



THE STATE OF VERMONT'S CHILDREN

2022 YEAR IN REVIEW





From the **GOVERNOR**

Since I first came to office, I have recognized the importance of giving kids the best possible foundation and that a high quality, comprehensive early childhood system is essential to that goal.

And I am proud to say, Vermont continues to make significant strides in giving young kids the best possible start. We have steadily increased our investment in the Child Care Financial Assistance Program (CCFAP) and in 2022, we made further progress with additional funding and improvements to this program and more.

This work includes changes to align Vermont with the federal standard for CCFAP rates, which gives low- and middle-income families access to more care providers. We also expanded a tax credit that offsets the cost of child and dependent care for working families, including those who do not qualify for state subsidies through CCFAP. And we continued supporting our expanded afterschool and summer programming, which not only helps healthy development, but also supports our substance use prevention goals and offers another tool in our work to help address learning loss resulting from the pandemic closures.

However, we still have a lot more to do to help our kids – from infants all the way through grade 12 – recover and we know it is not as easy as going back to our pre-pandemic approach. It has been my vision to think more holistically about education from Cradle to Career, so we are supporting all our kids from early care and learning to pre-K to K – 12, post-secondary education and even into workforce training. I am confident we can continue building on our progress, learn the lessons of the pandemic, and ensure our kids have a strong foundation and a bright future.

Finally, I want to thank Vermont's early childhood workforce. I know the last few years – from the pandemic to continued recovery efforts to notable shortages in workforce – early childhood educators, early interventionists, mental health providers and the health care workforce more broadly, along with others, have stepped up in a big way to help your communities. Without you, Vermont families and children would not have access to the care and services they deserve, and I greatly appreciate your work.

The 2022 issue of this report, along with the ongoing efforts of Vermont's Early Childhood Data and Policy Center, serves as a critical tool for data-driven decision-making for our kids and their families. I am grateful for the role it plays in supporting our collective work as a state to make Vermont the best possible place for children and families to live.

Sincerely,

A handwritten signature in black ink that reads "Philip B. Scott". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Philip B. Scott
Governor



From the

EXECUTIVE DIRECTOR AND STATE ADVISORY COUNCIL CO-CHAIRS

The Building Bright Futures (BBF) Early Childhood State Advisory Council (SAC) Network is honored to present the 10th iteration of *The State of Vermont's Children*. As leaders of the Network, we are proud of the important role that this annual report plays in supporting data-informed decision-making in Vermont's early childhood system. Promoting data-driven policy and implementation decisions is one of the key roles played by BBF and the SAC in order to monitor the state's early childhood system and the well-being of the state's young children and their families over time.

The Network serves as Vermont's early childhood public-private partnership charged under State and Federal statute as the Early Childhood State Advisory Council, 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. This Network currently includes over 450 early childhood stakeholders and leaders across all sectors. One of BBF's responsibilities is to maintain Vermont's vision and strategic plan for its early childhood system, which is done through Vermont's Early Childhood Action Plan (VECAP) (pg. 2).

This year, the report includes the 2023 Recommendations of the Vermont Early Childhood State Advisory Council Network, formally endorsed by the SAC in October 2022; data and context across a range of topics including, but not limited to, demographics, basic needs, resiliency within families and communities, health and well-being, child development, and education; and profiles of recent successes for children and families in Vermont's 12 regions.

The 2022 Data Spotlight highlights the forthcoming Early Childhood Family Needs Assessment Report developed by the Families and Communities Committee, one of seven VECAP Committees within the BBF Network. This section elevates the valuable family leadership and partnership opportunities within Vermont's early childhood system and shares some preliminary findings from the family leaders' survey on barriers to access in Vermont's early childhood system of services.

The State of Vermont's Children report covers many aspects of the state's early childhood system, but there are often additional data and context that cannot be included. Vermont's Early Childhood Data and Policy Center, Vermontkidsdata.org, plays an important role in filling those gaps. Vermontkidsdata.org is a hub of 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 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.

We hope that together, this report and Vermontkidsdata.org will support early childhood stakeholders, policymakers, and implementing partners in continuing to make data-informed decisions while placing equity at the center. Using data and stories to shed light on opportunities to strengthen and embed equity in Vermont's early childhood is paramount to improving the lives of children and their families in our communities.



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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.

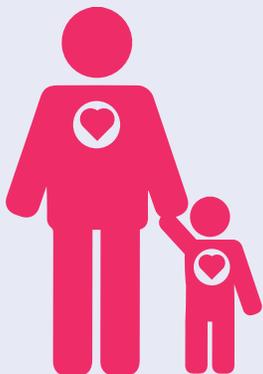
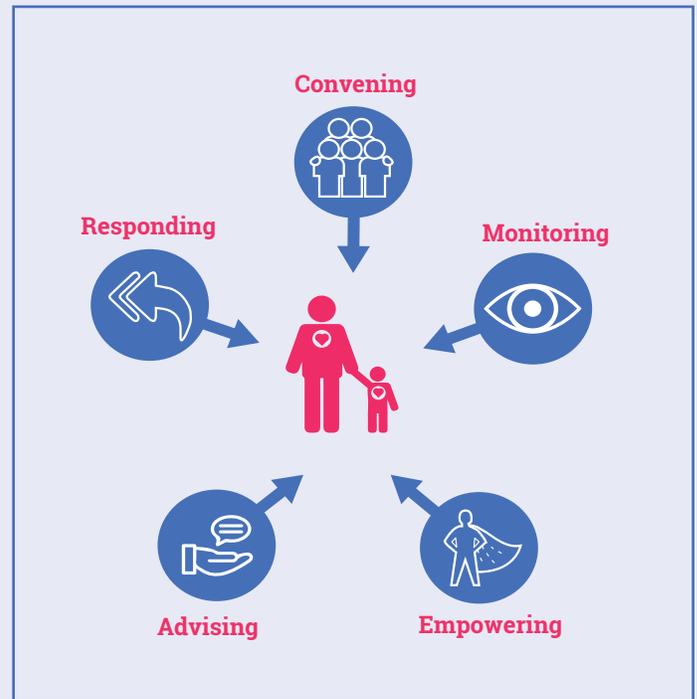


VISION

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.

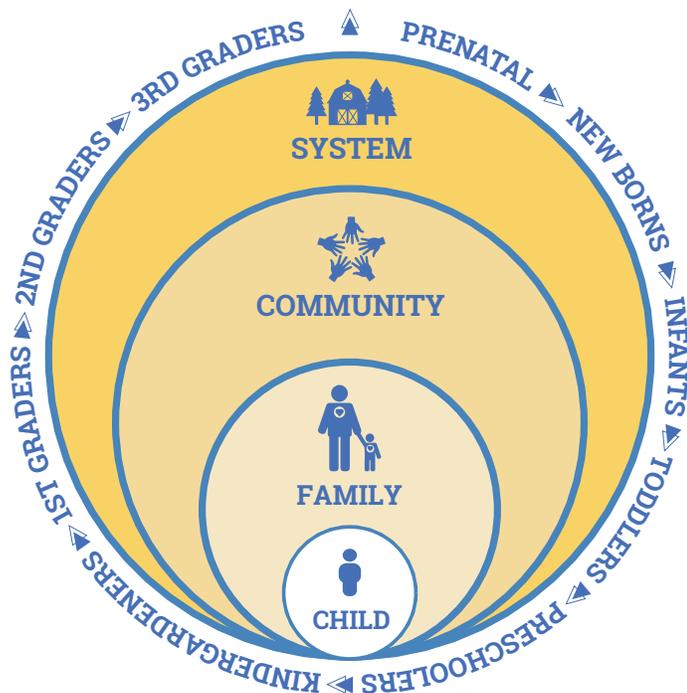
VERMONT'S EARLY CHILDHOOD ACTION PLAN 2020-2025 STRATEGIC PLAN

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



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.

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.



HOW TO USE THE VERMONT EARLY CHILDHOOD ACTION PLAN

Vision	What Vermont wants to be true for young children and their families pre-natal to eight.
Vermont's Guiding Principles	Our fundamental beliefs to be used throughout the development and implementation of the Vermont Early Childhood Action Plan.
Goals	Areas where focused measurement and effort is needed to change outcomes for children and families.
Five Year Indicators	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.
Intermediate Indicators	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.
Objectives	A measurable step Vermonters will take to change outcomes for children and families.
Strategies	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.
Actions	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.
Measuring Progress	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.

2023 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 from the prenatal period through age eight and their families. In partnership with Vermont's Early Childhood Action Plan (VECAP) Committees and the Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives using the VECAP and up-to-date data. The annual recommendations are developed with input across all BBF Network gatherings and seek 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.

GOAL 1: ALL CHILDREN HAVE A HEALTHY START

- Promote and invest in care coordination. Invest in proven care coordination models across sectors to better serve young children and families. Better support access to services for children with special health care needs, children with disabilities, and other marginalized groups by promoting and investing in valuable models of care coordination. Explore creative ways to fund and integrate services across sectors to reduce disparities in access to services.
- Invest in safe, permanent housing for children as a critical basic need. Invest in housing programs and resources that expand availability and promote affordability and equity in Vermont's rental and real estate markets by means such as:
 - ▶ Expanding the Family Supportive Housing Program
 - ▶ Protecting manufactured home communities by investing in infrastructure repair and maintenance
- Support families who are unhoused or experiencing housing transitions by investing in trauma-responsive shelters, transitional housing, transportation resources, and related staffing. Ensure children are able to attend school in their home districts if preferred.

GOAL 2: FAMILIES AND COMMUNITIES PLAY A LEADING ROLE IN CHILDREN'S WELL-BEING

- Representation matters. Develop and implement a formal guidance/protocol when creating new legislatively mandated bodies (study sections, councils, task forces). A list of potential members should include representatives with lived experience in those groups.
- Utilize the findings of the BBF Families and Communities Committee's Family Needs Assessment, which has been designed and implemented by primary caregivers to inform policy and decision-making related to young children and their families.
- Provide commensurate compensation for families participating in engagement, leadership, or feedback opportunities in order to recognize and honor the time and expertise that parents and caregivers contribute. Make other logistical and cultural decisions that welcome and promote the inclusion of primary caregivers, such as offering alternative or evening meeting opportunities, paying for any associated child care or transportation costs, and providing interpretation services.

GOAL 3: ALL CHILDREN AND FAMILIES HAVE ACCESS TO HIGH-QUALITY OPPORTUNITIES TO MEET THEIR NEEDS

- Prioritize and invest in the current early childhood education workforce to ensure the field is justly compensated, well-resourced, and valued as leaders and partners in the Early Childhood System by:
 - ▶ Making strategic and substantial investments to bolster the compensation of the early childhood workforce
 - ▶ Investing in proven professional development programs and ensuring that all early childhood educators have access to resources and supports that make the field a more sustainable and attractive one, such as practice-based coaching, mentorship, Special Accommodations Grants, Early Childhood and Family Mental Health Consultation and treatment, and Early Multi-tiered System of Supports. Ensure these professional development programs and opportunities are comprehensive and coordinate their offerings and activities.
- Continue to commit to stakeholder engagement and national best practices within the STARS Revision work and related Continuous Quality Improvement (CQI) efforts. The updated Quality Rating Improvement Scale (QRIS) should support efforts to dismantle systemically racist and inequitable tools and structures, and to build a system that supports early childhood education programs in providing the highest quality teacher-child interactions possible through a continuous quality improvement lens.
- Respond to the mental health challenges facing young children and their families and the need to build resilience in our communities by:
 - ▶ Investing in efforts to recruit a diverse mental health workforce reflective of the communities served (including diversity of race/ethnicity, culture, sexual orientation and identity, socioeconomic status, etc).
 - ▶ Continuing to increase Medicaid reimbursement rates for mental health services to adjust for the higher cost of providing services associated with inflation.
 - ▶ Investing in trauma and resilience training for family-serving providers (in the fields of mental health, education, etc.) to enable them to be better prepared to respond to the increased mental health needs of children due to the pandemic. Invest in translation services for training programs to promote equitable and broad access to training.





GOAL 4: THE EARLY CHILDHOOD SYSTEM WILL BE INTEGRATED, WELL-RESOURCED, AND DATA-INFORMED

- Prioritize collective legislative action and coordination related to early childhood administration, governance, and any potential investments by holding joint hearings, forming ad hoc committees, and working collaboratively on hearing key testimony, advancing well-vetted legislation, etc.
- As legislation is considered related to Vermont's early childhood governance infrastructure, the Legislature must prioritize accountability by tasking a specific entity to monitor governance transition, with responsibilities that include:
 - ▶ Developing a concrete transition plan with accountability and metrics (process and success) prioritizing cross-sector stakeholder engagement
 - ▶ Monitoring any and all transitions over time and reporting annually to the Legislature
 - ▶ Defining and measuring success in process and outcomes using a continuous quality improvement framework
 - ▶ Ensuring alignment with the vision articulated in the Vermont Early Childhood Action Plan
- Respond to inequities in data collection and reporting in order to better represent and understand the intersectional experiences of people of color, children with disabilities, and other marginalized communities in Vermont.
 - ▶ Develop a statewide strategy to gather demographic information that allows people to self-identify in an authentic and appropriate manner while meeting federal demographic reporting requirements.
 - ▶ Value qualitative data. When the small population size of a group necessitates the suppression of their quantitative data, utilize qualitative data collection to ensure that everyone is counted.
 - ▶ Secure sustained funding to support high-quality data through compensation for direct service providers who collect and report data.
 - ▶ Partner with impacted communities throughout the data cycle to ensure that marginalized communities, in particular, have ownership of their experiences and are empowered to advocate for and make decisions on behalf of themselves.
 - ▶ To enable Vermont to execute the above recommendations, secure sustained funding for additional personnel to increase capacity with a specific focus on equitable data.

LEARN MORE

While the Policy Recommendations can be leveraged in a variety of ways, their foundational goal is to provide a common agenda and unifying vision for the state's early childhood system and its partners. The Policy Recommendations are a tool that requires both championing and monitoring in order to be successful. Read more in our 2023 Policy Recommendation Playbook at buildingbrightfutures.org/2023-policy-recommendations/, which outlines the process for developing recommendations, provides more information on each recommendation, and describes how stakeholders can put the Policy Recommendations into action.

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.



In 2021, there were an estimated 60,364 children under the age of 10, including 5,073 babies born to Vermont residents.¹ This number has decreased by 4% from 62,655 in 2015 to 60,364 in 2021. Where Vermont's children live aligns with Vermont's population centers: the Burlington area holds 25% of children under age 10, while the St. Albans, Barre, and Rutland areas hold 11%, 10%, and 9% respectively.

