

*How are
Vermont's
Young
Children?*

A P R I L 2 0 1 4



Building Bright
FUTURES

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PURPOSE STATEMENT

The purpose of the 2nd Edition, *How Are Vermont’s Young Children?* report, is to provide a factual depiction of the state of young child and family wellbeing in Vermont, 2014. We hope this report will be a useful tool for government leaders, service providers, parents and caregivers, educators, and other community members interested in improving neighborhoods & communities to better support a safe, healthy, and prosperous future for Vermont. The report is not meant to repeat data found in other places, rather it is meant to bring these sources together to be analyzed in a way that creates a more nuanced view of the state of young child and family wellbeing.

FROM THE GOVERNOR



Welcome to the second edition of *How Are Vermont's Young Children?* This report is produced by Vermont's early childhood advisory council, Building Bright Futures (BBF) and is designed to focus our collective attention on the wellbeing of young children and their families. My hope is that you will view this report, which will continue to be updated annually by BBF, as an important resource in improving

your understanding of how young Vermonters and their families are faring in Vermont from region to region. Most importantly, I trust this report will inspire you to take collective action, resulting from data-informed decisions.

In this report, you will see Vermont's successes in caring for our children, but also the challenges we face, especially for our poorest and most vulnerable children and families. There are opportunities for improvement and innovations being implemented today to ensure that all Vermont kids have the best start in life. And when we do well by our littlest Vermonters, we all thrive.

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

A handwritten signature in blue ink, which appears to be "Peter Shumlin". The signature is written in a cursive style and is positioned above the printed name and title.

Peter Shumlin
Governor

Collaboration
divides the task and
multiplies
*the **success.***

.....
– *Anonymous*

Executive Summary

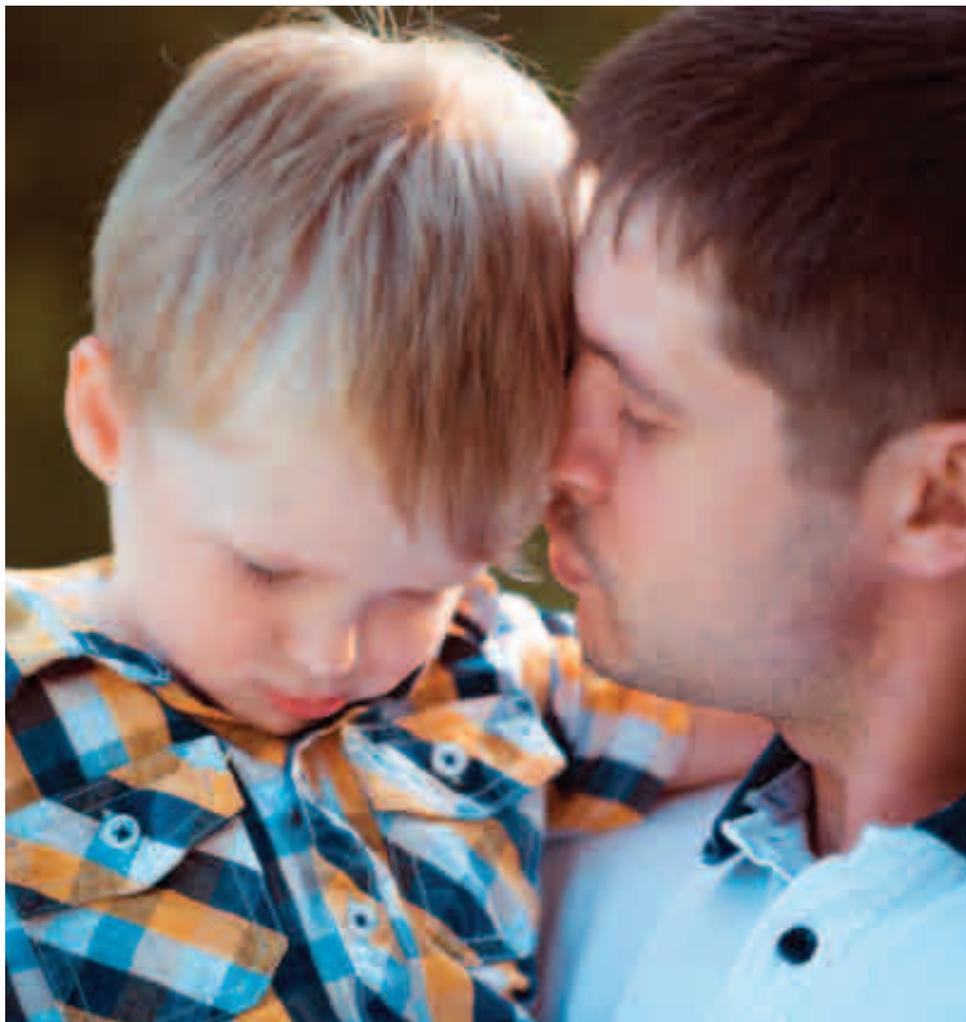
Welcome to the 2nd published report of ***How Are Vermont's Young Children?*** by Building Bright Futures. As Vermont's Governor-appointed early childhood advisory council and a 501(c)3 statewide network of 12 regional councils across Vermont, we align solutions at the local level with effective policy at the State level. This, in turn, creates improvements in access, quality, and affordability of early care, health, and education for young children 0-8 and their families.

Our hope at Building Bright Futures is that you view this report—to be updated annually—as an important resource in improving your understanding of how young Vermonters and their families are faring in our state from region to region. We also hope this report will inspire you to take action based on the compelling data you find within.

Vermont has earned elevated status as a healthy state, one with an environmentally conscious culture and a good public education system; in short, it's a really good place to raise children. Sixty-six percent of all households with children under age 18 are two-parent households, a nationally accepted predictor of income stability. According to the National Survey of Children's Health, 97% of family members read to children three or more times a week. Vermont ranks first with its neighboring states and tenth in the country as a community of volunteers.

Community helps create early environments for children that impact critical brain development in the first years of life, and, alongside parents and society, sets the course for a child's future.

However, as income inequality continues between the top 1% of wage earners and everyone else, poverty has begun

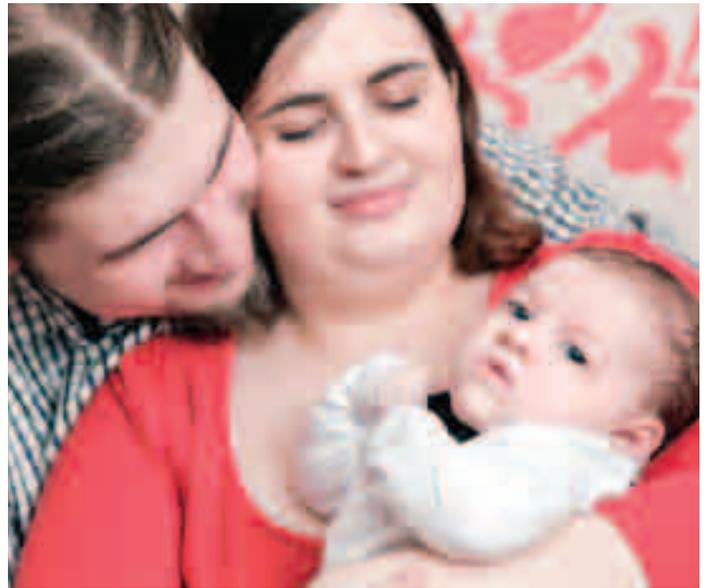


to creep into the middle class, making it harder to access affordable and quality early care and education. It also contributes to inadequate wages for those early care and education professionals hired to keep safe, nurture and teach the young children of Vermont.

According to a jobs brief by Public Assets Institute published on November 22, 2013, Vermont's wages from 2002 to 2012 "rose at the high end (80th percentile) by 6.3% after adjusting for inflation. Wages at the low end (20th percentile) shrank 6.2%. And those in the middle (50th percentile) saw their wages grow just 2 percent over the decade." Like kudzu, a vine which strangles other living plants around it, poverty has begun to creep into the middle class of Vermont.

Here are key points made in this report:

- There are 57,412 children age 8 or younger living in Vermont. That is 9.2% of Vermont's total population.
- Immunization rates for Vermont toddlers are below the national average and the state goal. As of 2012, 63% of children under 3 received the full series of recommended vaccines. The US rate was 68% and the Healthy People 2020 goal is 80%.
- Parents report only 32% of infants, toddlers, and young children age 0-5 received developmental screening in 2011/12, while the state goal is 95%.
- 26.6% of Vermont children live in families headed by a single parent.
- 2 out of 5 Vermont children under 6 live in low-income families.
- Since 2002, the rate per 1,000 children under six years for those newly placed in protective state custody increased from 4.5 to 5.3 per 1,000 children.
- 38% of Vermont children were deemed "not ready" for Kindergarten in 2012-2013.
- 32% of third graders in Vermont are reading below grade level and among children living below the poverty level, that rate increases to 45% in 2011-2012.
- Two-parent working families earning above \$47,100 but below the state median household income of \$54,168 are ineligible for child care financial assistance. These working families are expending 27-33% of total family income to pay for the up to 40 hours a week needed for child care outside the home.
- The average Vermont household with two working parents and two children cannot afford to meet their basic needs. While the State Median Income for such a family is \$54,168 a year, the State Legislature Joint Fiscal Office (JFO) calculates it costs \$77,880 a year to meet basic needs.



Maybe you've heard this story. The African Masai grasped the importance of children and how their wellbeing is vital to a community. A wonderful example of this understanding can be found in their traditional greeting to one another: "And how are the children?" to which the expected reply would be, "All the children are well."

Regardless of whether you are a business owner considering family policies for your employees, or a synagogue or church offering support groups to new parents, almost every decision we make affects our children in ways we may not even realize.

One could even argue that the future of our communities and state hangs in the balance. How we treat our littlest ones is how we treat our future leaders and productive citizens, after all.

We ask you to join others in Vermont to prioritize the interests of our young children and their families.

This report is here to help set us on a clear course, so that every Vermonter may one day say: All the children are well!

