT

Bennington Rutland SU .....	87.2%
Springfield SD .....	78.6%
Two Rivers SU .....	88.6%
Windham Central SU .....	97.3%
Windham Northeast SU .....	86.7%
Windsor Central SU .....	98.3%
Windsor Southeast SU .....	94.4%

### KINDERGARTEN READINESS<sup>68</sup> (FALL 2020)

## LIMITATIONS

The State of Vermont's Children: 2021 Year in Review presents the most high quality, up-to-date data available as of December 2021. However, there are several limitations worth noting.

**Proxy Measures:** Due to the small population of Vermont and the current data infrastructure, proxy measures from national datasets and indicators that capture only a small part of the picture are standard. For example, mental health services and child care utilization data is available and reported, but the demand for these services is not currently measured.

**Timeframes:** The timing of data collection and reporting varies among programs. Not all data reported is from the same year or time period, but instead, captures a range of indicators from the last three years and includes state and federal fiscal years, calendar years, school years, and point-in-time counts.

**Age ranges:** Datasets focus on different age ranges that may or may not be comparable across programs. For example, some datasets and programs focus on children prenatal to age three, while others capture data on children prenatal to age six or age eight, and others are only available for children under 18.

**The COVID-19 pandemic:** The pandemic has affected the availability and quality of data. As programs have changed in response to evolving needs, the monitoring and evaluation systems have been slow to be updated. It may take years to determine if the changes that have occurred starting in March 2020 will be outliers, or the start of new trends.

Vermont's Early Childhood System is eagerly awaiting the data specific recommendations of *Vermont's Child Care and Early Childhood Education Systems Analysis* to address some of the systemic data challenges outlined above.

## ACRONYMS

3SquaresVT: Vermont's Supplemental Nutrition Assistance Program (SNAP)

ACE: Adverse Childhood Experience

AHS: Agency of Human Services

AOE: Agency of Education

ASQ: Ages and Stages Questionnaire

BBF: Building Bright Futures

BIPOC: Black, indigenous and people of color

BFIS: Bright Futures Information System

CCFAP: Child Care Financial Assistance Program

CDD: Child Development Division (A Division of the Department for Children and Families)

CIS: Children's Integrated Services

COVID-19: Coronavirus Disease 2019

CSHCN: Children with Special Health Care Needs

DA: Designated Mental Health Agency

DCF: Department for Children and Families

DMH: Department of Mental Health

Early MTSS: Early Multi-Tiered Systems of Support

EBT: Electronic Benefits Transfer

EC: Early Childhood

ECFMH: Early Childhood and Family Mental Health

ECSA: Vermont's Child Care and Early Childhood Education Systems Analysis

ECSE: Early Childhood Special Education Services

EI: Early Intervention

EST: Educational Support Team

FAPE: Free and Appropriate Public Education

FPL: Federal Poverty Level

FRL: Free and Reduced Lunch

FSD: Family Services Division (A Division of the Department for Children and Families)

FSH: Family Supportive Housing

HS/EHS: Head Start/Early Head Start

IDEA: Individuals with Disabilities Education Act

IEP: Individualized Education Plan

MCH: Maternal and Child Health

NSCH: National Survey of Children's Health

PCC: Parent Child Center

R4K!S: Ready for Kindergarten Survey

SAC: State Advisory Council

SD/SU: School District/Supervisory Union

SDOH: Social Determinants of Health

SSA: Specialized Service Agencies

TSGOLD: Teaching Strategies Gold

UPK: Universal Prekindergarten Education

VDH: Vermont Department of Health

VECAP: Vermont's Early Childhood Action Plan

WIC: Women Infants and Children

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# ACKNOWLEDGMENTS

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I continue to be inspired by our collective commitment to using the most up-to-date, high-quality data to inform policy and service provision for young children and their families.



## **Dr. Morgan Crossman**

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## **PUBLICATION INFORMATION**

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### **Design & Layout**

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### **Printing & Production**

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# What is vermontkidsdata.org?

Vermontkidsdata.org is a hub of the most high-quality, up-to-date information on the status of children and families across sectors. It is a critical tool for answering policy questions by centralizing data from the complex early childhood system.



Vermont's Early Childhood  
Data & Policy Center



## Data Question

Do you have a question about early childhood data in Vermont? For example, the status of universal prekindergarten education (UPK)?

## Data Dashboard

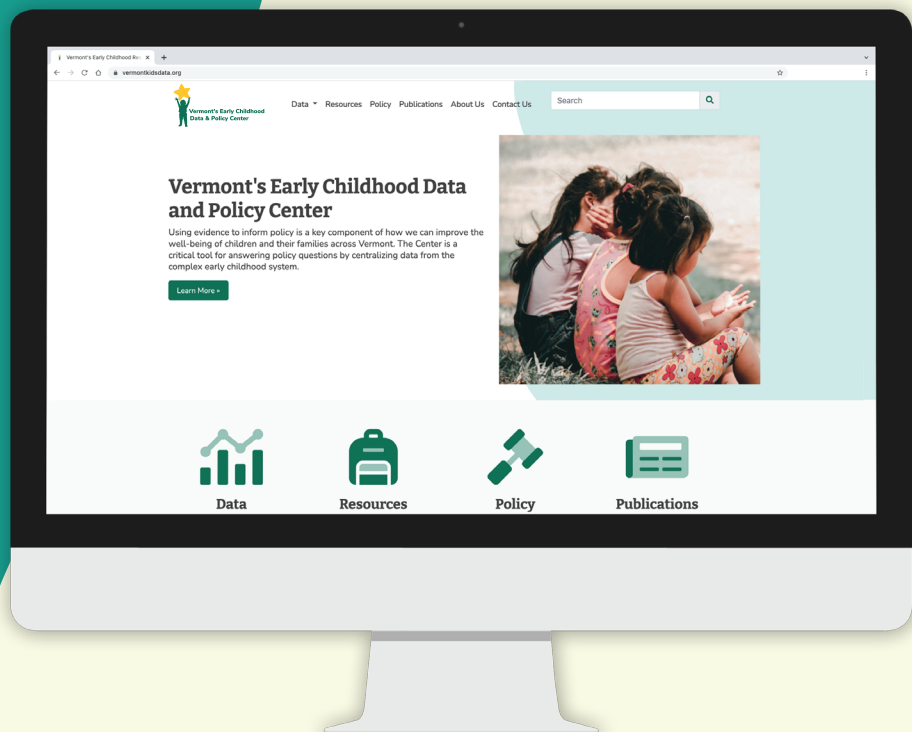
Vermontkidsdata.org includes searchable individual data points across sectors (mental health, basic needs, child development, and education). For UPK, the data dashboard contains the most recent data on UPK enrollment.

## Publications

The publications page is a robust collection of Vermont-specific and national publications by topic. The page is organized to provide a broad overview of each component of the early childhood system and dive into what is known about a particular topic. UPK publications include official documents, studies, and reports that can be used to inform policy development.

## Policy

The policy sections outline how the BBF Network and State Advisory Council identify priorities, make recommendations, and track progress on those recommendations. Other policy work includes documentation of legislative testimony, data briefs, and analysis of and advisement on federal legislation. UPK is a clear priority identified in the 2021 Policy Recommendations under "Develop a Well-Resourced Early Care and Education System."



## What's next?

Vermontkidsdata.org provides the foundation for Vermonters to understand what data and evidence exist (and what is missing) to build an early childhood system that is integrated, well-resourced, and data-informed (VECAP Goal 4). Two mechanisms that will be used to support this work are Early Childhood Grand Rounds and the Data and Evaluation Committee.