Table 1
Vermont Population by Race and Age Group (2021)²

Race	Children Under 10	Total Population
American Indian and Alaska Native	0.4%	0.4%
Asian	2.3%	2.0%
Black or African American	2.0%	1.5%
Native Hawaiian and Other Pacific Islander	***	***
White	90.9%	94.0%
Two or more races	4.4%	2.1%

Table 2
Vermont Population by Ethnicity and Age Group (2021)²

Ethnicity	Children Under 10	Total Population
Hispanic or Latina/o/x	3.2%	2.2%

Although the vast majority of Vermont's population identifies as white, the state is growing more racially diverse, especially among young children. **Table 1 that the percentage of the population under age 10 who identify as two or more races or multiracial (4.4%) is more than twice the Vermont population as a whole (2.1%).** Similarly, as seen in Table 2, 3.2% of children under age 10 identify as Hispanic or Latino/a/x compared with 2.2% of the population as a whole. In total, 11.5% of Vermont children under 10 belong to the global majority (those who identify as not white, and/or those who identify with an ethnicity of Hispanic or Latina/o/x).²

30.4% of children under 12 lived in households with incomes below 185% of the federal poverty level, the benchmark for many benefit programs.

▶ See page 8 for more information about basic needs.

541 children under age 9 living in out-of-home protective custody as of 9/30/22³

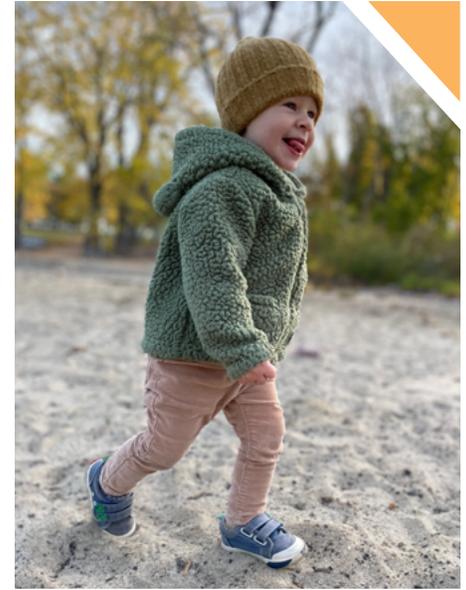
▶ For more information about resilient families and communities, see page 12

9,258 children under 18 living with grandparents or other relatives.⁴ (7.9% of children under 18).

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

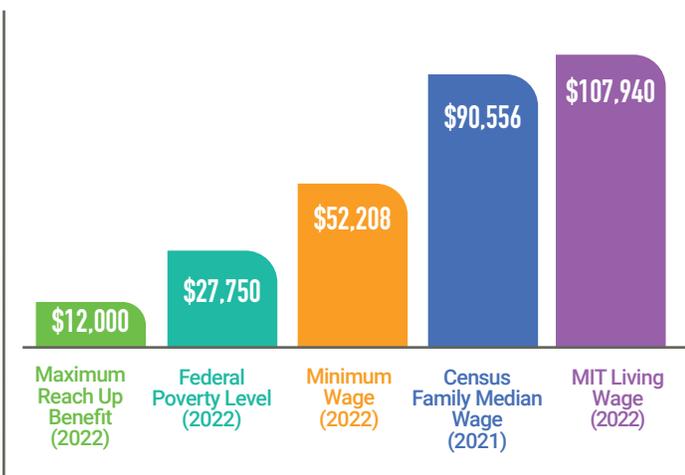


The stress of being unable to meet the basic physiological needs of food and shelter, often due to poverty, impacts the ability of parents and caregivers to create an environment where children can grow and learn. Food insecurity among children harms cognitive development and contributes to social and behavioral problems in school.¹ Housing instability can permanently affect brain development in children,² and can impact physical health.³ Meeting these basic needs for all families is critical to ensuring that children have the opportunity to thrive.

Cost of Living

The cost of living is a foundational economic measure to demonstrate families' ability to afford basic needs. There are several ways to look at this cost, including the federal poverty level and living wage.

Figure 1 Vermont Wage Benchmarks for a Family of Four ^{4,7,8,9,10}



The federal poverty level (FPL) is a national guideline used to determine eligibility for programs and services - often using 185% as a guideline. In 2022, the FPL for a family of four was \$27,750.⁴ **There has been a decrease in the percent of Vermont's families with children under 12 living below the FPL, from 17% in 2015 to 13% in 2020.**⁵

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. This is especially true in 2022. Vermont households, on average, were paying \$603, or 11%, more per month for goods such as food, shelter, transportation, and energy in total inflation costs in September 2022 compared to January 2021.⁶ This is a significant financial burden to families.

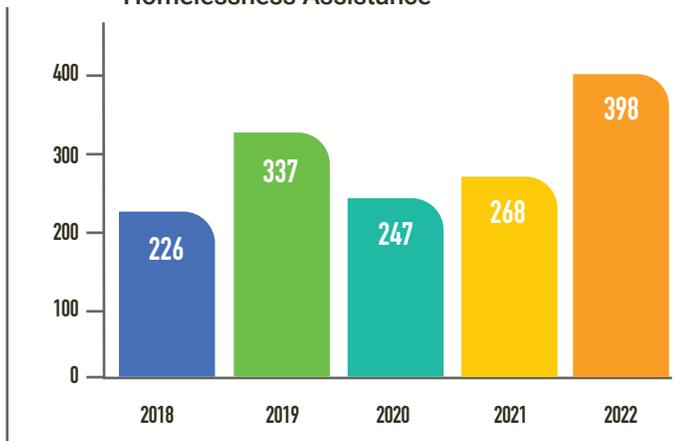
A more detailed picture of the true cost of living for Vermont families comes from The Massachusetts Institute of Technology's (MIT) living wage calculator, which is updated annually in January.⁷ MIT defines a living wage as the "hourly rate that an individual in a household must earn to support his or herself and their family." **In Vermont, the necessary annual income to meet the basic needs of a household with two adults and two children (before taxes) is \$107,940.**⁷ As seen in Figure 1 for a family of four the maximum Reach Up benefit is \$12,000;⁸ the 2022 FPL is \$27,750;⁴ two adults working at Vermont's minimum wage of \$12.55⁹ make \$52,208; and the median income in 2021 was \$90,556,¹⁰ all of which are less than the living wage needed for a family to comfortably meet their needs in Vermont. It is important to note that this living wage does not include funds for savings, emergency expenses, or expenses like meals in restaurants. It also does not include potential benefits that families may access depending on their income.¹¹

SPOTLIGHT ON HOUSING AND HOMELESSNESS

The trauma of homelessness, even short term, can have a major effect on a youth's future development. Children who experience homelessness are more likely to experience significantly higher rates of emotional, behavioral, and immediate and long-term health problems... They may also have numerous academic difficulties, including below-grade level reading, high rate of learning disabilities, poor school attendance, and failure to advance to the next grade or graduate.¹²

There has been an increase in the number of Vermont children experiencing homelessness. The McKinney-Vento Homelessness Assistance Act defines homelessness 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*.¹³ Children and families meeting this definition are entitled to a number of services, resources, and supports from their Local Education Agency. **As can be seen in Figure 2, there has been a striking increase of Vermont children under 9 enrolled in school who meet the McKinney-Vento definition of homelessness, from 247 in 2020-2021 to 398 in 2021-2022.**¹⁴

Figure 2 Students Under 9 Eligible for McKinney-Vento Homelessness Assistance¹⁴



Similarly, the Vermont Housing Coalition to End Homelessness' 2022 point-in-time count of those experiencing homelessness shows the number of people in households with children under 18 increased by 130% from pre-pandemic levels, from 629 in 2019 to 857 in 2022.¹⁵ Of note, children identified in this count may overlap with children enrolled in school as identified above.

Vermont supports homeless children and families through different programs and resources, one of which is the Family Supportive Housing program (FSH) through the Vermont Department for Children and Families (DCF). FSH "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."¹⁶

In 2022, FSH served 368 families with 693 children, compared to 327 families with 608 children in 2021. The program continues to serve 10 Agency of Human Services Districts with a maximum capacity of 285 families at any point in time.¹⁶

Emergency housing policies have been in flux since the onset of the COVID-19 pandemic as public health guidance has changed, funding sources have shifted, and the needs of Vermonters have changed. **The Vermont Emergency Rental Assistance Program (VERAP) was designed as a short-term initiative funded by the U.S. Treasury and served 12,613 households since April 2021, providing more than \$138 million in rental assistance.**¹⁷ An additional \$40 million in remaining funds was recently approved to provide services such as eviction counseling and case management through 2025 and temporary continued rental assistance for the most vulnerable Vermonters through June 2023.¹⁸

Of those who have stable housing, the costs can be a significant portion of their income, with typical housing expenses above \$15,000 per year for two working adults with two children.⁷ **Of all households in Vermont, 32% are cost-burdened by their rent or mortgage.**¹⁹ Vermont's rental vacancy of 2.4% in 2021 is the lowest in the country,²⁰ and finding any rental, let alone an affordable, desirable rental can be extremely challenging for families. Homeownership provides a path to building financial assets for families and gives children a secure, stable housing situation, but **given the low homeowner vacancy rate of 0.6%**²⁰ in 2021 paired with soaring interest rates, many Vermont families are finding homeownership increasingly out of reach.



The rental vacancy rate in Vermont was just **2.4%** in 2021.

Housing-related policy recommendations from Vermont's Early Childhood State Advisory Network can be found on page 4.



Reach Up

Reach Up, Vermont’s Temporary Assistance for Needy Families program, provides foundational support to help families meet basic needs like housing and transportation along with support with overcoming obstacles and reaching their goals. Reach Up has found two innovative ways to better support families by reducing their administrative burden. First, Reach Up was able to use existing documentation of eligibility to distribute over \$32 million of rental assistance (VERAP funds) to eligible families.²¹ over the last two years.⁸ Second, Reach Up is shifting their case management model to a coaching framework and working more holistically with the whole family. By 2024, the program will implement a “Universal Engagement” model, which uses coaching and family-directed planning. This enables families to pursue both short and longer term goals such as educational attainment, stable housing and employment in the way that enables them to be most successful given their individual circumstances.⁸ **The Reach Up caseload went from a high of 5,145 cases in July 2016 to 3,017 in August 2021. However, since then it has begun to increase and as of October 2022, there were 3,532 cases.²¹ Since 2021, the maximum benefit for a family of four in Chittenden County was \$1,000 per month, an increase from \$867 after an adjustment in 2019.⁸** However, the benefit level is not automatically updated based on any measure of the cost of living and requires a legislative process, unlike the automatic adjustment to the Child Care Financial Assistance Program, which is tied to the federal poverty level.

Food Insecurity

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. Food insecurity is defined as the *limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.*²² **Typical annual food expenses for a family of two adults and two children are \$11,464.⁷**



13,610 Vermont children under 18 lived in households that were food insecure in 2020.

In 2020, 13,610, or approximately 12% of Vermont children under age 18, lived in households that were food insecure.²³ This is a decrease from 14% in 2019. Households with incomes below 185% of the federal poverty level are likely eligible for federal nutrition programs. **Of the 12% of children living in food-insecure households, 33% are likely ineligible for federal nutrition programs** like 3SquaresVT compared to 21% for the nation as a whole.²³ As with many indicators, food insecurity varies across the state, with the rate of children living in food-insecure households ranging from 10.5% in Grand Isle and Chittenden counties to 20.5% in Essex County.²³ *This data is for 2020 and does not account for inflation or supply chain issues that have raised food prices in recent years, likely exacerbating food insecurity in the state.*

Breakfast and lunch provided to students during the school day can mitigate food insecurity. Providing these meals to all students and including food and nutrition education as part of the curriculum has been possible since March 2020 using the Universal School Meals model. Funding for Universal School Meals has been secured for the 2022-2023 school year while the legislature determines the future of the program. **31,215 students, or 37.4%, were income eligible for free or reduced lunch in Vermont as a state for the 2021-2022 school year—although there were large differences across the state from 8% in the Mount Mansfield Unified Union SD to 85% in the Rutland City SD.²⁴**

Some early care and education programs are eligible to participate in the Child and Adult Care Food Program (CACFP) and are reimbursed for healthy food and snacks provided to enrolled children. **As of March 2022, only 438 programs participated in CACFP (approximately 39%)²⁵** due to inequitable access and barriers. Programs can provide meals through alternative means.



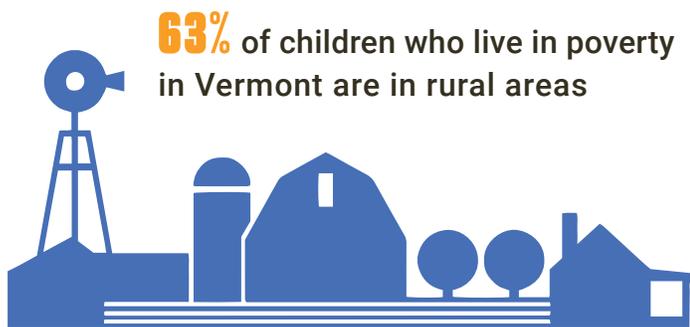
Two additional efforts to address food security in Vermont include **3SquaresVT** and **WIC**. **3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP), served 22,001 children under age 18 in October of 2022.**²⁶ Since the start of the COVID-19 pandemic, Vermont has issued emergency allotments to eligible households – effectively ensuring that every household receiving 3SquaresVT is receiving the maximum benefit allowed. In September 2022, this allotment resulted in an average benefit for a household of three of \$658.² **The WIC program served an average of 11,153 participants during FY22.**²⁸ Despite a sharp increase in participation at the onset of the COVID-19 pandemic, participation has returned to 2019 levels. **In June 2021, the fruit and vegetable cash value benefit tripled in value for participants as a result of ARPA funding. In the year prior to this change, \$768,406 of WIC benefits were used for fruits and vegetables compared to \$2,251,010 after the change, a 193% increase.** While the specific amounts have shifted, they remain well above the pre-pandemic monthly benefit amounts of \$9 per child and \$11 per woman.²⁸

Two innovative efforts to address transportation challenges have recently been piloted. Green Mountain Transit is offering fare-free buses until at least fiscal year 2023.³⁰ The Champlain Valley Office of Economic Opportunity has funded (through the Vermont Early Childhood Fund) a pilot transportation program in Franklin and Grand Isle counties for financial assistance with vehicle repairs and gas cards.³¹ Addressing the burden of accessible, affordable transportation options is essential in our rural state so children can reach the resources they need to thrive.