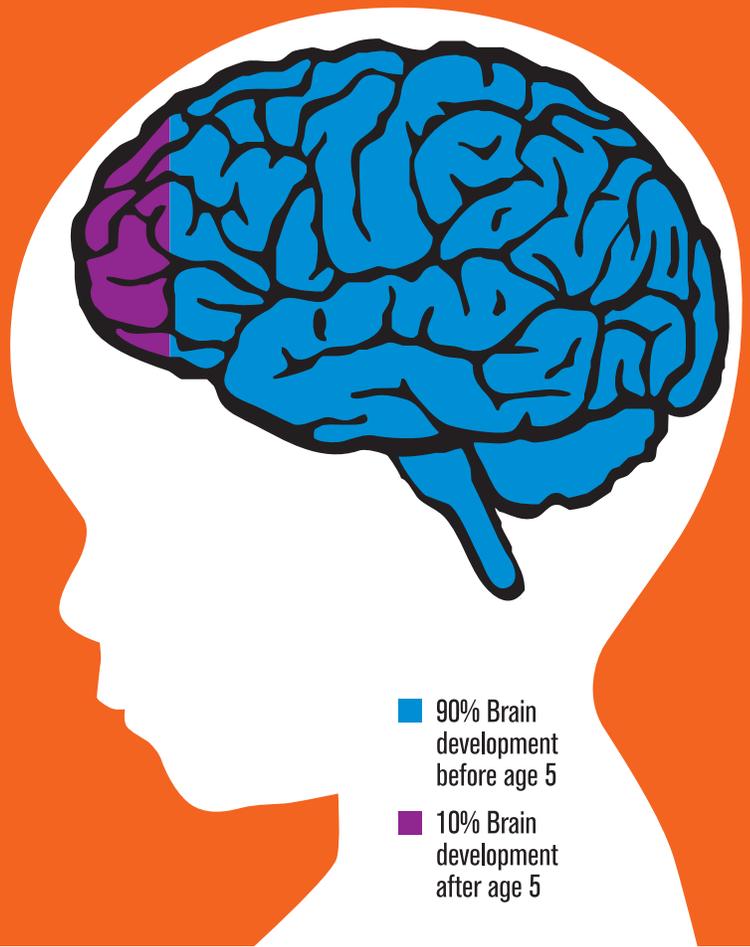


*Like constructing
a house, brains
are built upon a
**strong
foundation**
This starts before
birth, and is **very
important**
during the first
years of life.*

Brain Development

90%

of a child's brain development happens before age 5



Source: Harvard Center for the Developing Child

The science of early childhood

The brain is our control center. The brain oversees everything from our bodily functions to our emotions, thinking and behavior. It's what makes us human. We now know a great deal more about how the brain develops, thanks to the tremendous advances made by neurological science since the early 1990s, including in imaging technology. Research in related disciplines has added to our understanding of the importance of early development. What happens during the early years has lifelong implications on everything from learning to school success, family life and other relationships, and mental and physical health.

The brain develops extremely rapidly during early childhood. It is most receptive to positive and negative influences during this time. The early years present unique opportunities for positively affecting development. The benefits are not only reaped by each child individually, but by society as a whole through reduced social costs, greater stability and prosperity, and a healthier, more productive population.

Brain Science Center for the Developing Child

The science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society.

1 Brains are built over time, from the bottom up

Brains are built over time, from the bottom up. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, 700 new neural connections are formed every second. After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more

efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits.

2 The interactive influences of genes and experience shape the developing brain

Scientists now know a major ingredient in this developmental process is the “serve and return” relationship between children and their parents and other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions, and gestures, and adults respond with the same kind of vocalizing and gesturing back at them. In the absence of such responses—or if the responses are unreliable or inappropriate—the brain’s architecture does not form as expected, which can lead to disparities in learning and behavior.

3 The brain’s capacity for change decreases with age

The brain is most flexible, or “plastic,” early in life to accommodate a wide range of environments and interactions, but as the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages. Although the “windows” for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it’s easier and more effective to influence a baby’s developing brain architecture than to rewire parts of its circuitry in the adult years.

Early experiences affect the quality of brain architecture

Without high-quality early childhood education, children are:

 **25%** More likely to drop out of school

 **40%** More likely to become a teen parent

 **50%** More likely to be placed in special ed

 **60%** Less likely to attend college

 **70%** More likely to be arrested

Source: The Ounce. Why Investments in Early Childhood Work¹

4 Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course

The brain is a highly interrelated organ, and its multiple functions operate in a richly coordinated fashion. Emotional wellbeing and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar that comprise the foundation of human development. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for success in school and later in the workplace and community.

Policymakers rarely view early childhood development as economic development. They should. Careful academic research demonstrates that tax dollars spent on ECD provide extraordinary returns compared with investments in the public, and even private, sector.²

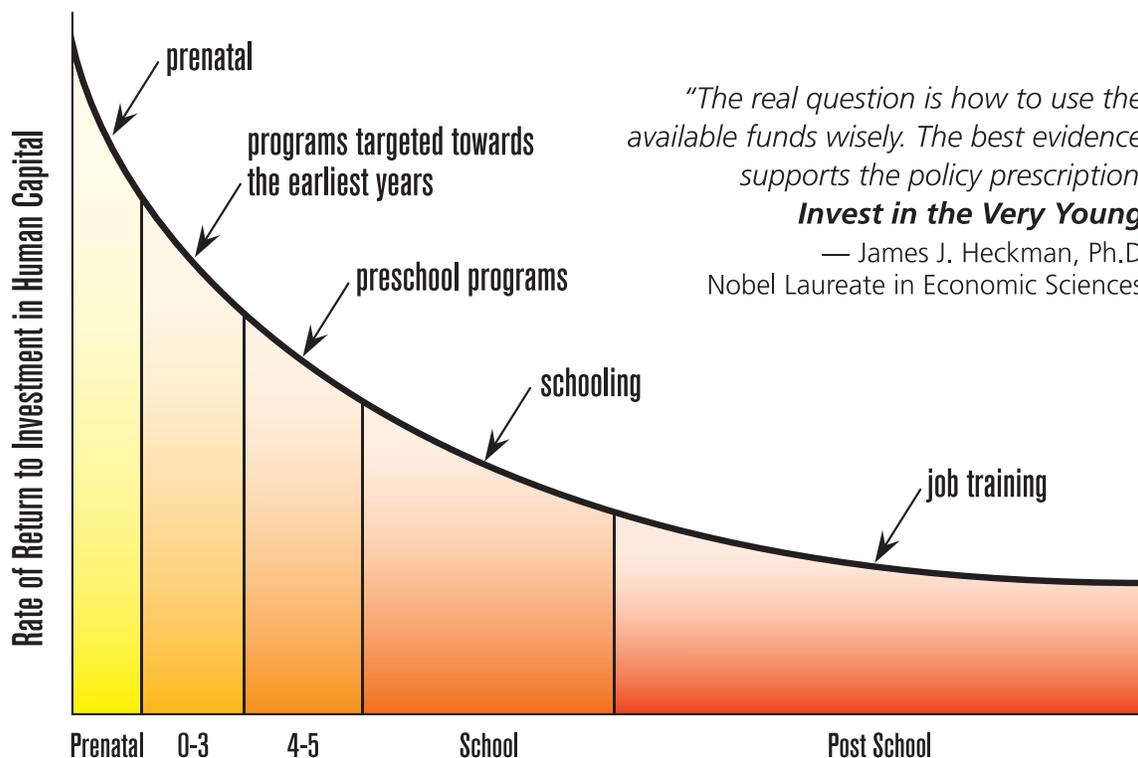
— Rob Grunewald and Arthur Rolnick
Federal Reserve Bank of Minneapolis

5 Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health

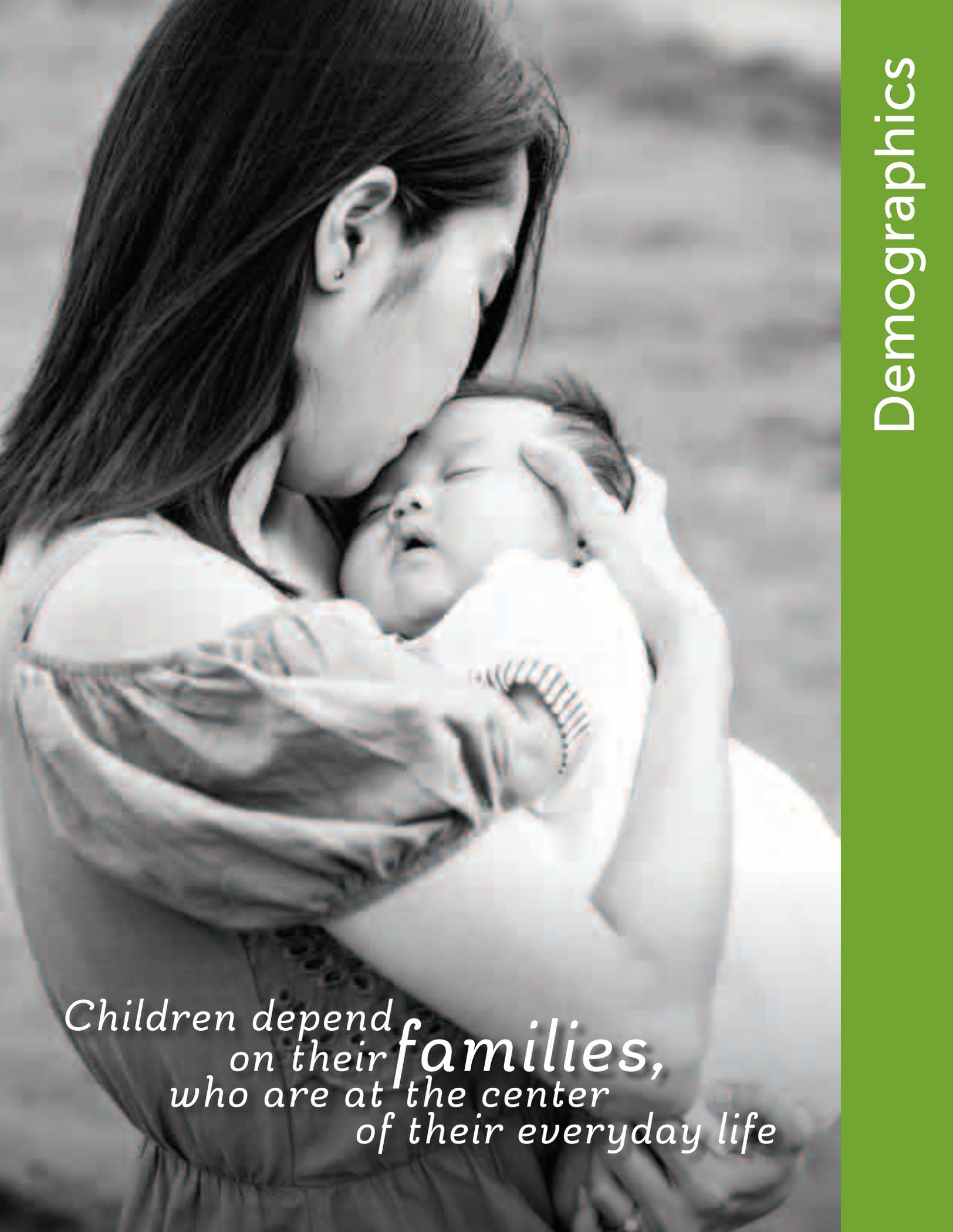
Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences) is an important and necessary aspect of healthy development, toxic stress is the strong, unrelieved activation of the body's stress management system. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain.