Connectivity

Only **30%** of Vermont's buildings have access to **100/100** speed internet.

Another long-standing challenge for Vermonters is digital connectivity. While a lack of high-speed internet was previously a hardship, connectivity is now a necessity. According to the Vermont Department of Public Service based on data from Vermont internet service providers, **82.5% of building locations in Vermont are served with speeds of at least 25/3 (25 Mbps download and 3 Mbps upload), while only 30.3% have access to 100/100.**³² For context, 25/3 is only fast enough for one 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.³²



Transportation

The typical transportation expense for a two adult, two child household in Vermont is \$11,565, or 42% of the FPL.⁷ **In Vermont, 63% of children under 6 living in households with incomes below the FPL live in rural areas where having a vehicle is critical to access basic goods and services, as well as to get to work and school.**²⁹



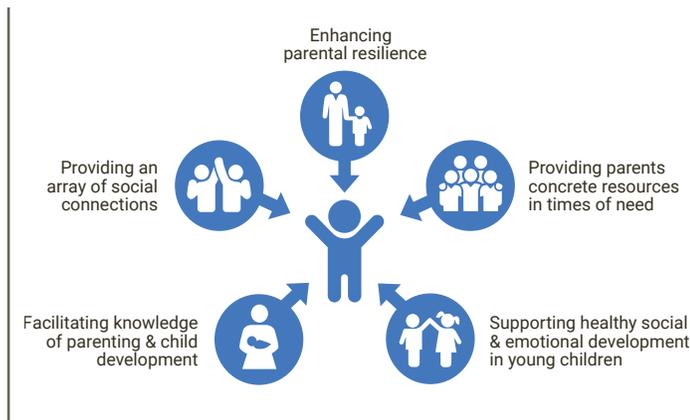
RESILIENT FAMILIES & COMMUNITIES

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 their family and community.

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. 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 3 The Strengthening Families Approach – 5 Protective Factors¹



Vermont’s Frameworks for Supporting Families and Communities

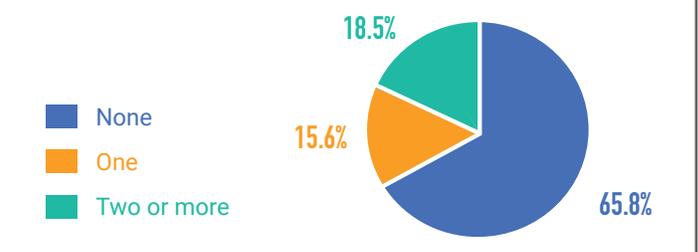
Vermont’s early childhood system prioritizes prevention and intervention to support children and families as early as possible. Examples of Vermont’s commitment to prevention and building family resilience include adopting the Strengthening Families Approach (see Figure 3) and the Vermont Guiding Principles. 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.”¹ Aligned with the Strengthening Families Framework are the Vermont Guiding Principles, which support each and every young child and family’s full and equitable participation in communities, services, and supports. The Vermont Guiding Principles describe what individuals, organizations, and communities understand and do to realize the promise of each and every young Vermont child. They highlight explicit, intentional, and strengths-based practices that are respectful of and responsive to child, family, and community values, priorities, and beliefs.² As toxic stress and positive childhood experiences are increasingly recognized for their significant effects, Vermont can build on these foundations to improve family and community resilience.

Measuring Toxic Stress and Resilience

Toxic stress and resilience are closely tied and are also difficult to measure. **Positive childhood experiences are protective against future depression and poor mental health and support adult relational health.**³ Below are two indicators from the National Survey of Children’s Health from 2020-2021 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, **18.6% of children under age 12 have had two or more adverse childhood experiences⁴** (see Figure 4). The four most common ACEs for Vermont children under 12 are: experiencing divorce of a parent or guardian (19.8%), living in a home where it is hard to cover basic needs (12.3%), living with someone with substance use disorder (11.3%), and living with someone who has a serious mental health challenge (11%).⁴ Of note, this measure fails to account for factors which mitigate or exacerbate toxic stress, which are important factors in how trauma or adversity is experienced.

Figure 4 Adverse Childhood Experiences for Children Under 12⁴



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. bounce back quickly when things don’t go their way, 3. show interest and curiosity in learning new things, and 4. smile and laugh a lot. **Of Vermont’s children 6 months to 5 years, 87% exhibit all four flourishing characteristics.⁴** For older children, there are three items in the measure and **56% of Vermont children ages 6 through 11 meet all three items.⁴**

87% of Vermont's children 6 months to 5 years exhibit all four flourishing characteristics associated with resilience

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



Child and Family Safety

Below are two sets of indicators of child and family safety provided by the organizations and agencies in Vermont providing services. The first indicator of child safety is the number of Vermont children receiving supports due to exposure to domestic violence. In 2022, **1,563 children and youth connected with one of the 15 member organizations of the Vermont Network Against Domestic and Sexual Violence for help related to abuse toward a family member or toward themselves. These organizations also supported 196 children impacted by child sexual abuse.**⁵

Table 3 Cases by Type of DCF Involvement⁷

DCF Protective Custody: The child is placed with a relative or foster family	1,087
Family Support: DCF provides support to families without court involvement	189
Conditional Custody: The child is in the custody of a parent or relative with DCF supervision and services to ensure the child's safety	508

CASES IN 2022

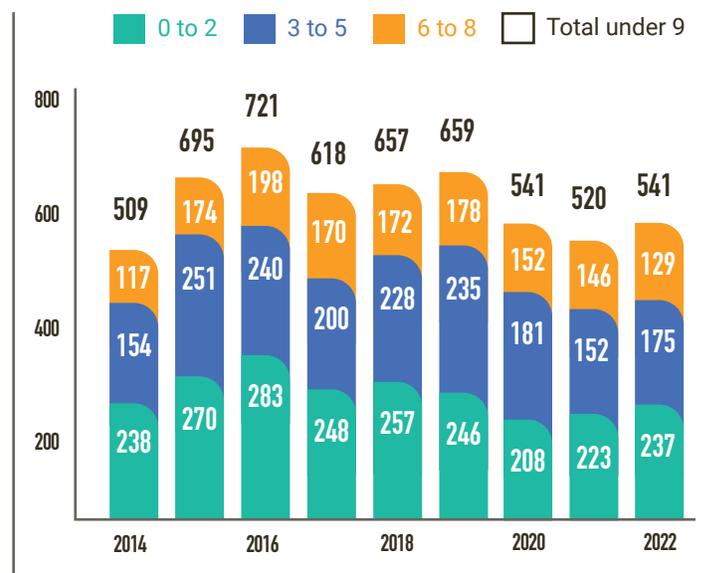
Data Note: Custody Cases and Conditional Custody cases are reflective of a child count, whereas the Family Support Cases is a family count. Includes children of all ages.

Additionally, these member organizations supported housing for those children likely impacted by domestic violence. Shelters housed 191 children (109 of whom were under age 7); motels and safe homes sheltered 233 children (119 under age 7); and transitional housing sheltered 57 children in 2022⁵.

The second indicator of child and family safety is the number 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 2022, 19,274 child abuse and neglect intakes (calls to the child protection hotline) resulted in 2,206 assessments and 2,349 investigations.**⁶ 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 3.

The number of children under age 9 in protective custody on September 30, 2022, was 541.⁷ As can be seen in Figure 5, the number has remained relatively stable over the past three years after an increase between 2015 and 2019. The Department for Children and Families- Family Services Division is committed to preventive approaches and is executing a five-year Title IV-E Prevention Plan which includes the implementation of two evidence-based prevention services: Parent Child Interaction Therapy (PCIT) and Motivational Interviewing.⁸

Figure 5 Children Under 9 in DCF Protective Custody by Age⁷



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.



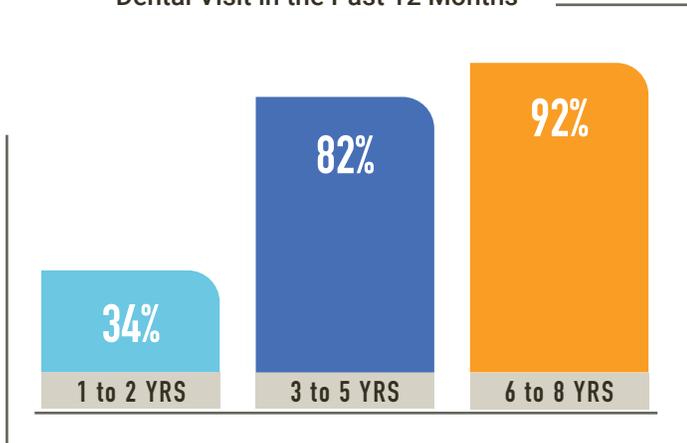
Social Determinants of Health

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.¹ 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 food security screenings 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 healthcare in the U.S., with **97% percent of children under age 9 having some type of health insurance at the time of the survey.**² Of families with children under 5, **78% reported that insurance for their children was adequate in 2021.**³ This is down 4 percentage points from 2018, primarily due to the increase in out-of-pocket costs associated with health care.³

Figure 6 Children Ages 1-8 with at Least One Preventive Dental Visit in the Past 12 Months²



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. Of children under age 9, **91% had seen a healthcare provider at least once during the last year for any kind of medical care.**²

Vermont also recognizes the importance of oral health for very young children. **Efforts to increase preventive dental care visits for 1- and 2-year-old children have been successful with an increase from 28.6% in 2018 to 34.3% in 2021.**² As can be seen in Figure 6, Vermont children ages 3 to 8 regularly see the dentist for preventive care.²

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.** 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.⁴ **In 2021, three-quarters (75%) of Vermont children received their recommended immunizations by age 2,**⁵ compared to 70% in the total United States.⁶ However, rates differed by county from a **high of 86% in Rutland County to a low of 46% in Essex County.**⁵



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

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 the birthing parent and child.

Breastfeeding

Breastfeeding helps prevent obesity and diabetes in children, and puts birthing parents at lower risk for breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease. Across the board, when compared to the whole U.S., **Vermont has higher rates of breastfeeding initiation** (91.8% vs. 83.2%), exclusive breastfeeding through 6 months (36.2% vs. 24.9%), sustained breastfeeding through 12 months (54% vs. 35.9%), and lower rates of infants receiving formula before two days of age (9.5% vs. 19.2%) among infants born in 2019.⁷

Health Care Visits

Of the 5,127 Vermont babies born in 2020,⁸ 85% of birthing parents had adequate prenatal care (early entry and regular visits), and 90% had a postpartum visit. Of birthing parents, 77% had a visit with a healthcare provider in the year before pregnancy. However, only 30% of birthing parents discussed getting pregnant at this visit. **Of births in 2020, 32% resulted from unintended pregnancies.⁹**

85% of birthing parents had adequate prenatal care in 2020.

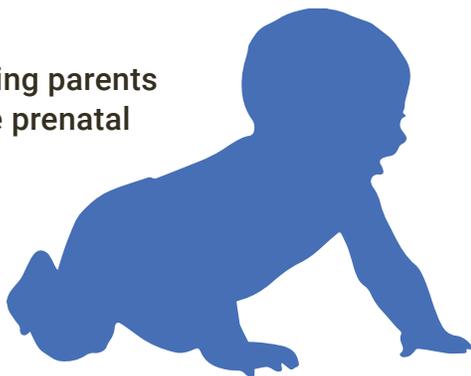
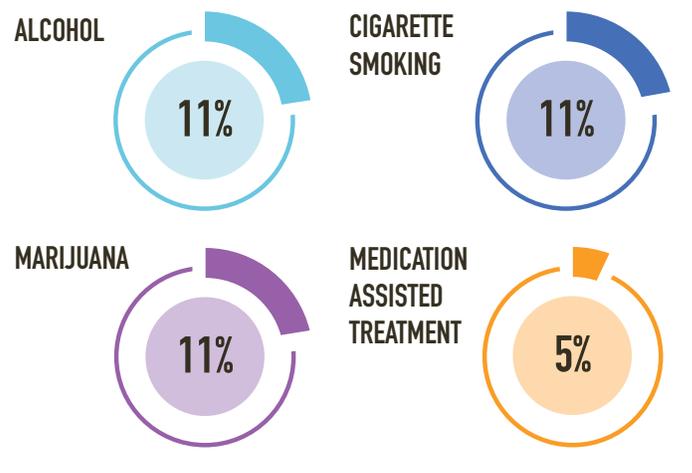


Figure 7 Substance Use During Pregnancy (2020 Births)⁹



Prenatal Substance Use

Supporting the reduction of a birthing parent’s use of harmful substances during pregnancy has been one of Vermont’s key public health initiatives in recent years. This includes alcohol, cigarettes, marijuana, and other substance use during pregnancy. When substances are used during pregnancy, there can be lifelong effects on the child’s ability to thrive. As can be seen in Figure 7, **alcohol, cigarettes, and marijuana were the most commonly used substances during pregnancy at 11% each.** Medication Assisted Treatment (MAT) was utilized by 5% of birthing parents during pregnancy.⁹

In 2020, Vermont’s rate of infants born with a diagnosis of drug withdrawal syndrome was 17.8 per 1,000 live birth.¹⁰ This is down from 24 per 1,000 live births in 2018 and significantly decreased from a peak of 35.7 per 1,000 live births in 2014.¹⁰ 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 impacted individuals and their families.

MENTAL HEALTH FOR CHILDREN AND FAMILIES

There is no health without mental health.

For children and families, mental health refers to social, emotional, and behavioral well-being, and includes the capacity to regulate and express emotion; form close, secure relationships; and explore and learn from the environment. Healthy social and emotional development and access to services, resources, and supports allow children to develop the resilience to ensure that stress is tolerable rather than toxic and to grow into well-rounded, healthy adults. Toxic stress without such supports can have lifelong impacts on the ability to develop peer relationships, learn, and thrive.

Mental Health Services for Children in Vermont

Children with one or more behavioral, emotional, or mental health conditions and their families often require additional services, resources, and supports. Vermont's mental health system has multiple levels of supports and services.

Community-based services and supports include home-based services, school-based services, Intensive Family Based Services, respite supports, and access to Coordinated Services Plans. Although not available throughout Vermont, two promising evidence-based pilot programs have been successful in providing time-sensitive care for children: Mobile Response and Stabilization Services in Rutland, and Psychiatric Urgent Care for Kids (PUCK) in Bennington.