*"The Science of Early Childhood Development" and the Working Paper series from the National Scientific Council on the Developing Child.
www.developingchild.harvard.edu/library*

Returns per Dollar Invested



Source: The Heckman Equation. <http://www.heckmanequation.org/>⁴



*Children depend
on their **families**,
who are at the center
of their everyday life*

Demographics

Vermont, being a small, rural state is the second least populous state in the U.S. (population 626,011), the sixth smallest area (9,616.36 square miles) and the second highest percent rural population (61.1%). There is an average density of 65 people per square mile in 2010.^{5, 6, 7}

There are 59,560 children age 8 or younger living in Vermont. That is 9.5% of Vermont's total population.⁸

Geography is an important factor in Vermont when considering young child and family wellbeing

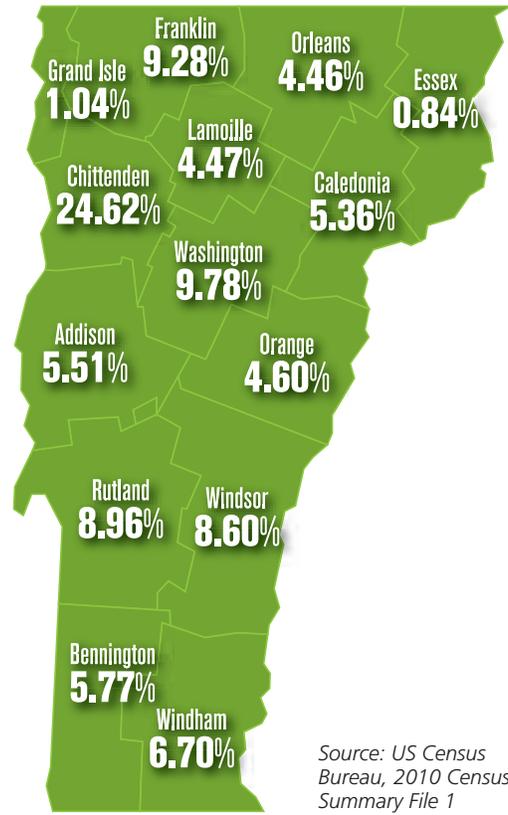
Vermont is 90.3 miles across its widest and most northern point (along the Canadian border), and 75% of its 9,616 square miles is forested. At its most narrow and southern point (along the Massachusetts border), the state is 41.6 miles across; it can take an hour and a half or more to travel that distance over the mountains in ice and snow. On the western side of Vermont, the only Standard Metropolitan Statistical Area spreads southward along the eastern shore of Lake Champlain from Grand Isle and Franklin Counties, through urban Chittenden County, into the farmlands of Addison County.

Chittenden County is, by far, the most populous and ethnically diverse

95.4% of the state population is white. Interestingly, in 2013, the state's population grew by 3.0% from 2000 to 2013, with the majority of that growth among non-Whites and in Chittenden County. As of 2012, there were 38,809⁹ people (6.2% of the population) of African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino Origin, of some other race, or of 2 or more races, living in Vermont.

Of Vermont's 14 counties, Chittenden County is by far the most populous, with 25% of the state's population. It and Vermont's largest city, Burlington (population 42,417)¹⁰, are also the most diverse.

Percent of Vermont children under age nine, by county



Source: US Census Bureau, 2010 Census, Summary File 1

This is at least in part due to the arrival of 5,810 refugees in Vermont from 1989 to 2012¹¹, from other 25 countries but predominantly (75%) from the following four:

- Bosnia (1,705 or 29% of the arrivals, through 2004)
- Vietnam (1,609 or 18% of the arrivals, through 2005)
- Bhutan (994, or 17% of arrivals, through 2012)
- Somalia (609 or 10% of arrivals, through 2012)

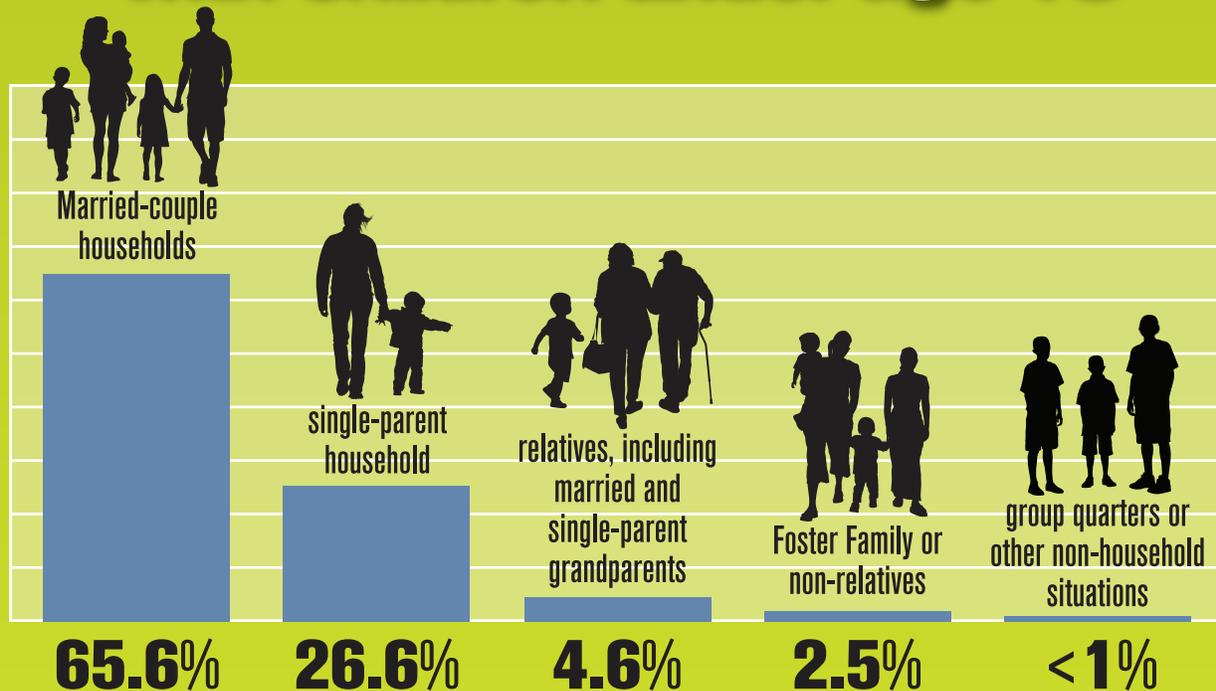
Most Vermonters aged 25 or older are high school graduates

Between 2008-2012, 91.2% of the people in Vermont aged 25 or over had high school diplomas. Thirty-four percent had a bachelors or higher degree.¹² The median household income is \$54,168, with 11.6% of the population living below poverty.^{13, 14}

Children from two-parent families fare better emotionally, socially, economically¹⁵

Over half of all households with children under age 18 are led by two-parent families in Vermont.¹⁶ This is good for Vermont's future. Children from two-parent families fare

Living arrangement of VT families with children under age 18



Source: Census Bureau, American Community Survey, 2008-2012.¹⁷

better emotionally, socially and economically, according to marriage research recently published in *The Future of Children*, a journal published jointly by the non-partisan Brookings Institution and Princeton University's Woodrow Wilson School.

Only in recent years has research begun to show just how beneficial, of couples staying together. Long-term studies on the children of divorce have only been documented for the last twenty years. Census data shows that nationally the number of single-parent families is increasing.¹⁸

Today we see all sorts of two-parent and single-parent families and many of these households are headed by mothers, headed by fathers, or headed by a grandparent raising grandchildren. In fact, over 7% of households with children under 18 in Vermont are led by relatives including married and single-parent grandparents, or foster families.¹⁹

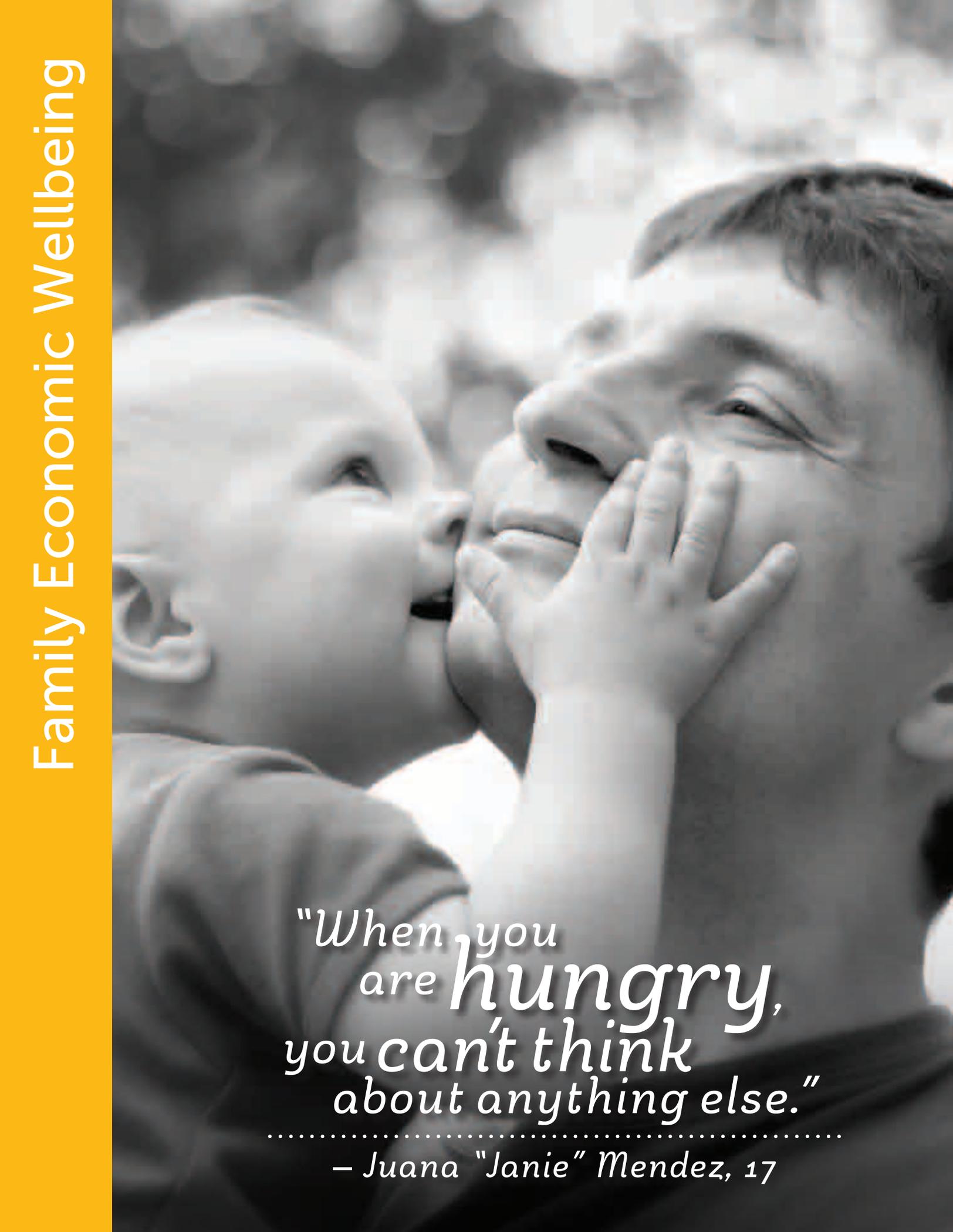
Life in a single parent household can be stressful for all concerned. Society unrealistically expects that the family can function like a two-parent family, and may feel that something is wrong when it can not. The single parent may

feel overwhelmed by the responsibility of juggling caring for the children, maintaining a job and keeping up with the bills and household chores. And typically, the family's finances and resources are drastically reduced following parents' breakup.