Outpatient Services

Community-Based
Services & Supports

Crisis Case Management
& Placements

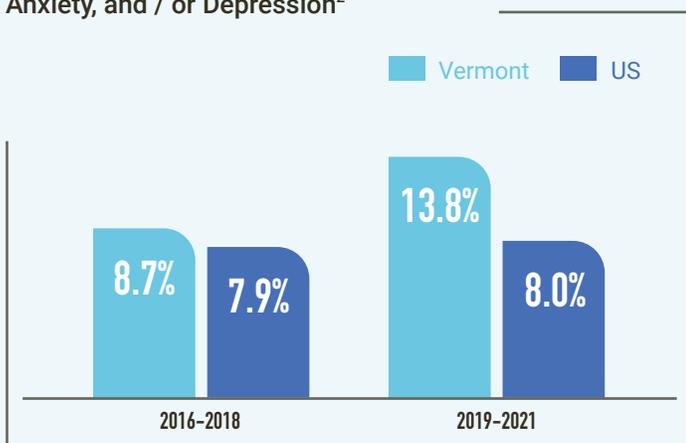
Inpatient Care

Residential Treatment

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

There is ample quantitative and 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 8 Percent of Children Ages 3 - 8 in Vermont and the US with a Behavioral Health Condition, Conduct Problems, Anxiety, and / or Depression²



As can be seen in Figure 8, between 2018 and 2021, the rate of children with behavioral/conduct problems, anxiety, and/or depression in Vermont rose from 8.7 to 13.8% for children ages 3 to 8, while overall U.S. rates remained stable at 8%.²

Service Utilization

Routine mental health services provided by Vermont's 12 Designated Mental Health Agencies (DAs) are a primary prevention strategy for higher acuity services. As depicted through the bars in Figure 9, **the number of children served by DAs over the past six years has ranged from a high of 3,322 in 2021 to a low of 2,910 (-412) in 2022, the lowest since 2012** despite the increased need for mental health services noted above.¹¹ DAs also provide crisis services for those children needing immediate care. As can be seen in the light blue line, **from 2021 to 2022, the number of children accessing these crisis services increased by 62, from 198 to 262.**¹¹ When the two indicators are taken together, the data shows that **when there are fewer children receiving routine services through DAs (2019 and 2022), the number of children accessing crisis services is higher.** Of note, these indicators do not capture the current need for either service, *only utilization of services.*

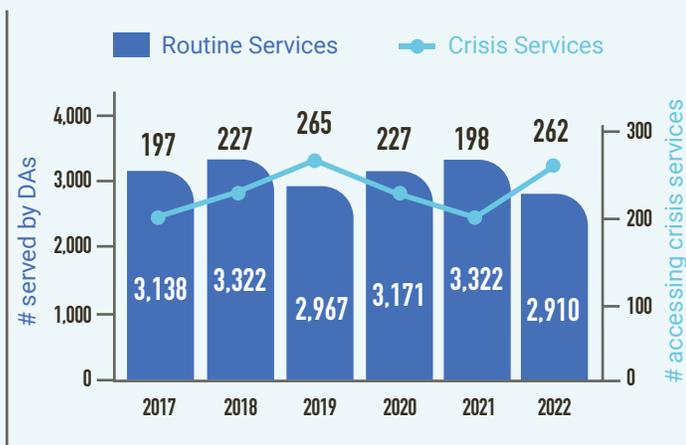
Boarding in Emergency Departments

Children boarding in emergency departments (EDs) while waiting for mental health resources has been a long-standing challenge in Vermont. **In 2019, there were over 1,500 discharges from emergency departments for children with a primary mental health diagnosis, with 16% of those children waiting 2 or more days for placement.**¹² In response to increasing numbers of children boarding in EDs during the COVID-19 response,



the Vermont Association of Hospitals and Health Systems began collecting point-in-time data on people waiting for mental health placement in emergency departments. **Though the average number of children under 18 waiting in EDs for mental health placement has decreased from a high of 15 in January 2022 to 6 in October, over 50% of those children still end up boarding in EDs for more than 24 hours.**¹² The need for beds and wait times tends to be most acute in the fall, and can be affected by lack of transportation, outpatient resources, staffing shortages, patient acuity, and bed availability.

Figure 9 Children Under 9 Utilizing Mental Health Services Through Designated Mental Health Agencies¹¹



Residential Treatment

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 residential treatment program. **Vermont currently has the lowest number of out-of-home treatment beds in over two decades.**¹³ In addition to full program closures, some programs have had to temporarily close beds or shift from seven to five days of operations per week. These closures, bed reductions, and reduced days are due to staffing shortages, and are compounded by fiscal concerns specific to the unsustainable funding methodology for Private Non-Medical Institutions (PNMI). **In 2022, out of the 229 children ages 21 and younger in licensed residential treatment programs, 22 children (9.6%) were under the age of 9. Since 2021, the total number of children under age 21 has decreased by 120 children.**¹³ This reduction is more likely due to a decrease in availability of openings in programs in Vermont and other states due to COVID-19 pandemic impacts on staffing and virus mitigation efforts, rather than due to a reduction in need for that level of care.

Mental Health Workforce

There are a number of factors that impact utilization of services, including the mental health workforce. The total number of positions at DAs and Specialized Service Agencies (SSAs) varies based on grant funding and special projects. **In October 2022, the vacancy rate for DAs and Specialized Service Agencies was 1,077 out of approximately 5,943 positions (18.1%).**¹¹

18% Vacancy rate for DAs and Specialized Service Agencies positions in October 2022

FEDERAL POLICY CONSIDERATION

Two critical federal resources that build Vermont's capacity to meet mental health needs cannot be used for prevention and promotion of mental health activities: Medicaid and the Mental Health Block Grant. Medicaid requires a diagnosis for services and the Mental Health Block Grant can only be used for adults with Severe Mental Illness and youth with Severe Emotional Disturbance. As children and families are facing new and compounded challenges from the ripple effects of the COVID-19 pandemic, funding for upstream prevention and promotion services is essential to Vermont's ability to turn the curve on wellness.

CHILD DEVELOPMENT & EDUCATION

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

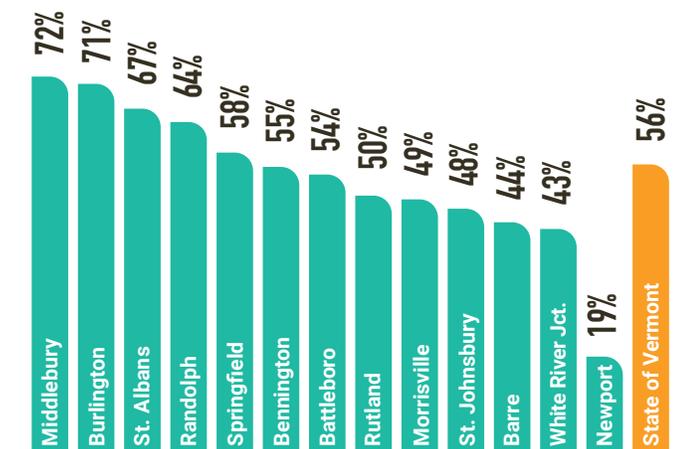


VECAP GOAL 3 : ACCESS TO HIGH QUALITY EARLY CHILDHOOD SERVICES & SUPPORTS

Vermont’s early childhood system includes many resources, services, and supports to give children the best opportunity to succeed throughout their lives. Starting during pregnancy and extending through age 8, the system meets child and family needs through creative and diverse programs. These programs can, at times, be difficult to navigate, but Vermont continues to improve equitable access and transitions between programs and services.

Developmental Screening

Figure 10 Percent of Children 3 and Under Who Received a Developmental Screening in the Past 12 Months by Hospital Service (2020) ¹



Developmental screening is a whole-population strategy designed to help families better understand children’s early development, celebrate milestones, and identify concerns so that children get connected to the services they need at an early age, when the benefits are the greatest. Data from Vermont’s statewide medical home initiative, the Blueprint for Health, show that **the percentage of Vermont children under age 3 who received a developmental screening in the past 12 months decreased slightly from 58% in 2019 to 56% in 2020.**¹ Of note, this indicator does not capture all screening activities. **As can be seen in Figure 10, regional rates vary from 72% in Middlebury to 19% in Newport.** Efforts to increase the use of developmental screenings and identification include the Universal Developmental Screening Registry, launched in 2014, and more recently, **the Ages and Stages Questionnaire (ASQ) Online Platform** hosted by Help Me Grow Vermont, which logged or supported 4,093 ASQ-3 and ASQ:SE (social-emotional) screens in 2021.²

Parent Child Center Network

The network of 15 Parent Child Centers (PCC) serves all of Vermont with a focus on early identification, intervention, and prevention through eight core services: parent education, parent support, home visits, early childhood services, concrete family supports, playgroups, community development, and information and referral. **From July 2021 to June 2022, over 50,000 participants were served across all 15 PCC programs.**³ **Over 90% of parents receiving supports from Parent Child Centers when surveyed reported that they got the help they needed, and that they feel stronger and more confident as parents.**³



Individuals with Disabilities Education Act (IDEA) Services from Birth through Age 8

The Individuals with Disabilities Education Act (IDEA) is a law that ensures access to special education and related services to eligible children with disabilities. Infants and toddlers (birth through age 2) with disabilities and their families receive early intervention Under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.⁴

IDEA Part C: Early Intervention

In Vermont, IDEA Part C Early Intervention (EI) is provided through Children's Integrated Services (CIS). CIS-EI includes a broad array of services such as developmental education, speech and language therapy, physical therapy, and occupational therapy. CIS-EI, like all human services in Vermont, has seen a recent increase in the need for services, as well as a greater desire from families to engage in services. As a result, the proportion of referrals resulting in individualized services has risen above pre-pandemic levels. **Between December 2, 2020, and December 1, 2021, 81.2% of EI referrals resulted in an initial One Plan, Vermont's Individualized Family Services Plan (IFSP). During this same time frame, 2,002 children under 3 received CIS-EI services.**⁵

IDEA Part B: Early Childhood Special Education Services

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. As can be seen in Table 4, **during the 2021-2022 school year, 4,479 students ages 3 through 8 received services through an individualized education plan (IEP), 429 received services under a 504 plan, and 1,290 received services from an educational support team (EST).**⁶

Early Childhood Care and Education

Vermont's early care and education system is considered a "mixed delivery system," meaning it 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.⁸ This mixed-delivery approach applies to the state's Universal Prekindergarten Education system as well, is considered a national best practice, and is a requirement for several federal grants.⁹

As of December 2021, there were 16,381 children enrolled in regulated early childhood education programs. Figure 11 shows that the vast majority (85%) of children were enrolled in center-based child care programs, followed by registered family child care programs (13%), with less than 2% of children enrolled in licensed family child care programs.¹⁰ This includes children enrolled in private Universal Prekindergarten Education (UPK) programs Act 166 but does not include those enrolled in school-based UPK programs.

This supply of regulated child care is not meeting the need. **As of 2022, of those likely to need care, 76% of infants do not have access to regulated programs that are deemed high-quality (4 or 5 star), while 54% of toddlers and 52% of preschoolers do not have access to high-quality programs.**¹¹ According to Let's Grow Kids, to meet the estimated child care demand for working parents, the child care system in Vermont would need to add almost 9,000 new child care slots.¹¹

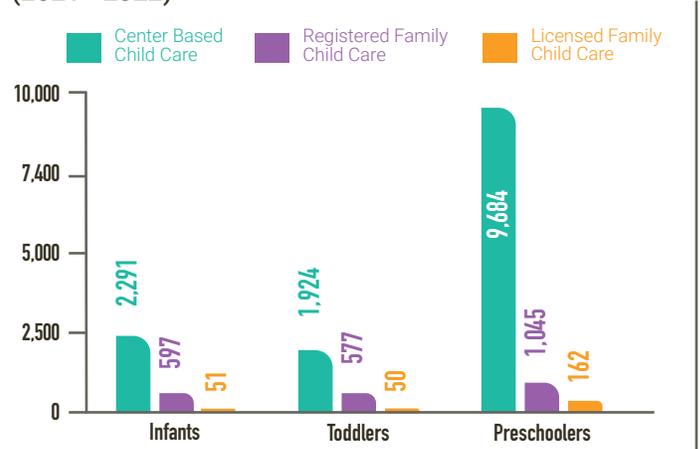
Table 4 Children Receiving Special Education Services⁶

Age	IEP	504	EST
3	370	***	13
4	561	***	20
5	780	44	126
6	818	85	279
7	942	115	420
8	1,008	185	432
Total	4,479	429	1,290

Children's Integrated Services (CIS)

CIS is designed to wrap around the whole family to help ensure the healthy development and well-being of children from before birth to age 5. 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 Strong Families Vermont Home Visiting. **During FFY 2022, CIS served a total of 3,896 unique clients with at least one service.**⁷ Because of the different ways services are funded across the state, this count includes clients receiving at least one of the four CIS services in 9 out of 11 regions, but only Early Intervention in the St. Albans and Middlebury regions. Of note, the regional fiscal agents' submission of a claim for each CIS encounter is only in its second year and continues to grow to reflect all the services and supports provided through CIS. This total, therefore, is likely an undercount.

Figure 11 Enrollment in Regulated Child Care Programs (2021 - 2022)¹⁰



According to data from the Bright Futures Information System (BFIS), in December 2021, **there were 7,016 unduplicated individuals working in regulated child care settings, in positions working with children. This is down 16% from 8,345 in December of 2018.**¹² Data from the new Child Development Division Information System (CDDIS) show that **there were 5,446 children whose families received support through the Child Care Financial Assistance Program (CCFAP) as of September 30, 2022, with 3,547 children (65%) being under the age of 5.**¹²

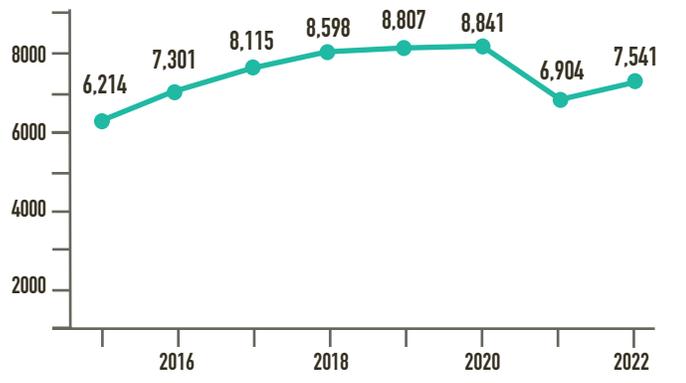
Head Start and Early Head Start

Head Start and Early Head Start (HS/EHS) are comprehensive early education programs for children from low-income and vulnerable families from birth to age 5. 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, in addition to providing other wraparound support services for families. From September 2021 to August 2022, Vermont Head Start served 787 children from age 3 to 5, and Early Head Start served 536 infants and toddlers and 37 prenatal birthing parents, for a total of 1,360 individuals.¹³ For program year 2022, there were 547 staff in HS/EHS programs. Of all staff, 17% (95) left during the program year, with 38 vacancies remaining unfilled for a period of three months or longer.¹³ These high rates of turnover and vacancy make it difficult to provide consistent and high-quality services to particularly vulnerable children and families.

Universal Prekindergarten Education

Act 166 offers Universal Prekindergarten Education (UPK) to all 3- and 4-year-olds, and to 5-year-olds not enrolled in Kindergarten, for up to 10 hours a week of publicly-funded prekindergarten education for 35 weeks of the academic year. Vermont’s mixed-delivery system means that these hours can be used in school-based programs or in prequalified prekindergarten center-based child care and family child care programs. **As can be seen in Figure 12, UPK enrollment dropped to 6,904 during the 2020-2021 school year, but has since rebounded to 7,541, although it is not back to pre-pandemic levels.**¹⁴

Figure 12 Universal Prekindergarten Education Enrollment by School Year¹⁴



Exclusionary Discipline (Suspension and Expulsion)



The 2021 passage of Act 35,¹⁵ which prohibits exclusionary discipline (broadly defined as suspension and expulsion) for children under age 8, has led to an increase in attention to the use of exclusionary discipline as well as prevention and mitigation strategies in early childhood settings. Data for children ages 5 through 8 across school years 2018 and 2021 show that there are disproportionate impacts

on two vulnerable student groups: **students eligible for free and reduced lunch, who make up 35% of the student population but account for an average of 72% of suspensions; and children receiving special education services through an Individualized Education Plan (IEP), who make up 15% of the student population but account for 36% of suspensions.** In addition, historically marginalized students make up an average of 82% of suspensions among children ages 5 through 8.¹⁶ In 2022, Building Bright Futures produced the first-ever data brief containing this data. The full brief is available at vermontkidsdata.org/exclusionary-discipline-brief.

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

According to the Afterschool Alliance, in 2020, **there were 19,092 children in afterschool programs in Vermont.** However, the Alliance found that **over 26,148, or 39%, of Vermont’s children would participate in an afterschool program if one were available to them.**¹⁷ The Vermont Interagency Afterschool Youth Task Force is working to develop a publicly funded universal statewide system of safe, enriching, and comprehensive third-space options for Vermont’s youth from kindergarten through high school.¹⁸ In the meantime, Vermont is already investing in expanding current third-space programs and starting new ones. **In summer 2022, the Expanding Access grant invested \$912,716 to support 1,234 new afterschool slots, with 388 added days, serving 6,468 children.** As of November 2022, current grant investment for fall 2022 through summer 2023 was \$4.23 million.¹⁹

Educational Assessments

Vermont currently reports on three primary assessments to measure children’s knowledge, skills, and behaviors: Teaching Strategies Gold (TSGold), the Agency of Education’s Ready for Kindergarten! Survey (R4KIS), and Smarter Balanced Assessment Consortium (SBAC) Third Grade Language Arts (reading) and Math. Below are overviews of fall 2021 R4KIS and spring 2021 SBAC assessments, also available by Supervisory Union/School District in the Regional Profiles starting on page 23. TSGold assessments were not conducted in the Spring of 2020, and data from subsequent assessments is not yet available.



We look forward to publishing TSGold data in future reports and on Vermontkidsdata.org.

Ready for Kindergarten! Survey

Vermont uses the Ready for Kindergarten! Survey (R4K!S) to assess students' knowledge and skills within the first six to 10 weeks of school. 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. **In the Fall of 2021, 85% of students were identified as ready for kindergarten. Children living in households who were income-eligible for free and reduced lunch were less likely to be identified as ready for kindergarten (74%) compared to children from higher-income households (91%).**²⁰ There has not been noteworthy change since 2015 in the percent of children identified as ready for kindergarten.

Third Grade Math and Language Arts Assessments

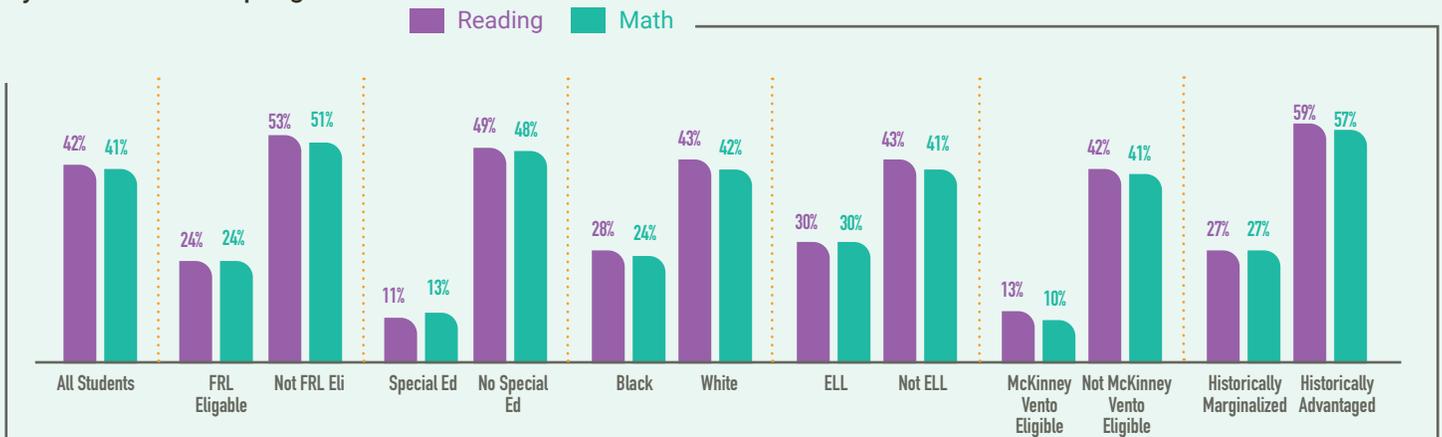
While statewide Third Grade Language Arts and Math assessment data are presented below, the Vermont Agency of Education is clear that "because test administration during 2020-2021 was impacted by several, novel variables, we discourage comparing 2020-2021

results to any prior year's results."²¹ Additionally, **starting in Spring 2023, SBAC assessments will be replaced with Cognia assessments for English Language Arts and Math.** The Cognia tool emphasizes equity, diversity, and inclusion and features accommodations for enhanced accessibility.²²

At the end of third grade, Vermont students are assessed on their proficiency in reading and math. As can be seen in Figure 13, proficiency rates from the 2020-2021 school year vary based on economic status, race, and 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.**²¹

In addition to variations in proficiency based on individual student characteristics, there are large variations across the state. **The percent of students proficient or above in third grade reading ranges from a low of 16% in the Two Rivers Supervisory Union to 71% in the Champlain Valley School District.**²¹

Figure 13 Percent of Third Graders Proficient or Above in Reading & Math Assessments by Characteristics Spring 2021²¹



2022 EARLY CHILDHOOD FAMILY NEEDS ASSESSMENT PREVIEW



This spotlight elevates the work and expertise of the VECAP Families and Communities Committee in fielding 2022's Early Childhood Family Needs Assessment and provides a preliminary look at the Assessment's findings. The 2022 Early Childhood Family Needs Assessment Report will be released in early 2023, and the Families and Communities Committee and the larger Building Bright Futures Network will promote the use of this important source of data and information widely with policy- and decision-makers across Vermont.

Overview

Developed and fielded in 2022, the Early Childhood Family Needs Assessment aimed to collect information and stories about the barriers Vermont families with children under age 9 face when accessing services related to the early childhood period in their communities. The assessment is a project of the Families and Communities Committee, which leads the process of developing a survey, engaging in outreach, and overseeing the production of an Early Childhood Family Needs Assessments report on a regular basis. Between mid-August and mid-October of 2022, the survey was circulated widely throughout the state, resulting in 654 responses. Respondents were asked about their experiences with accessing resources and supports like child care, early intervention services, healthy food, and pediatric care. The survey asked primary caregivers to rate a variety of experiences with early childhood settings, including to indicate how welcomed they felt in a given setting, whether they felt their family's culture and values were respected, and whether they had the access and tools to communicate their family's needs to the setting's staff.

These questions were designed to better understand the challenges Vermont families face when accessing services; this is data the Committee considers essential to informing important policy and implementation decisions in Vermont as stakeholders aim to better integrate the early childhood system. Of note, respondents self-selected to participate in this survey, and the vast majority of the responses were recorded

via SurveyMonkey; therefore, the findings may not be fully representative of the experiences of families with young children in Vermont.

The Team Behind the Survey

The parent leader co-chairs of the Families and Communities Committee led the iterative survey design, drafting, and editing process in the spring and summer of 2022. Throughout the process, the team reviewed numerous drafts with the Committee, which is made up of a majority of parents and primary caregivers. The survey's design was based on Committee members' user experience and understanding of the early childhood system and the families in their communities. In addition to the Committee, the team also consulted with a variety of public and private partners who were sent drafts of the survey for review.

Preliminary Findings

There were 654 total responses to the Family Needs Assessment survey. Chittenden County had the most responses at 124, followed by Bennington (70), Franklin (63), and Orleans (63). The county with the lowest response rate was Essex. **There were 1,104 total children under 18 represented in the survey, with ages ranging from less than a year to 9+ years, with 3 years old being the most common age.**

Of the respondents, 88.3% were white, followed by Two or More Races (3.2%), Black or African American (2.1%) and Asian (2.1%), with the remainder identifying as American Indian or Alaska Native, or Native Hawaiian and Other Pacific Islander, or Another Race. 2% of respondents preferred not to answer.

Figure 14

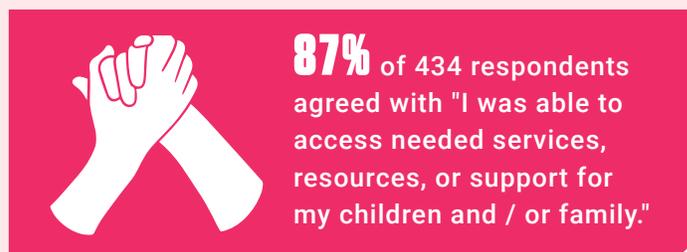
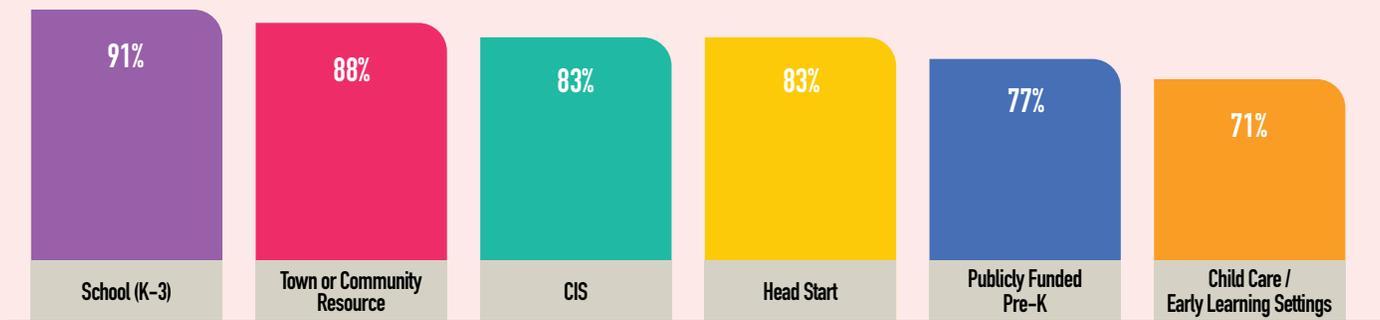




Figure 15 Percent of Needs Assessment Respondents with a Positive Experience by Service Type



As can be seen in Figure 14, the overall response to accessibility of early childhood services was positive. Of the 434 respondents who answered the statement, “I was able to access needed services, resources, or support for my child(ren) and / or family,” 87% agreed. The team will conduct a more thorough analysis of responses for those who disagreed to determine how Vermont can better support families.

Respondents were invited to provide their perspective on the challenges and successes they had experienced with up to three early childhood services or supports. In addition, the survey asked about the respondents’ experience with six early childhood services that are available or offered to Vermont families. Respondents were asked to rate their agreement with the following statement, “My experience with each of the following services/supports was overall positive.” As can be seen in Figure 15, **across all services, respondents generally reported a positive experience.**

The survey also inquired about basic needs, including housing, transportation, food, and family needs such as diapers, and whether or not those needs were met. **Ninety-one percent of respondents agreed in some form that they had access to safe, secure, and affordable housing.** The other categories of basic needs will be analyzed when the final analysis is done in early 2023.

Next Steps

The Family Needs Assessment aims to elevate families’ stories about positive and negative experiences with accessing early childhood services, including medical care, CIS, and community and school programs. For the final report in early 2023, responses for each service will be analyzed according to several factors, including location, equity, and types of programs and services.



Jen Fortman and Sarah Morrison, the family co-chairs of the Families and Communities Committee led the Family Needs Assessment process, including circulating hundreds of paper surveys and recruitment materials across the state.