Vermont population growth trend is very small and its residents aren't getting any younger

The percent population change from 2010 to 2013 was stagnant in Vermont (0.1%) as well as in Maine (0.0%) and West Virginia (0.1%). Rhode Island was the only state to lose population (-0.1%).²⁰ While all states have experienced an increase in median age since 2000, Vermont has the second oldest population in the country (median age 42.4; Maine has the oldest at 43.5 years) and is among eight states (CT, FL, ME, MO, NH, PA, VT and WV) with half of its population is over 40 years of age.²¹

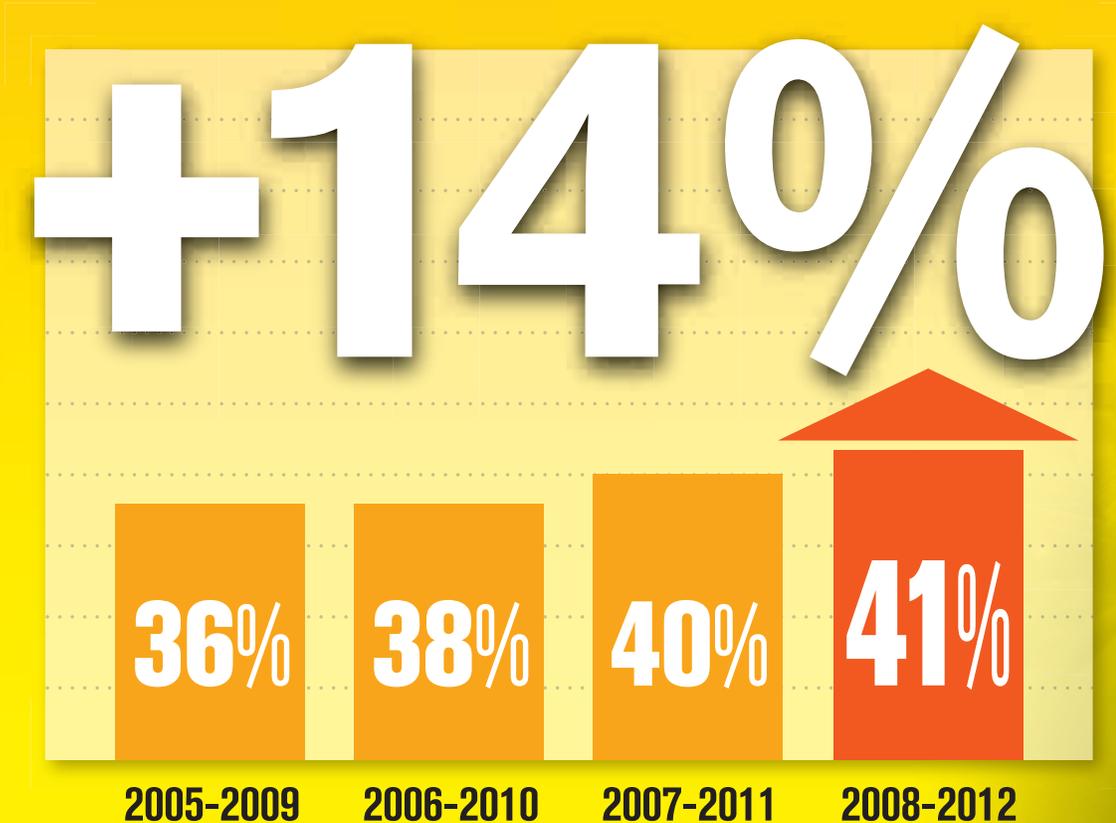
The variations in median age are mostly due to young people moving to new places, according to William Frey, a demographer and Brookings Institution senior fellow.²²



*"When you
are hungry,
you can't think
about anything else."*

.....
– Juana "Janie" Mendez, 17

The rate of low-income children under 6 has increased 14%²³



Source: Census Bureau, American Community Survey, 2005-2009, 2006-2010, 2007-2011, 2008-2012.

Poverty is now mainstream in America

Children in the United States face one of the highest rates of poverty within the industrialized world. Inequities in wealth distribution, resource distribution, and quality of life are increasing in the United States and globally.

Family economic wellbeing is a key influence on the quality of life for children, youth, and families. Family economic wellbeing affects human functioning in many ways, including development across the life span, psychological health, and physical health.

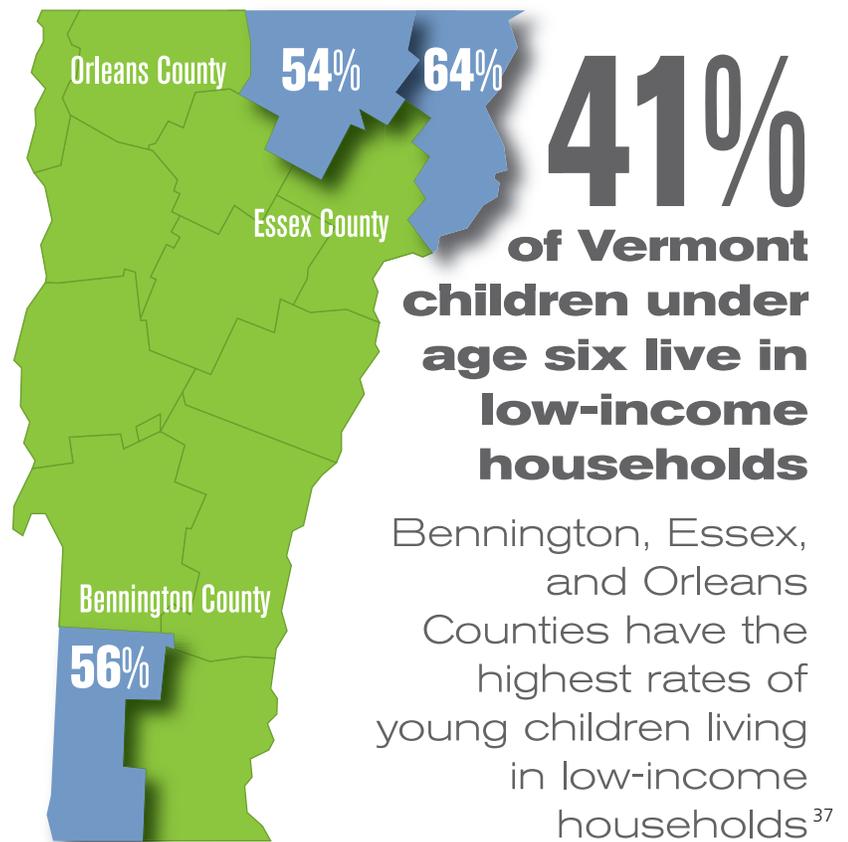
Too many families spend more than the recommended 30% of their income on housing, leaving less for their children's needs

Almost 4 out of 10 VT children under 18 years live in households that spend more than 30% of their income on housing (2012.) Among low-income children it increases to almost 7 out of ten (2011) leaving parents with less financial resources left over to meet their children's basic needs and make other investments in their children's development.²⁵

Nineteen percent (816) of the 4,285 persons in Vermont's Emergency Solution Grants' (ESG) shelters in 2013 were children.²⁴

Economic effects on education

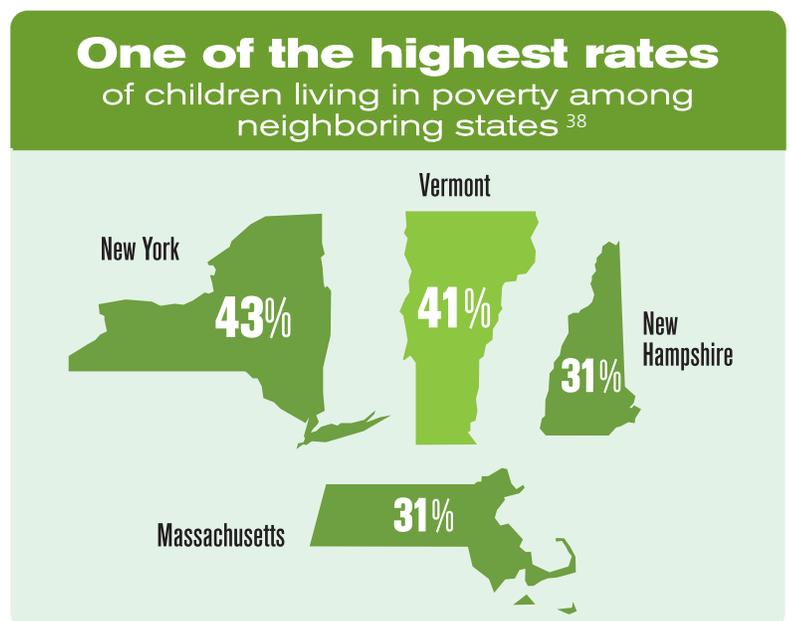
- Increasing evidence supports the link between socioeconomic status (SES) and educational outcomes.²⁶
- Socioeconomic status appears to create achievement gaps for Black and Hispanic children, when compared to the achievement levels of White children.²⁷
- Children from low-SES families often begin kindergarten with significantly less linguistic knowledge.²⁸
- Children from less-advantaged homes score at least 10% lower than the national average on national achievement scores in mathematics and reading.²⁹
- Children in impoverished settings are much more likely to be absent from school throughout their educational experiences, further increasing the learning gap between them and their wealthier peers.³⁰
- While national high school dropout rates have steadily declined, dropout rates for children living in poverty have steadily increased.³¹ Between 60 and 70% of students in low-income school districts fail to graduate from high school.³²