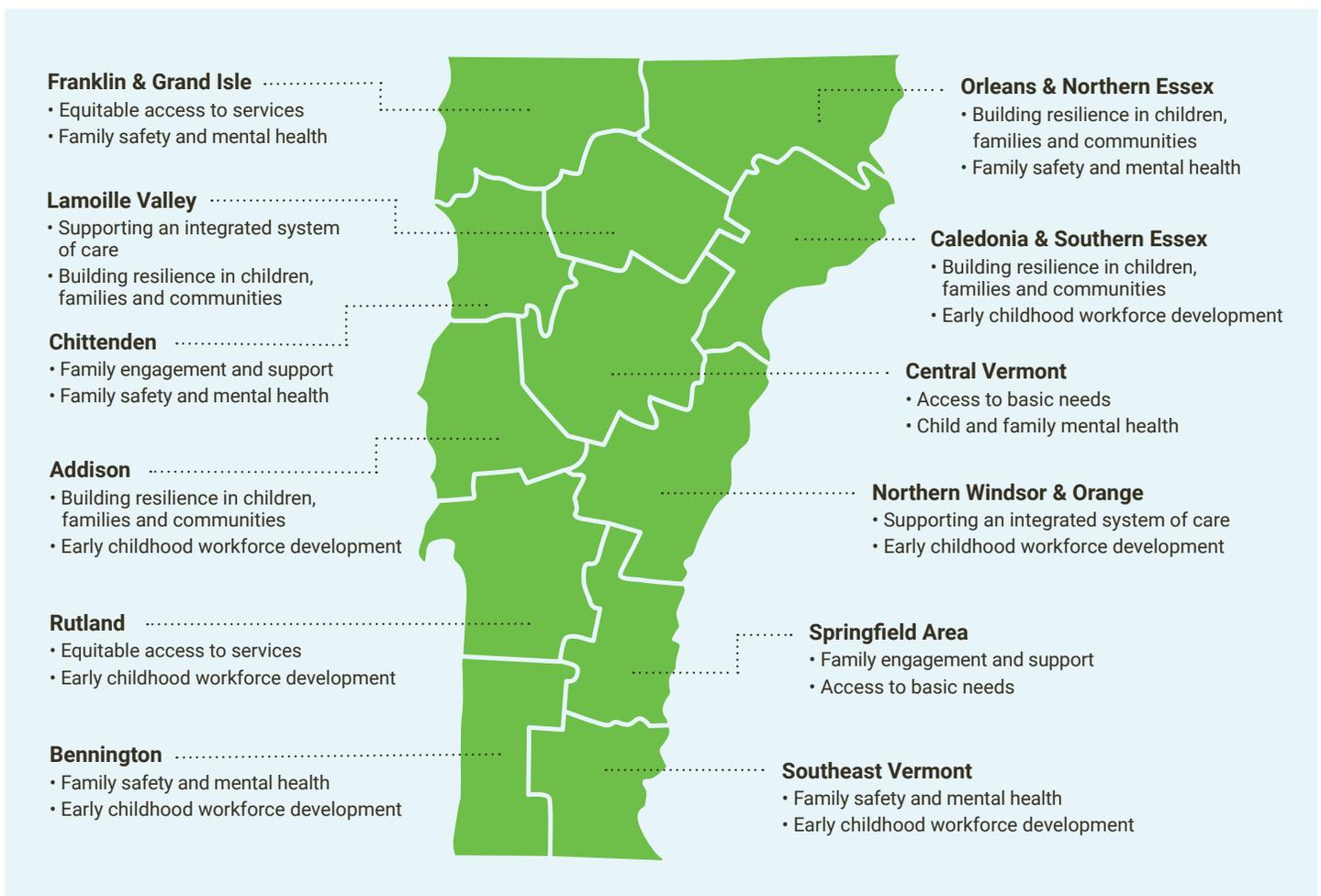
ABOUT REGIONAL COUNCILS

Building Bright Futures' Regional Councils bring together early childhood stakeholders to identify gaps, share expertise and resources, elevate regional and family voices, and implement strategies in each respective region. These strategies include identifying gaps for children and families and aiming to improve access to services and supports across early care, health, and education for young children and families in their communities. 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.

Early childhood stakeholders from across Vermont bring their perspectives together through Regional Councils 8-10 times a year. Participants at regional tables include professionals in physical and mental health, social services, basic needs, early childhood care and education, and preK-12 education; families of children under 9; and community members invested in the well-being of young children.

Annually, each Regional Council sets two regional priorities to guide their work. The map below illustrates the top two priorities of each region, showcasing the similarities and differences among the 12 regions in Vermont.

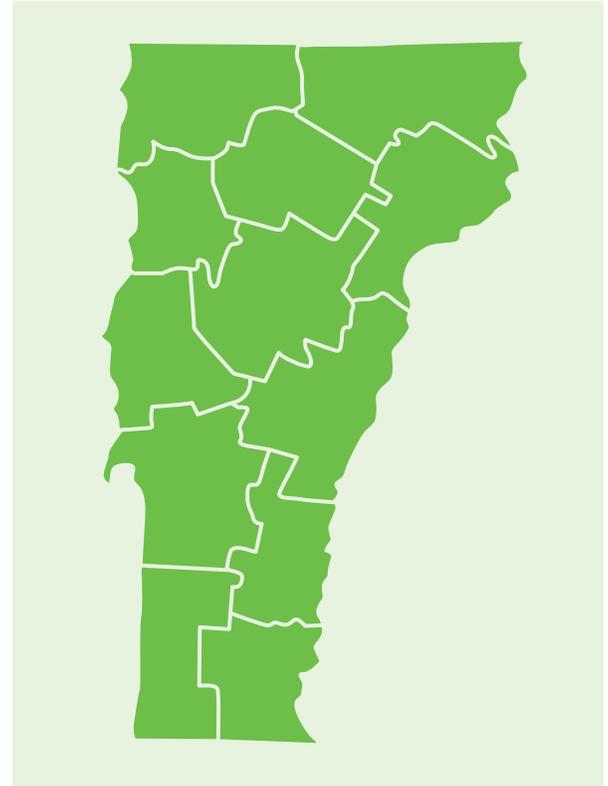


More information about each region, including Regional Council meetings, can be found at buildingbrightfutures.org/what-we-do/regional-councils/

Introduction to Regional Profiles

The following regional profiles offer a snapshot of selected indicators of child and family well-being for each of Vermont's 12 regions, which line up with the Agency of Human Services Districts. Each indicator represents 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 profile includes a highlight of a Regional Council success as well as five key data points: 1. The estimated population of children under 10, 2. The percentage of children under 12 living in households with incomes below 185% of the Federal Poverty Level (the benchmark for many benefit programs), 3. The number of children under 9 living in out-of-home custody, 4. The percentage of children ready for kindergarten, and 5. The percentage of third grade children reading at or above "proficient."



Current Status of All Vermont Children

CHILD POPULATION¹ (2021)

60,364 children under 10

Decreased from 62,535 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

30.4% children under 12 (22,125)

Decreased from 35.1% in 2015 (26,732)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

541 children under 9

Decreased from 618 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

VERMONT STUDENTS

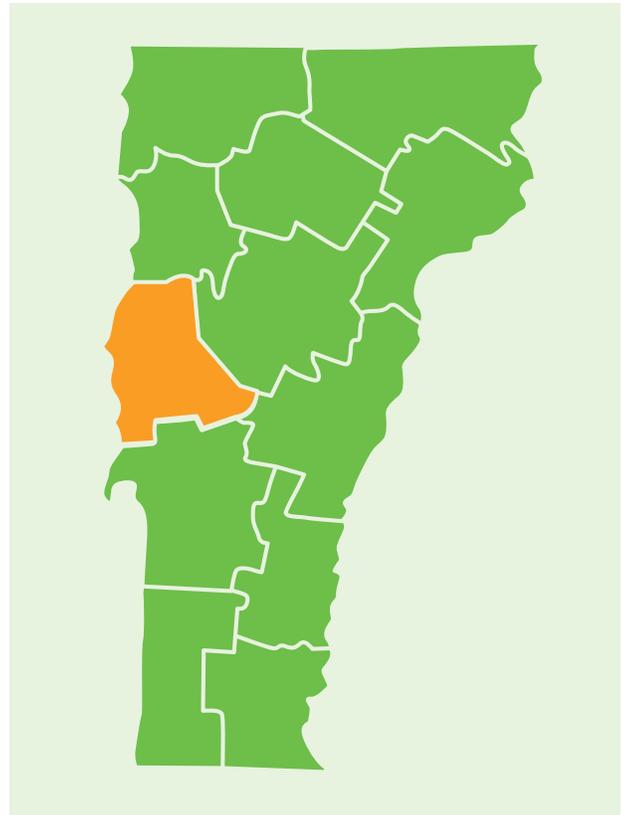
KINDERGARTEN READINESS⁴ (FALL 2021)

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

All Students	85%	42.5%
Male	82%	39.3%
Female	89%	45.9%
Free and Reduced Lunch Eligible	74%	25.4%
Not Free and Reduced Lunch Eligible	91%	54.2%
Attended Publicly Funded PreK	87%	NA
Did Not Attend Publicly Funded PreK	80%	NA
Historically Marginalized	NA	27.4%
Not Historically Marginalized	NA	59.1%

Addison

Mary Jane Broughton (1951-2022) was a teacher in Addison County for more than 40 years. She taught, encouraged, and mentored other teachers as she continued her own education in instructional best practices. The Addison Regional Council was inspired by Mary Jane’s passion for supporting the early childhood workforce and her deep devotion to mentorship. She was a dedicated teacher who loved children and loved to see them grow. Her passing in March inspired the Addison Regional Council to create a scholarship fund to support professional development for early childhood educators working with children birth to age 8 in community or public school programs. Priority is given to applicants looking to further their knowledge in the area of social-emotional learning. The recipients in the fund’s first year included a new teacher working in a nature-based program and two family child care providers and former colleagues of Mary Jane who are building on work the three of them did together.



Current Status

CHILD POPULATION¹ (2021)

3,116 children under 10

Decreased from 3,328 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

22.5% children under 12 (874)

Decreased from 35.3% in 2015 (1,486)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

29 children under 9

Decreased from 32 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

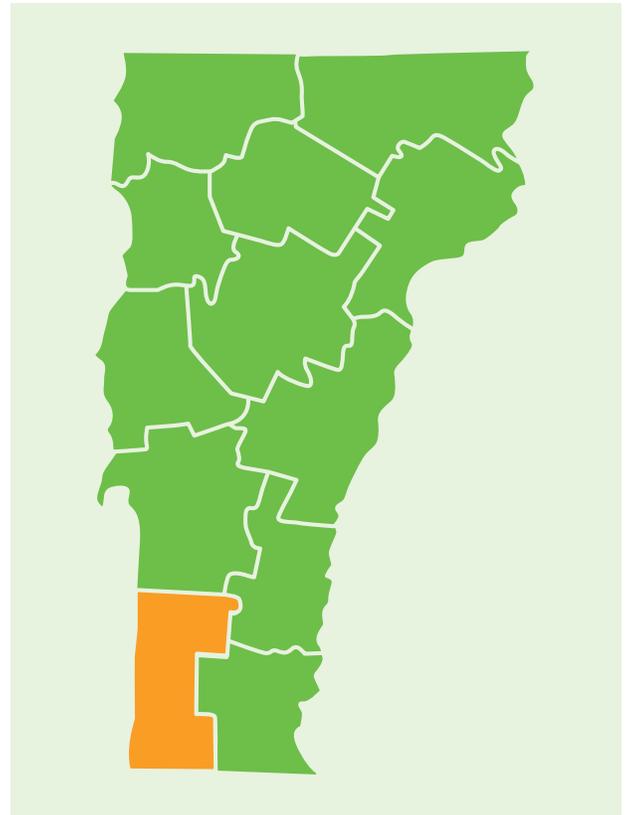
KINDERGARTEN READINESS⁴ (FALL 2021)

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

Addison Central SD	91%	49.5%
Addison Northwest SU	86%	60.7%
Addison Rutland Unified Union SD / Slate Valley Unified Union SD	95%	28.2%
Addison Northeast Unified SD / Mount Abraham Union SD	86%	47.6%

Bennington

In order to ensure that children and families have access to high-quality opportunities, the early childhood workforce must have access to high-quality training and professional advancement. This issue was the focus of the Bennington Regional Council in 2022, in partnership with the Bennington Quality Task Force and with input from the Bennington Early Childhood Network. Following a pause during the COVID-19 pandemic, the Quality Task Force reestablished in 2022, coordinating trainings on a range of topics, from CPR to social-emotional learning, and reinstating developmental screenings using the Devereux Early Childhood Assessment (DECA). The Bennington Quality Task Force will continue to work with Northern Lights at the Community College of Vermont (CCV), to identify the gaps in early childhood professional development that exist in the Bennington area, and strategize on how to meet these needs in the region.



Current Status

CHILD POPULATION¹ (2021)

3,509 children under 10

Decreased from 3,605 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

34.9% children under 12 (1,484)

Decreased from 49.4% in 2015 (2,137)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

57 children under 9

Increased by from 49 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Battenkill Valley SU
 Bennington Rutland SU
 Southwest Vermont SU
 Windham Southwest SU

KINDERGARTEN READINESS⁴ (FALL 2021)

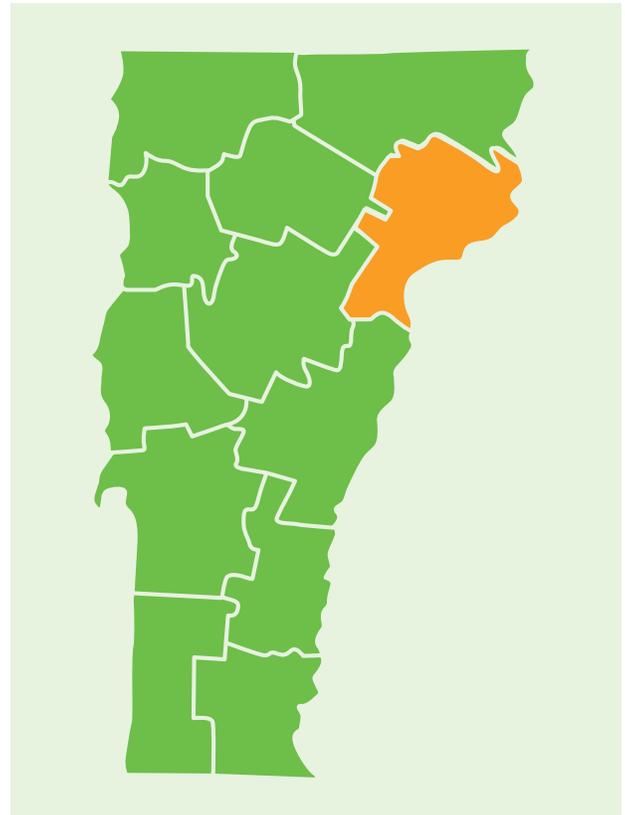
Not Available
 88%
 78%
 92%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

50.0%
 49.1%
 27.2%
 37.5%

Caledonia & Southern Essex

The Caledonia and Southern Essex Regional Council has committed to increasing diversity, equity, and inclusion throughout the region’s early childhood system. Supported by funds from the Ben & Jerry’s Foundation, the Regional Council spearheaded an effort to increase the diversity in the children’s book collections at five rural libraries, located in Lunenburg, Danville, St. Johnsbury, Lyndonville, and McIndoe Falls. Council funds helped each of the libraries expand their collections by purchasing books and increasing opportunities for children in the region to be exposed to different cultures and perspectives. For the McIndoe Falls library, this project was particularly important in two ways. First, with newly available housing in the community, there are more families with young children in the area who have started using the library. These books contributed directly to the revitalization of the children’s section. Second, the new connection between the Regional Council and the library will inform the Council of the needs in McIndoe Falls, and Council members and partners can provide resources and support more directly to the library and families.



Current Status

CHILD POPULATION¹ (2021)

3,172 children under 10

Decreased from 3,393 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

41.2% children under 12 (1,593)

Decreased from 40% in 2015 (1,661)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

24 children under 9

Decreased from 39 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Caledonia Central SU
 Kingdom East
 Orange East SU
 St Johnsbury SD

KINDERGARTEN READINESS⁴ (FALL 2021)

90%
96%
84%
84%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

40.2%
35%
26.9%
22.0%

Central Vermont

In 2022, the Central Vermont Regional Council’s work focused on three priorities identified by regional stakeholders: 1) Access to mental health for children and families, 2) Building social connectedness and cultivating family voice, and 3) Building stronger supports for families during the perinatal period. The Council spent the year rebuilding partnerships, setting vision, and building leadership and trust across members. Engaging partners and building trust are essential to making a lasting impact and improving the well-being of children and families in Central Vermont.

Each Regional Council is led by a small group of partners who serve as the leadership team. This team is important to set the vision of the Council, provides direction to the Regional Manager, and monitors the Regional Action Plan. The Central Vermont Regional Council built a strong cross-sector leadership team this year, with representatives from the Vermont Department of Health, the Family Center of Washington County, and Washington County Mental Health Services. The Regional Council is committed to engaging and partnering with parents and families with lived experience, engaging cross-sector partners to create a system where families know where to get help when they need it.



Current Status

CHILD POPULATION¹ (2021)

6,172 children under 10

Decreased from 6,674 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

34.1% children under 12 (2,509)

Increased from 28.5% in 2015 (2,281)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

64 children under 9

Increased from 57 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Barre SU	82%
Caledonia Central SU	90%
Central Vermont SU	85%
Harwood Unified Union SD	86%
Montpelier Roxbury SD	81%
Orange Southwest SU	89%
Washington Central SU	84%

KINDERGARTEN READINESS⁴ (FALL 2021)

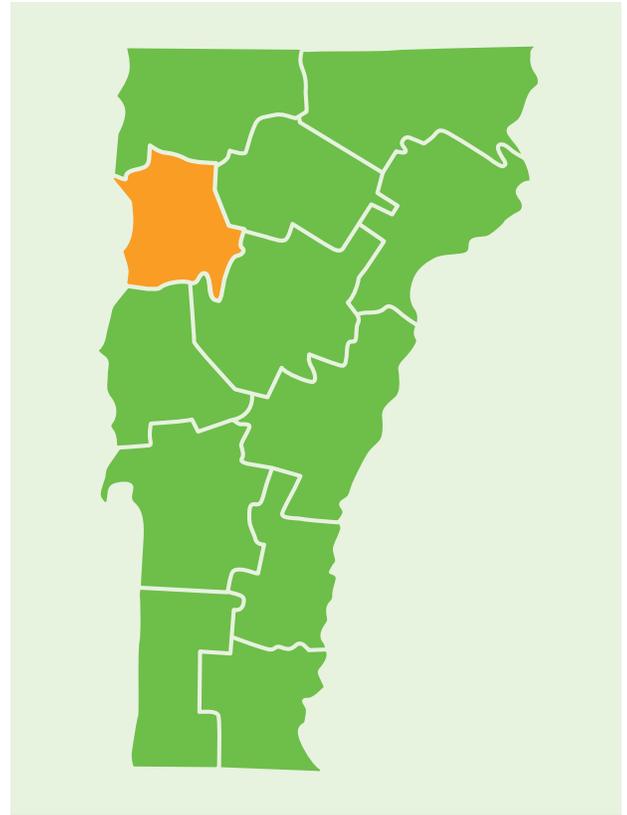
Barre SU	82%
Caledonia Central SU	90%
Central Vermont SU	85%
Harwood Unified Union SD	86%
Montpelier Roxbury SD	81%
Orange Southwest SU	89%
Washington Central SU	84%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

Barre SU	35.3%
Caledonia Central SU	44.3%
Central Vermont SU	40.0%
Harwood Unified Union SD	51.4%
Montpelier Roxbury SD	38.8%
Orange Southwest SU	59.0%
Washington Central SU	??

Chittenden

Substance use disorder seriously affects children and families in the state of Vermont. A four-year Collective Impact grant from the University of Vermont Medical Center (concluded in 2022) allowed the Chittenden Regional Council to better support Vermont families dealing with substance use disorder. Over the course of this project, BBF and its partners identified gaps and unmet needs of families in treatment and recovery and increased coordination of services to support families dealing with substance use disorder. On June 7, 2022, BBF concluded the project by hosting an event called "Seeds of Hope" in collaboration with the Vermont Department of Health and the City of Burlington's Racial Equity, Inclusion & Belonging Committee. A panel of five Vermont parents shared their personal experiences with substance use disorder. One panelist said, "My children are a huge part of my recovery. They always have been." She shared that when her daughter was born she "needed to be able to give her the best life that she could possibly have," and that meant getting into recovery.



Current Status

CHILD POPULATION¹ (2021)

15,345 children under 10

Decreased from 15,840 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

24.6% children under 12 (4,550)

Decreased from 26.1% in 2015 (4,995)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

67 children under 9

Decreased from 85 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Burlington SD	78%
Champlain Valley SD	95%
Colchester SD	84%
Essex Westford SD	91%
Milton SD	81%
Mount Mansfield Unified Union SD	94%
South Burlington SD	93%
Winooski SD	83%

KINDERGARTEN READINESS⁴ (FALL 2021)

78%
95%
84%
91%
81%
94%
93%
83%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

42.5%
71%
59.2%
52.7%
27.0%
57%
53.0%
24.0%

Franklin & Grand Isle

The Franklin Grand Isle Regional Council identified two priorities for 2022: supporting families' access to basic needs and building a more integrated system of care. Given challenges identified by the community, including the high cost of owning a vehicle and the shortage of public transportation options in this region, a pilot project during 2022 has helped families address transportation barriers by providing financial assistance with vehicle repairs, inspections, winter tire purchases, and gas cards. Led by Franklin Grand Isle Community Action, Head Start and the Parent Child Center of Northwestern Counseling and Support Services (NCSS), and supported by the Vermont Early Childhood Fund, these financial supports and services related to transportation are filling a critical need and supporting mobility for families in this region of the state. As a recent participant of the program noted, "At a time when fuel prices are soaring and significantly impacting the financial stability of families, to have funding to support this significant expense has been an incredible blessing."



Current Status

CHILD POPULATION¹ (2021)

6,544 children under 10

Decreased from 6,712 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

21.6% children under 12 (1,748)

Decreased from 32.2% in 2015 (2,547)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

62 children under 9

Decreased from 84 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Franklin Northeast SU

Franklin West SU

Grand Isle SU

Maple Run SD

Missisquoi Valley SD

KINDERGARTEN READINESS⁴ (FALL 2021)

82%

91%

86%

93%

90%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

33.5%

42.6%

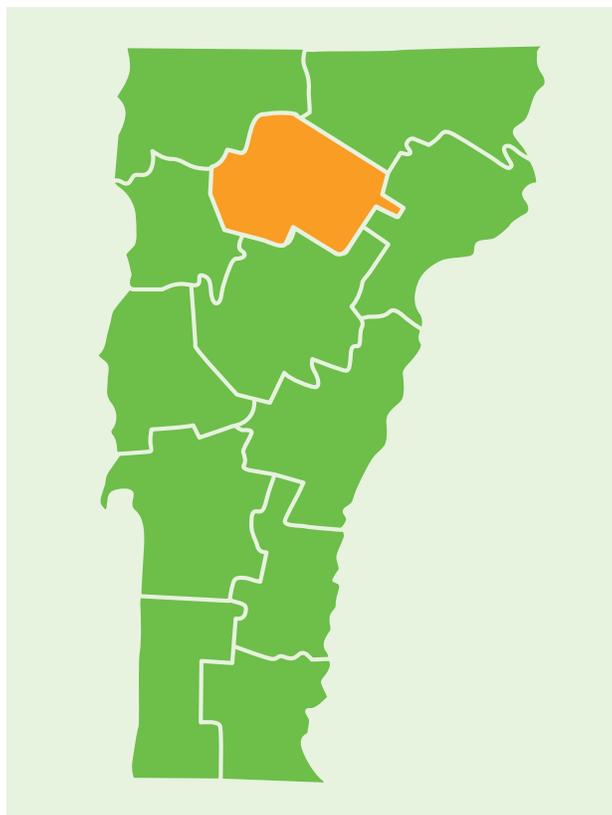
34.0%

25.7%

53.5%

Lamoille Valley

The Lamoille Regional Council selected early childhood workforce development as one of two annual priorities and convened a group of community partners to work on the issue, including staff from the Green Mountain Technical and Career Center, HireAbility Vermont, Northeast Kingdom Learning Services (NEKLS), Northern Lights at CCV, and Apple Tree Learning Center. The group received funding from the Vermont Early Childhood Fund to host “Step UP to Childcare,” a project to promote career development and interest in working in the early childhood field. The goals of the project were to address barriers to enrollment, full participation, and completion, such as cost, length of program, access to reliable transportation, and the limited availability of financial assistance. Although the project as designed did not come to fruition, lessons were learned, documented, and shared and new partnerships were forged in the region, all of which will lead to more successful workforce development opportunities in the future.



Current Status

CHILD POPULATION¹ (2021)

3,233 children under 10

Increased from 3,443 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

31.8% children under 12 (1,255)

Decreased from 38.8% in 2015 (1,644)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

33 children under 9

Increased from 14 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Lamoille North SU
Lamoille South SU
Orleans Southwest SU

KINDERGARTEN READINESS⁴ (FALL 2021)

83%
81%
96%

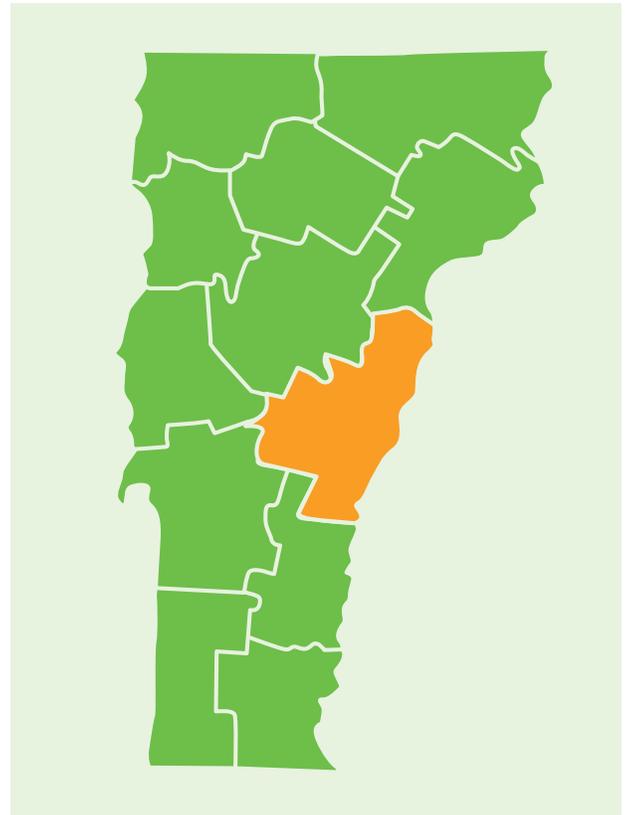
3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

36.4%
55.1%
28.5%

Northern Windsor & Orange

For many years, the Northern Windsor and Orange Regional Council has been involved in supporting early educators' use of social-emotional learning in classrooms through the implementation of Early Multi-Tiered Systems of Support (Early MTSS) and the Pyramid Model. Early MTSS is an evidence-based and trauma-responsive model that advances equity, diversity, and the full inclusion and participation of each and every child in their community, school/program, and home.

Representatives from the Orange County Parent Child Center participated in a Community of Practice, working together to use the Early MTSS framework to promote social-emotional development and create a more inclusive learning environment. The Council's commitment to Early MTSS is especially important as children and their families continue to face mental health challenges associated with the COVID-19 pandemic.



Current Status

CHILD POPULATION¹ (2021)

4,529 children under 10

Decreased from 4,617 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

29.5% children under 12 (1,651)

Decreased from 35.5% in 2015 (1,955)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

18 children under 9

Decreased from 38 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

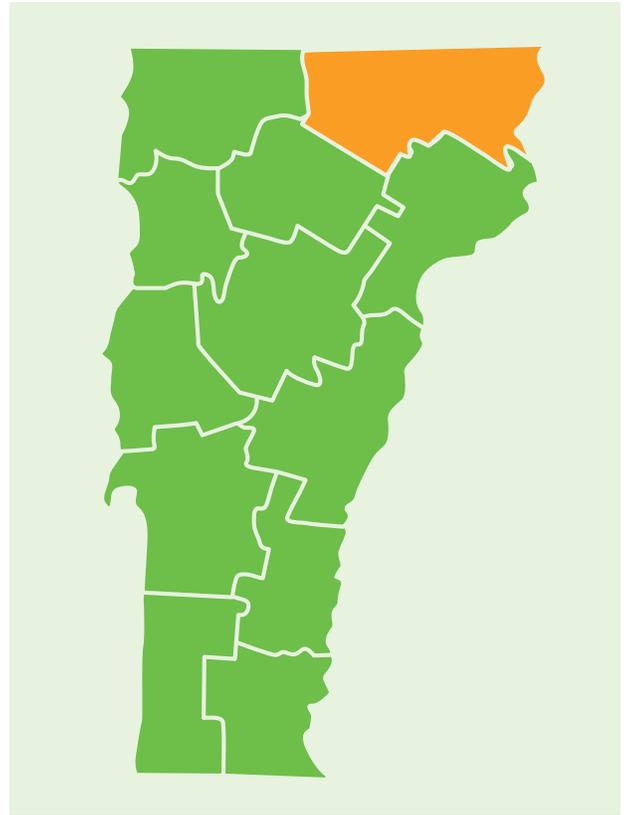
3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

Hartford SD	66%	51.7%
Orange East SU	84%	26.9%
Orange Southwest SU	89%	38.8%
Rivendell Interstate SD	100%	34.6%
SAU 70	100%	76.4%
White River Valley SU	80%	45.6%
Windsor Central SU	100%	58.7%
Windsor Southeast SU	87%	44.9%

Orleans & Northern Essex

The Orleans and Northern Essex Regional Council has been supporting the work of the region's Resilience Beyond Incarceration project. While it is currently unknown how many families with young children are affected by parental incarceration in Vermont, the short- and long-term impacts on child and family well-being are well known. The Regional Council sponsored a training with Resilience Beyond Incarceration staff to help early childhood educators to better support children with an incarcerated family member. While this virtual training was focused on educators in the Northeast Kingdom, interested individuals from across Vermont were able to participate. In 2022, funding was discontinued for the Resilience Beyond Incarceration project; however, the Regional Council will continue to prioritize its support for children with incarcerated parents, an especially vulnerable population in the region and across Vermont.