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

Economic effects on family wellbeing

- Socioeconomic status affects family stability, including parenting practices and resulting developmental outcomes for children.³³
- Among low-income families, those with family exposure to substance use exhibit the highest rates of child abuse and neglect.³⁴
- Lower socioeconomic status has been linked to domestic crowding, a condition which has negative consequences for adults and children, including higher psychological stress and poor health outcomes.³⁵
- All family members living in poverty are more likely to be victims of violence. Racial and ethnic minorities who are also of lower socioeconomic status are at an increased risk of victimization.³⁶



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

2013 Vermont Basic Needs Budget

The average Vermont family with 2 children must spend \$77,880 a year to meet only their basic needs. The median Vermont family household income is \$54,168.³⁹

Category	Two Working Parents with Two Children (Rural) Cost estimates per month	Two Working Parents with Two Children (Urban) Cost estimates per month
Food	995	995
Housing (including utilities)	923	1,029
Transportation	1,174	947
Child Care	990	1,075
Personal and Household Expenses	653	653
Health & Dental Care	482	482
Insurance & Savings	324	318
Taxes	950	935
	\$6,490	\$6,434

Source: Vermont Legislature Joint Fiscal Office (JFO)

Families pay a significant part of their earnings for child care

Two-parent working families earning just above \$47,100 (>200% of poverty) but below \$54,168 (state median household income) are expending 27-33% of total family income to pay for the up to 40 hours a week needed for child care outside the home. These families would not meet the income eligibility requirements for public child care financial assistance.⁴⁰

The bottom line

Low-income and middle-class working families need more help with [high-quality] child care in Vermont so they can work & provide for their children better, offering them a chance to begin Kindergarten on a level playing field with their peers.⁴¹

The 2013 Basic Needs Budget estimates that with a livable wage, 15-16% of income is needed to meet two working parents with two children child care needs in Vermont.

Two Parent Two Child Family

Vermont Median Household Income
(2012)

\$54,168

200% Federal Poverty Level (2013)

(If above not eligible for child care assistance)

\$47,100

100% Federal Poverty Level (2013)

\$23,550

STARS makes child care more affordable

...enrolled in a four- or five-STARs rated program, the estimated net cost of child care to the family is reduced to less than 2.6%...

When a low-income, two-parent two-child family is eligible for child care financial assistance AND their children are enrolled in a four- or five-STARs rated program, the estimated net cost of child care to the family is reduced to less than 2.6% of total income. The same family will pay an estimated 21% of their income for child care if their children are not enrolled in a STARs-rated program.⁴²



The income and gender gaps In Vermont

A working adult with a bachelor's degree will earn almost double what a person with a high school diploma.

Sean Reardon, Stanford researcher says that family income is now nearly as strong as parental education in predicting children's achievement.⁴³

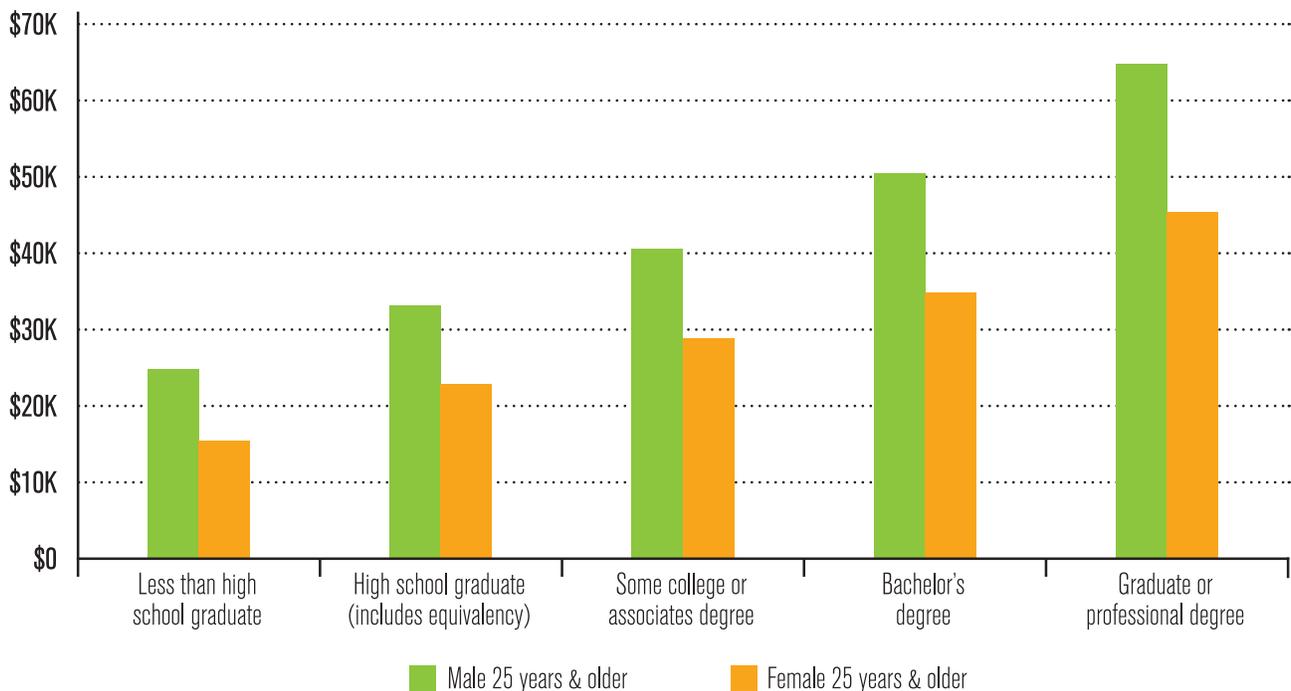
The National Kids Count states that in 2011, 47% of Vermont head of households with children have a high school diploma or equivalency and 22% with a Bachelor's degree.⁴⁴

Income Gap – The gap between male and female median annual earnings

The gap between male and female median annual earnings with a bachelor's degree is also quite wide, a difference of \$15,916 (46%). This gender gap occurs across all education levels and is the highest among those with a high school diploma at 56%.⁴⁵

VT Median Earnings by Education and Gender

In Vermont, a working adult with a bachelor's degree will earn nearly twice as much as a person with a high school diploma.⁴⁶



Source: U.S. Census Bureau, Vermont Median Earnings by Educational Attainment and Gender, Table B20004, 2008-2012 American Community Survey

*The **early child period**
is considered to be the
most important developmental
phase throughout the lifespan.*

.....
World Health Organization

The state of health and wellbeing of pregnant women, infants, and young children in Vermont

The World Health Organization's definition of health has stood for more than 60 years and applies to all people regardless of age. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁴⁷ A healthy child has a much better chance of starting school 'ready to learn', not falling behind in school, dropping out, being neglected or abused, and ending up in costly juvenile detention facilities. Poor health in childhood can cast long shadows later in life. A large majority of children in the U.S. and Vermont are in good health, regardless of family income, although low-income children are much less likely than their more affluent counterparts to be in excellent or very good health. As of 2011/12, there was a gap of 16 percentage points between low-income and non-low-income children in the proportion in very good or in excellent health in the US. In Vermont there was an 11 percentage points difference.⁴⁸

All children deserve a healthy start in life

Early prenatal care is a critical component of health care for pregnant women and a key step towards having a healthy pregnancy and baby. Increasing performance on this measure contributes to positive health outcomes for mothers and babies. Two of the most significant benefits of early and ongoing prenatal care are improved birth weight and decreased risk of preterm delivery.

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

Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse. With more Vermont women smoking before their pregnancy and into their first trimester as compared to the national average, this would be a critical time to aggressively address the leading preventable cause of low birth weight of newborns.

Cost of medical care for a premature or low birth-weight baby for its first year of life is about \$49,000.

Prematurity is costly to society

Low birth weight is a strong predictor of long term physical and developmental health problems. According to a 2007 study done by the March of Dimes Foundation, the average cost of medical care for a premature or low birth-weight baby for its first year of life is about \$49,000, while a newborn without complications costs \$4,551. Almost 11 times as high as a healthy baby. These health, development and financial consequences of low birth weight are compelling reasons to ensure that prenatal care delivery is early and high quality.



Prenatal Care and Smoking

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

In 2010,
21.2%
smoked before pregnancy
and in the 1st trimester.

Of those women,
26.2%
quit and did not smoke in their
2nd and 3rd trimester.^{49, 50}

Source: Vermont Department of Health, Maternal Child Health Quarterly Surveillance Report, 09-26-13

Developmental screening is a Vermont priority

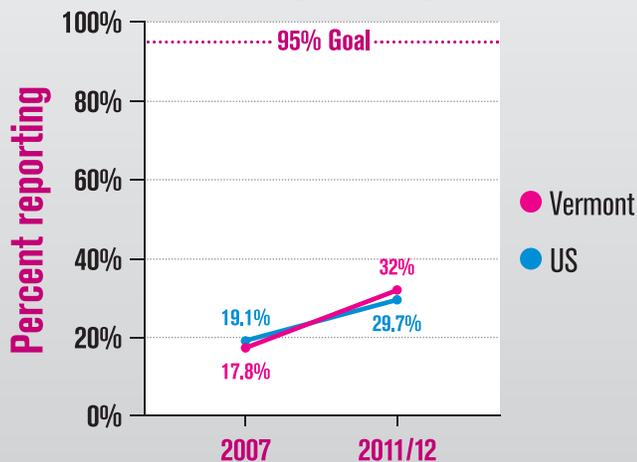
Developmental surveillance and screening of children and adolescents is a Vermont priority. Research has found that children who get screening using parent-reported information are more likely to be identified with developmental delays, referred for early intervention, and be determined eligible for early intervention services. Vermont set a goal, through Healthy Vermonters 2020, that 95% of all children will receive appropriate developmental screening by age two and 90% will have appropriate follow up referral by age three.

Vermont uses the American Academy of Pediatrics Bright Futures Guidelines that recommends standardized screening with a validated tool at ages 9, 18, 24 or 30 months. Screening for autism is recommended at 18 and 24 months.

Findings from a Vermont study of pediatric medical records showed that almost 2.5 times more children received a developmental screening at the recommended times in 2011 compared to 2009, going from 21% to 51%, after a Quality Improvement Intervention.⁵¹ Parents in this same study showed a 3 times increase in reporting their young child received a developmental screening using a standardized screening tool, from 12% to 32%. This is similar to results of a national survey of parents about their children's health and wellbeing.⁵²

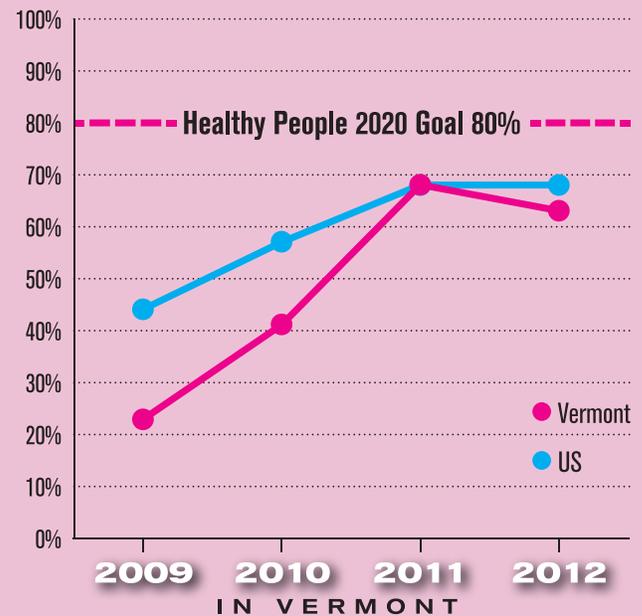
Developmental Screening

Vermont has set a goal that 95% of all children will receive developmental screenings by age 5.⁵³



Immunizations Rate

In 2012, 63% of children under three years of age in Vermont received the full series of recommended vaccines.^{54, 55}



Vaccines protect children

Parents are naturally concerned about the health and safety of their children. Illness and death caused by infectious diseases are still a danger. Vaccines protect children by preparing their bodies to fight many potentially deadly diseases.⁵⁶

By the time toddlers (19-35 months) enter kindergarten, school nurses report 87 percent have received all the required doses for school entry. The Healthy People 2020 goal is 95%. Immunization reporting is now required in licensed and registered child care. Of the fewer than 55% of child care programs reporting, over 94% of children were up to date on their vaccinations.

Source: Child and Adolescent Health Measurement Initiative (CAHMI). 2003, 2007 and 2011-12 National Survey for Children's Health. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org. Analysis done by David Murphey, Child Trends.



Social and Family Relationships

*"Young Children
develop in an
Environment
of Relationships"*

.....
*The National Scientific Council
on the Developing Child*

Social and family relationships are critically important to a child

According to Zero to Three, a national center for infants, toddlers and families

“Relationships are the way babies come to know the world and their place in it. They provide the loving context necessary to comfort, protect, encourage, and offer a buffer against stressful times. It is through relationships that young children develop social emotional wellness, which includes the ability to form satisfying relationships with others, play, communicate, learn, face challenges, and experience emotions. In addition, nurturing relationships are crucial for the development of trust, empathy, compassion, generosity, and conscience.”⁵⁷

Vermont families rank first in the nation in reading, singing and telling stories to their young children.

Language development is fundamental to all areas of learning

Children develop literacy skills and an awareness of language long before they are able to read. Since language development is fundamental to all areas of learning, skills developed early in life help set the stage for later school success. By reading aloud to their young children, parents help them acquire the skills they will need to be ready for school.

In 2011/12, 97 percent of Vermont parents of children younger than six reported that family members read to them three or more times per week. The Vermont figure is also significantly higher than it was in 2007 (91 percent) or 2003 (89 percent).⁵⁸

In the words of the distinguished developmental psychologist Urie Bronfenbrenner:

“...in order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody’s got to be crazy about that kid. That’s number one. First, last, and always.”

— The National Scientific Council on the Developing Child ⁵⁹

Singing songs and telling stories promotes early literacy skills and closeness among family members

Another shared activity that promotes early literacy skills and provides opportunities for closeness between young children and other family members is singing songs or telling stories together. In 2011/12, 69 percent of parents of children younger than six reported that family members sang songs or told stories to them every day in the past week.⁶⁰

Participating in family meals can encourage positive behavior and improved physical and mental health. Like other forms of parental involvement, frequent family meals are associated with positive behavioral outcomes for children.

In 2011/12, 93 percent of parents of children younger than nine reported that children had meals with family members three or more times per week. The Vermont figure is significantly higher than 2003’s (89 percent).⁶¹

Shared Family Activities with children as reported by parents ⁶²



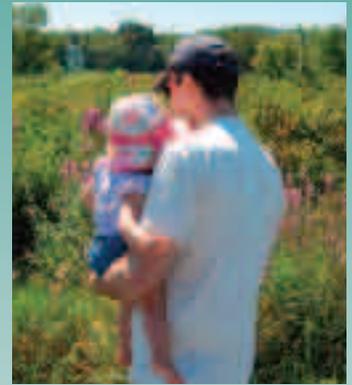
97% reported that family members read to the children three or more times per week



69% reported that family members sang songs or told stories to the children every day



93% reported that children had meals with family members three or more times per week



79% reported that family members took the children on outings three or more times per week

Source: Child Trends' analysis of National Survey of Children's Health.

Family outings build content knowledge which supports literacy

Outings with family members—for example, to the park, library, zoo, shopping, church, restaurants, or family gatherings—build important content knowledge that supports literacy, as well as provide opportunities to exercise physical, social, and emotional skills.

In 2011/12, 79 percent of parents of children younger than six reported that family members took them on outings three or more times per week.⁶³

Adverse Childhood Experiences (ACE)

As the number of ACE experiences increases the risk of developing significant health and development problems increases in a strong and graded fashion.

In Vermont and nationwide, in 2011/12, four percent of children younger than six years had three or more early childhood adverse experiences, as reported by their parents. This translates to 1,247 very young Vermont children.⁶⁴ As the number of ACE experiences increases the risk of developing significant health and development problems increases in a strong and graded fashion.

Evidence is accumulating on the importance of cumulative stress in affecting a number of health and other life-course outcomes. While a degree of stress is unavoidable, when stress reaches “toxic” levels it interferes with the normal development of the body’s neurological, endocrine, and immune systems, leading to increased susceptibility to disease.

Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes.

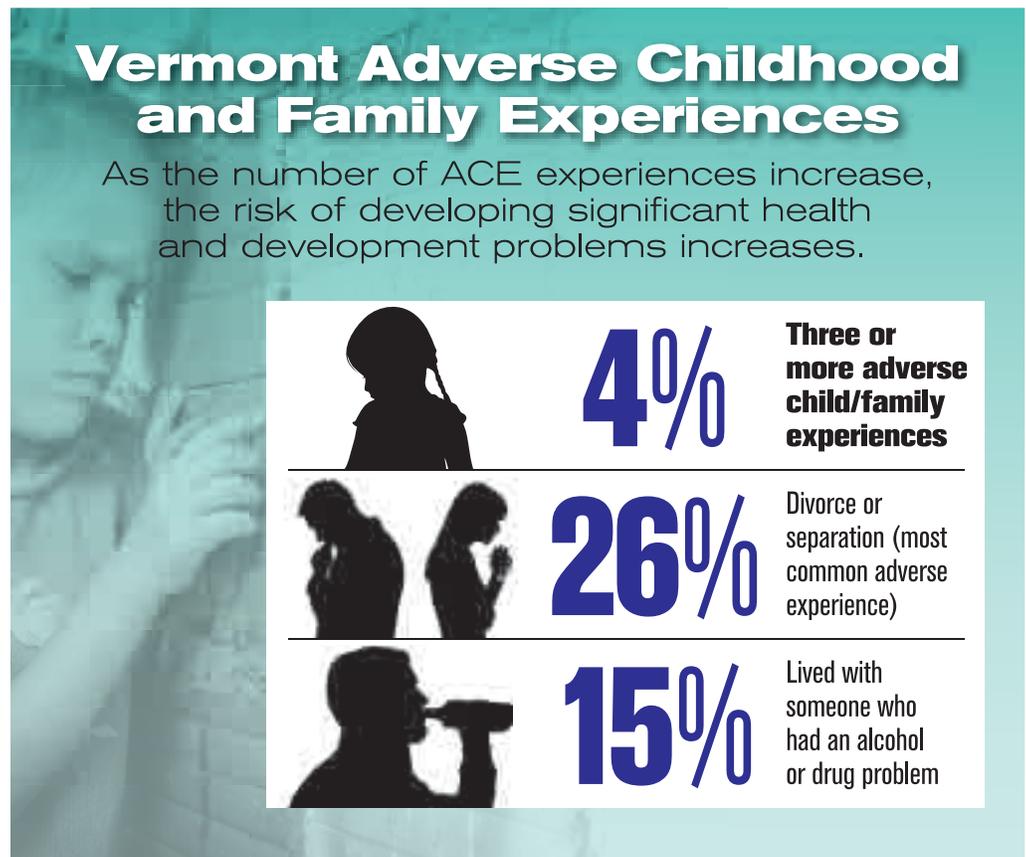
The recent 2011/12 National Survey of Children’s Health (NSCH) provides cross-sectional, parent-reported data on nine ACEs among US children age 0 to 17 years.

The survey asked parents to indicate whether their child had ever experienced one or more of the following:

- Divorce/separation of parent
- Lived with someone with an alcohol/drug problem
- Socioeconomic hardship
- Lived with someone who was mentally ill or suicidal
- A parent who served time in jail
- Witness to domestic violence
- Victim of or witness to neighborhood violence
- Treated/judged unfairly due to race/ethnicity
- Death of a parent

Persistent stress produces excessive elevation of the heart, blood pressure, and stress hormones which can impair brain architecture, immune status, metabolic systems, and cardiovascular functions.”

The Adverse Childhood Experiences Study (ACES) provides powerful evidence of this.⁶⁵ Shonkoff states, “These insights provide an opportunity to think about new ways we might try to reduce the academic achievement gap and health disparities—and not just do the same old things.”⁶⁶



"There can be no keener revelation of a society's soul than the way in which it treats its children."

.....
– Nelson Mandela



Child injuries are preventable

Ensuring that young children have safe, secure environments in which to grow, learn, and develop healthy brains and bodies is not only good for the children themselves but also builds a strong foundation for a thriving, prosperous society. Science shows that early exposure to circumstances that produce persistent fear and chronic anxiety can have lifelong consequences by disrupting the developing architecture of the brain.