Current Status

CHILD POPULATION¹ (2021)

2,842 children under 10

Decreased from 2,860 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

44.2% children under 12 (1,540)

Decreased from 44% in 2015 (1,530)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

40 children under 9

Increased from 16 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Essex North SU
 North Country SU
 Orleans Central SU

KINDERGARTEN READINESS⁴ (FALL 2021)

67%
81%
82%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

53.8%
25.7%
41.2%

Rutland

The Rutland Regional Council recognizes the critical role early educators play in the community. To highlight this important profession, the Council initiated the production of *A Day in the Life of an Early Educator*, a video to help viewers better understand the experience of being an early childhood educator and the critical role they play in our communities. The video is being created in partnership with Rutland County Head Start, the Rutland County Parent Child Center, Castleton University, and other Rutland Regional Council stakeholders, and it will be the centerpiece of a media campaign to highlight and support the early childhood workforce, one of two priorities of the Council. The video will be released in 2023, with a universal message that translates to communities across Vermont.



Current Status

CHILD POPULATION¹ (2021)

5,452 children under 10

Decreased from 5,569 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

29.4% children under 12 (1,871)

Decreased from 38.1% in 2015 (2,627)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

70 children under 9

Decreased from 71 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Slate Valley Unified Union SD
 Bennington Rutland SU
 Greater Rutland County SU
 Mill River Unified Union SD
 Rutland City SD
 Rutland Northeast SU
 Two Rivers SU
 Windsor Central SU

KINDERGARTEN READINESS⁴ (FALL 2021)

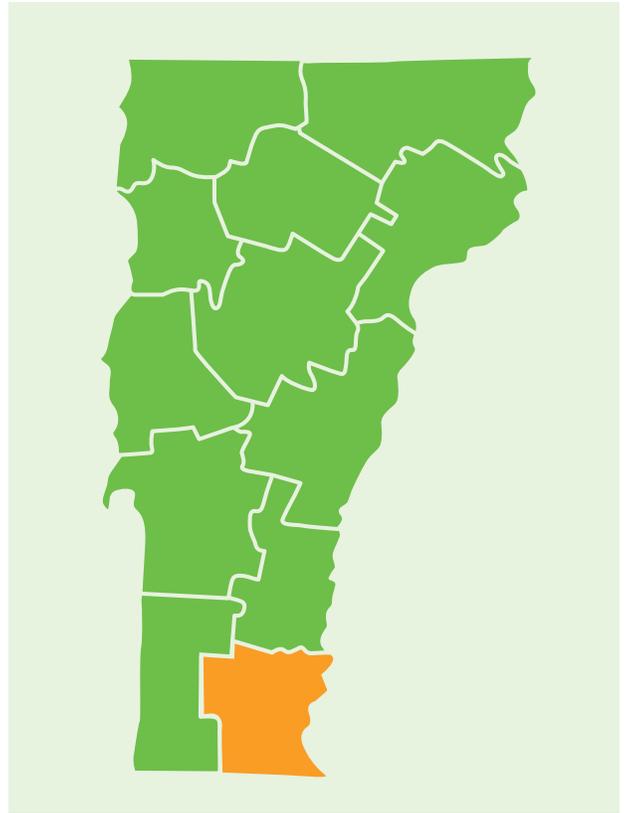
95%
88%
76%
88%
71%
82%
65%
100%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

28.2%
49.1%
37.5%
36.1%
29.2%
35.2%
16.0%
58.7%

Southeast Vermont

The Southeast Vermont Regional Council focused on helping every child have a strong start by promoting messaging and information through “The Basics,” a set of five fun, simple, and powerful ways that every family can give every child a strong start beginning from birth, and the Windham Family Resource Calendar. “The Basics” is designed to help whole communities support learning and brain development in children ages 0-5. The Southeast Vermont Regional Council has introduced “the Basics” to a range of community groups who work with children and families. The Windham Family Resource Calendar showcases local family-friendly events, increasing opportunities for social connectedness. The calendar has served as a tool to expand partnerships across organizations throughout the county, building a stronger regional early childhood network.



Current Status

CHILD POPULATION¹ (2021)

3,347 children under 10

Increased from 3,268 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

41.9% children under 12 (1,762)

Decreased from 44.9% in 2015 (1,762)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

51 children under 9

Increased from 75 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

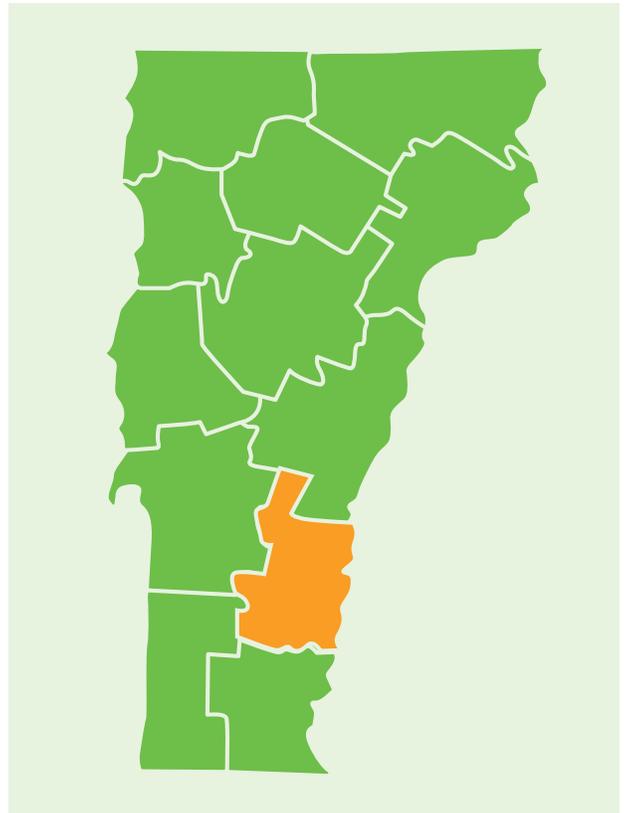
KINDERGARTEN READINESS⁴ (FALL 2021)

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

Windham Central SU	93%	54.5%
Windham Northeast SU	87%	27.7%
Windham Southeast SU	82%	33.1%
Windham Southwest SU	92%	37.5%

Springfield Area

Amid growing concerns about the lack of early childhood education programs in the region, Chrystal Loyer, a Woodstock parent of an almost-3-year-old, shared her experience with the Springfield Area Regional Council. Chrystal also shared stories and data she collected of other families in the area facing similar challenges, including that local families were seeking care for at least 22 children, with no available or affordable child care. The impact on families was significant: some families changed their work schedules to have one parent scale back or completely stop working; some chose to move out of Vermont temporarily; some found child care at an unsustainable cost of as much as \$20,000 a year; some chose to wait to grow a family or decided not to have another child at all. With support from Springfield Area Regional Council members, Chrystal and the other families took their stories to the Windsor Central Supervisory Union school board and local officials. As a result, the school board voted to increase their budget to serve these children by allocating space and adding two pre-K teachers and two paraeducators to expand access to publicly funded pre-K spots.



Current Status

CHILD POPULATION¹ (2021)

3,103 children under 10

Decreased from 3,223 in 2016

CHILDREN LIVING IN POVERTY^{2*} (2020)

38.8% children under 12 (1,375)

Decreased from 48.1% in 2015 (2,107)

CHILDREN IN OUT OF HOME CUSTODY³ (2022)

26 children under 9

Decreased from 58 in 2017

**Under 185% of the Federal Poverty Level*

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Bennington Rutland SU
 Springfield SD
 Two Rivers SU
 Windham Central SU
 Windham Northeast SU
 Windsor Central SU
 Windsor Southeast SU

KINDERGARTEN READINESS⁴ (FALL 2021)

88%
75%
65%
93%
87%
100%
87%

3RD GRD READING PROFICIENCY⁵ (SPRING 2021)

49.1%
30.3%
16.0%
54.5%
27.7%
58.7%
44.9%

The State of Vermont's Children: 2022 Year in Review presents the most high-quality, up-to-date data available as of December 2022. The staff at Building Bright Futures strives to put forward the best data possible in the report. 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.

Data sources: Although more recent data collected through one-time studies may be more up-to-date, we have prioritized data sources that are updated annually or biannually, are validated, and/or are based on full population data rather than samples. The State of Vermont's Children report reflects our best efforts to identify the most high-quality, up-to-date data. Of note, we rely on the integrity of the data provided to us by our experienced data partners and do not externally validate the data provided.

Data steward capacity: As with the majority of human services sectors, the capacity of data stewards across Vermont's early childhood system has been challenged by workforce shortages. In several cases, data were not available by the deadline for publication. When possible, these indicators will be available at [Vermontkidsdata.org](https://vermontkidsdata.org). It is also not possible to externally validate data provided by these data stewards.





3SquaresVT: Vermont’s Supplemental Nutrition Assistance Program (SNAP)
 504: Section 504 of the Rehabilitation Act of 1973
 ACE: Adverse Childhood Experience
 AHS: Agency of Human Services
 AOE: Agency of Education
 ARPA: American Rescue Plan
 ASQ: Ages and Stages Questionnaire
 BBF: Building Bright Futures
 BIPOC: Black, indigenous and people of color
 BFIS: Bright Futures Information System
 CACFP: Child and Adult Care Food Program
 CCFAP: Child Care Financial Assistance Program
 CDC: Centers for Disease Control and Prevention
 CDD: Child Development Division (A Division of the Department for Children and Families)
 CDDIS: Child Development Division Information System
 CIS: Children’s Integrated Services
 COVID-19: Coronavirus Disease 2019
 CQI: Continuous Quality Improvement
 DA: Designated Mental Health Agency
 DCF: Department for Children and Families
 DMH: Department of Mental Health
 DULCE: Developmental Understanding and Legal Collaboration for Everyone
 Early MTSS: Early Multi-Tiered Systems of Support
 ED: Emergency Department
 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
 IFSP: Individualized Family Services Plan
 MAT: Medication Assisted Treatment
 MCH: Maternal and Child Health
 MESCH: Maternal Early Childhood Sustained Home-Visiting
 MIT: Massachusetts Institute of Technology
 NSCH: National Survey of Children’s Health
 PCC: Parent Child Center
 PCIT: Parent Child Interaction Therapy
 PNMI: Private Non-Medical Institutions
 QRIS: Quality Rating Improvement System
 R4KIS: Ready for Kindergarten Survey
 SAC: State Advisory Council
 SBAC: Smarter Balanced Assessment Consortium
 SD/SU: School District/Supervisory Union
 SDOH: Social Determinants of Health
 SSA: Specialized Service Agencies
 STARS: SStep Ahead Recognition System, Vermont’s QRIS
 TSGOLD: Teaching Strategies Gold
 UPK: Universal Prekindergarten Education
 VDH: Vermont Department of Health
 VECAP: Vermont’s Early Childhood Action Plan
 VERAP: Vermont Emergency Rental Assistance Program
 WIC: Women Infants and Children

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We continue to be inspired by Vermont's commitment to using the most up-to-date, high-quality data to inform policy and service provision for young children and their families.

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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

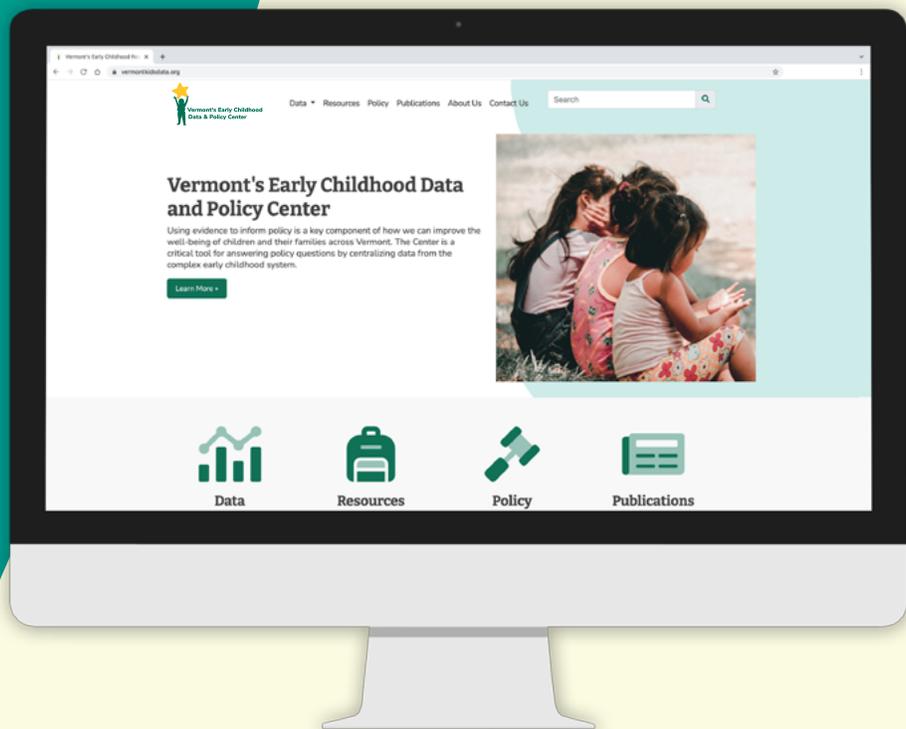
Vermontkidsdata.org includes searchable individual data points across sectors (mental health, basic needs, child development, and education). For UPK, the data dashboard contains the most recent data on UPK enrollment.

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.