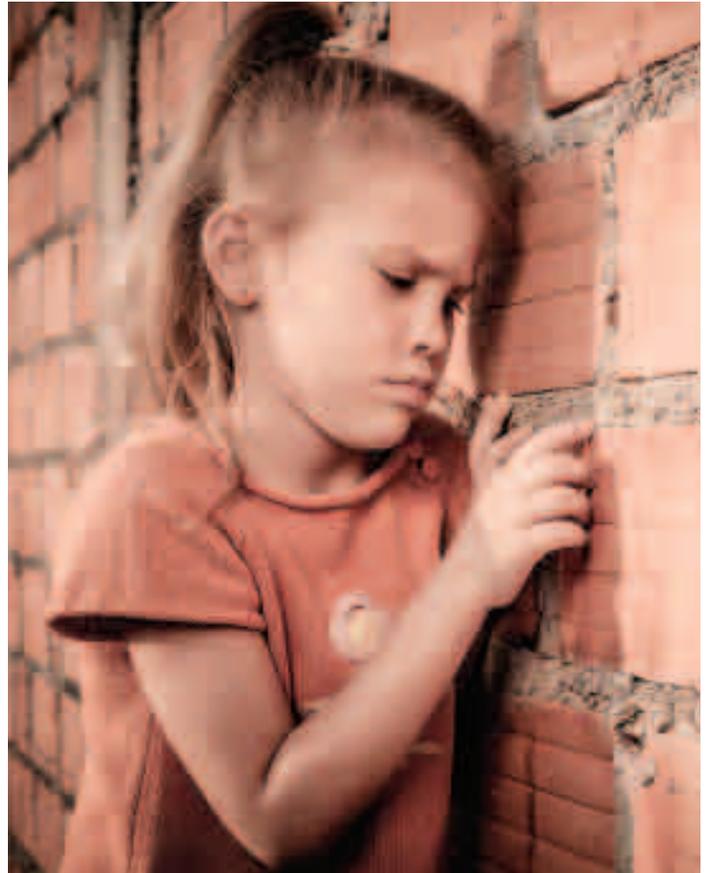
The most recent survey of adverse childhood experiences conducted in Vermont was 2011/12. It found the second most common adverse childhood experience, after divorce, for Vermont children under 6 was living with someone who had an alcohol or drug problem.⁶⁷

Unfortunately, many young children are exposed to such circumstances.

Governor Shumlin devoted his entire 2014 State of the State Message to what he said was a “full-blown heroin crisis in Vermont.” “In every corner of our state, heroin and opiate drug addiction threatens us,” he said. He said he wanted to reframe the public debate to encourage officials to respond to addiction as a chronic disease, with treatment and support, rather than with only punishment and incarceration “...It requires all of us to take action before the quality of life that we cherish so much is compromised.”⁶⁸ Vermont, along with nine other states across the nation have the highest illicit drug dependence or abuse as measured by the Annual National Survey on Drug Use and Health.⁶⁹

Addiction is not only about unhealthy substance use but also about emotional pain and trauma. Living with addiction often results in cumulative trauma that deeply affects family members from the earliest stages of life throughout the life cycle.

The second most common adverse childhood experience, after divorce (26%) by Vermont children under 6 years (15%) was living with someone who had an alcohol or drug problem.



Safe communities are critical to child development

According to the scientific council on the developing child, science has proven that exposure to circumstances that produce persistent fear and chronic anxiety can have lifelong consequences by disrupting the developing architecture of the brain. Research also tells us that nearly half of children living in poverty witness violence, or are indirectly victims of violence.⁷⁰

The crime rate is growing but at less than half the annual rate of the 1980s. A notable exception however is the 652 aggravated assaults recorded in 2012, surpassing 600 for the 3rd time in Vermont’s history. Break-and-enter crimes in Vermont also reached a 13-year high in 2012 at 3,965.^{71, 72}

Preventing maltreatment can be a powerful lever to move Vermont toward greater health and wellbeing

In 2012, Vermont's child protection agency, Family Services Division, received a report of suspected child abuse and neglect about once every 33 minutes.⁷³ Forty-five percent of abused or neglected Vermont children were less than 9 years of age, almost a quarter are under 4 years of age.⁷⁴ Of child abuse reports, thirty percent were accepted for either investigation (16%) or child or family assessment (14%).⁷⁵

"Some of our nation's most serious health concerns can be linked to trauma from abuse and neglect early in life. Preventing maltreatment can be a powerful lever to move the population toward greater health and well-being."⁷⁶

According to a 2012 CDC study, just one year of confirmed cases of child maltreatment costs \$124 billion over the lifetime of the traumatized children. The researchers based their calculations on only confirmed cases of physical, sexual and verbal abuse and neglect, which child maltreatment experts say is a small percentage of what actually occurs.⁷⁷

The breakdown per child is:

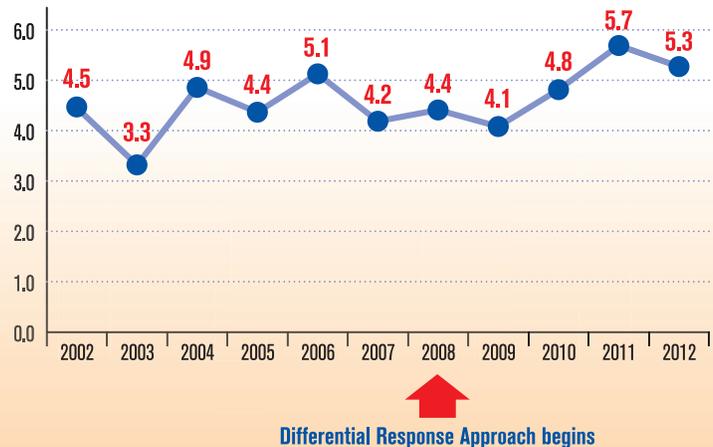
- **\$32,648** in childhood health care costs
- **\$10,530** in adult medical costs
- **\$144,360** in productivity losses
- **\$7,728** in child welfare costs
- **\$6,747** in criminal justice costs
- **\$7,999** in special education costs

// No child should ever be the victim of abuse or neglect—nor do they have to be. The human and financial costs can be prevented through prevention of child maltreatment. **//**

— Linda C. Degutis, Dr.P.H., M.S.N., director of CDC's National Center for Injury Prevention and Control.

2002-2012 Child Abuse & Neglect Rate Increase

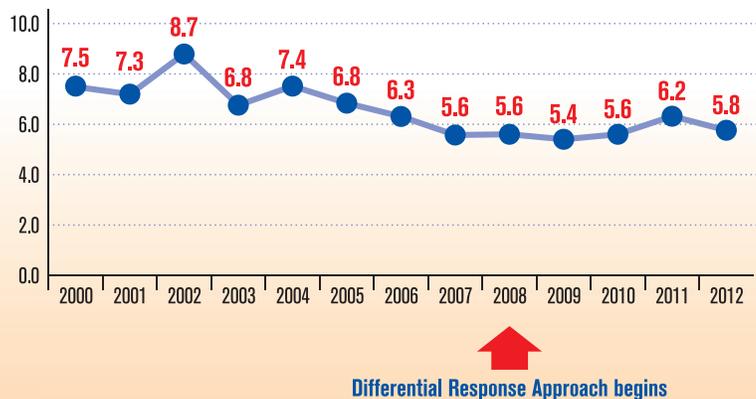
New Children Under Age Six in DCF Custody out of Every 1,000 Children⁷⁸



Source: 2012 Custody Management Report, Department for Children and Families

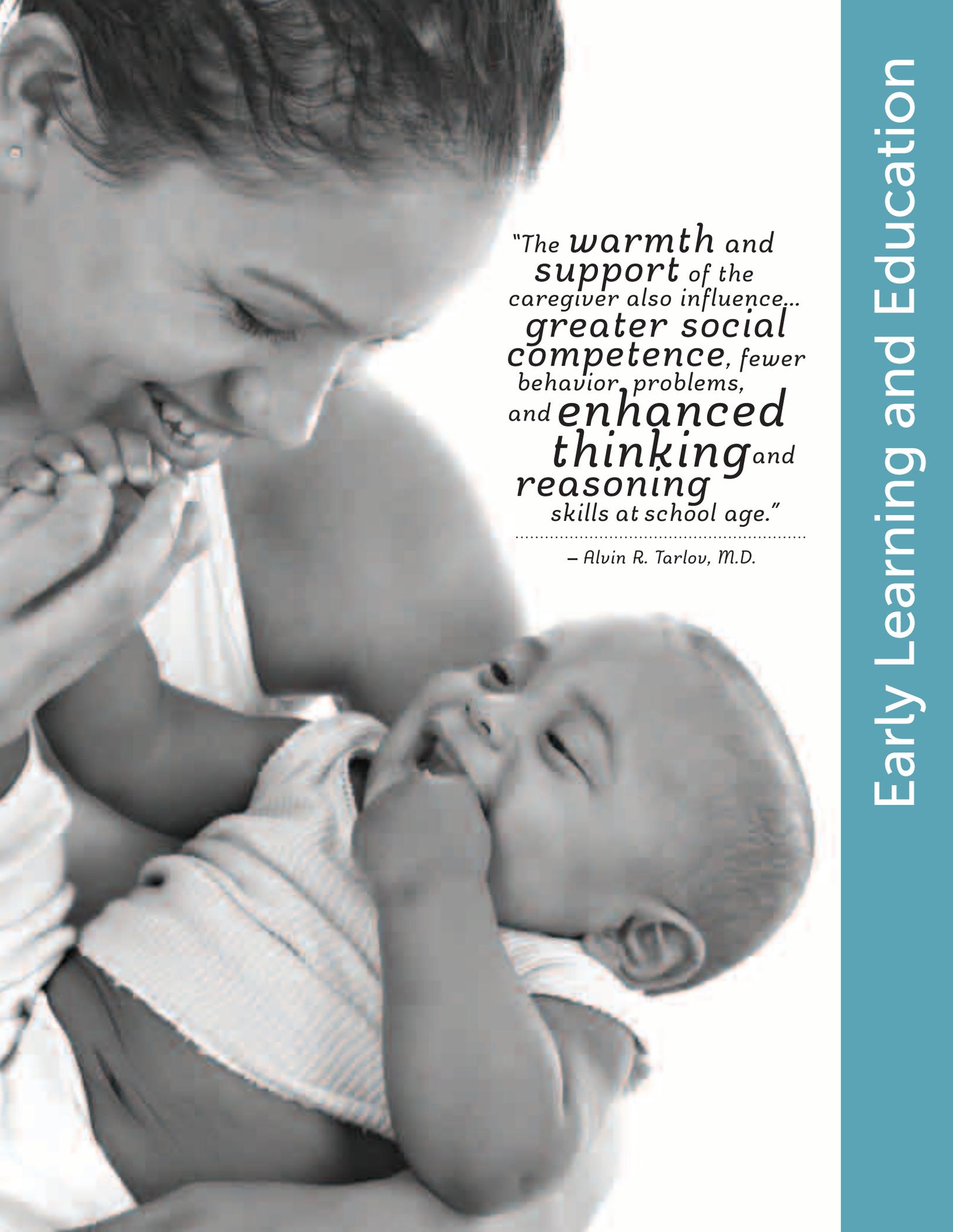
New Custody is an accepted investigation that results in a substantiated allegation and placement in Department for Children and Family custody. On occasion some unsubstantiated allegations will result in a child placed in custody. Not all children that have a substantiated allegation(s) are placed into DCF custody. 2012 Custody Management Report, Department for Children and Families.

Vermont Child Victimization Rates Out of 1,000 Children Less Than Eighteen Years



Source: 2012 Annual Report on Child Protection in Vermont, Vermont Department for Children and Families

Victimization is defined as a formal determination of whether the reported abuse or neglect occurred. The report is substantiated if the evidence would lead a reasonable person to believe the child was abused or neglected. 2012 Annual Report on Child Protection in Vermont, Vermont Department for Children and Families, Family Services Division, http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2012_Child_Protection_Report.pdf.



"The *warmth* and
support of the
caregiver also influence...
greater social
competence, fewer
behavior problems,
and *enhanced*
thinking and
reasoning
skills at school age."

– Alvin R. Tarlov, M.D.

The learning starts at home

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

Professional Families
11M

Working Class Families
6M

Government Assistance Families
3M



WORDS SPOKEN BY PARENT PER YEAR

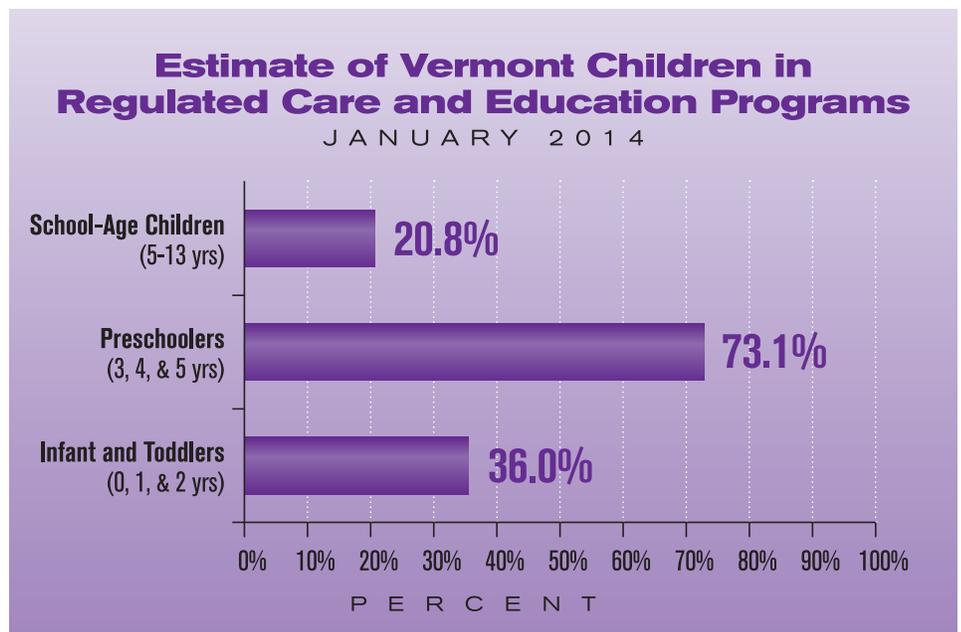
Source: Betty Hart and Todd Risley; *Meaningful Differences in the Everyday Experience of Young American Children*, 1995.⁷⁹

The thirty million word gap

The word gap, along with other issues, leaves preschool educators to fix existing educational shortfalls, said Dana Suskind, a doctor and researcher at the University of Chicago. She's also the director of Thirty Million Words® Initiative, one of many advocacy and research groups whose work revolves around the Hart and Risley research.

"This early language and vocabulary gap are really the beginnings of the achievement gap that we see continuing on through the end of high school and through life," Suskind said.

With 72 percent of Vermont children under 6 with all parents in the workforce and 80 percent of children



Source: January 2014 Referral Capacity and Vacancy Data for Regulated Programs, Child Development Division



Percent of Care and Education Programs with 4-5 STARS⁸² by AHS District, 2013

Agency of Human Services Districts	% Licensed Centers and Registered Homes with 4-5 Stars (December 2013)	% Licensed Centers with 4-5 Stars (December 2013)	% Licensed Homes with 4-5 Stars (December 2013)
Vermont	22.39%	45.40%	4.68%
Barre	13.26%	32.43%	0.00%
Bennington	22.77%	48.78%	5.00%
Brattleboro	32.05%	50.00%	6.25%
Burlington	25.94%	45.12%	5.77%
Hartford	20.18%	31.34%	2.38%
Middlebury	31.00%	64.44%	3.64%
Morrisville	22.22%	47.37%	3.85%
Newport	22.50%	38.46%	14.81%
Rutland	22.88%	47.06%	3.53%
Springfield	28.57%	50.00%	9.09%
St. Albans	15.05%	56.10%	3.45%
St. Johnsbury	22.47%	50.00%	5.45%

Source: Early Childhood Data Reporting System, www.bbfdata.com

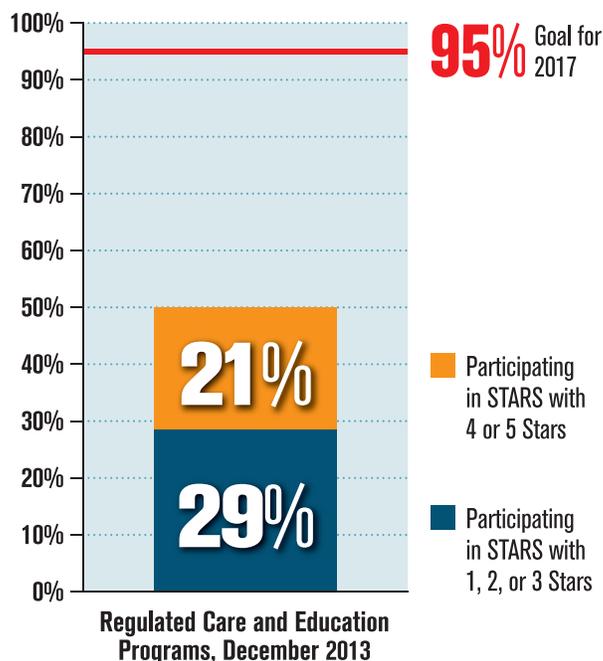
6-17 years, the demand by parents for formal and informal, in-home and away from-home care is evident.⁸⁰ While participation and attendance information is not available across all these settings, January 2014 estimates suggest that 36% of infants and toddlers; 73% of preschoolers and 20% of school age children are enrolled in one or more regulated care and education settings (this includes Head Start, public pre-K, licensed centers and registered homes.)⁸¹

Parents and policymakers realize that just as a high-quality early learning program can improve children's kindergarten readiness, high-quality infant and toddler care can enhance children's cognitive, language, and social-emotional development.

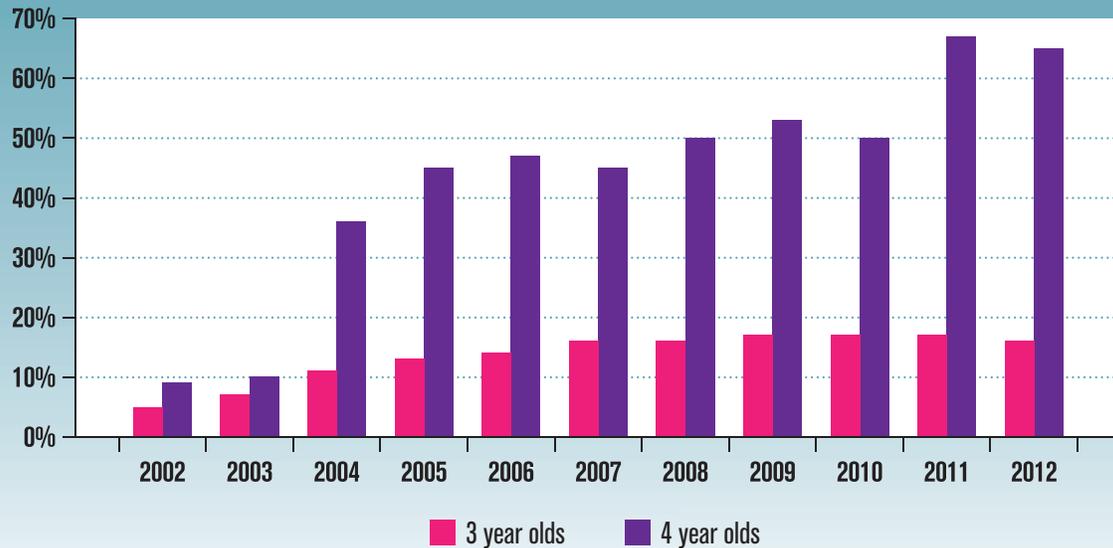
While there is no information on the quality of informal, non-regulated care, the quality of regulated care and education programs is measured through Vermont's Step Ahead Recognition System STARS. Participation in Stars is higher among licensed programs compared to registered homes, however, registered family home providers increased their participation rate by almost sixty percent between 12-2012 and 12-2013 (24% to 38%.) By 2017, Vermont has set a goal of 95% program participation in STARS rate and upward movement in Stars levels.

Source: Building Bright Futures, Early Childhood Data Reporting System, www.bbfdata.com

Vermont's Participation in STARS⁸³



Percent of State Population Enrolled in Publicly Funded PreK



Source: National Institute for Early Education Research, *The state of preschool 2012: State preschool yearbook*.⁸⁴

Publicly funded pre-K

“Rigorous studies find that strong preschool education programs can meaningfully enhance early learning and development and thereby produce long-term improvements in school success and social behavior that generate benefits to individuals and the broader society far exceeding costs.”

— Steven Barnett, Director, National Institute for Early Education Research.⁸⁵

As early as the 1980s, towns voluntarily offered early education programs to three- and four-year-olds. Initially these programs targeted children with high needs but later expanded to include all children. In 2007, Act 62 was enacted to codify this long-standing practice and to set consistent and high program and personnel standards. Act 62 promotes partnerships between school districts and existing qualified community programs, requires community input prior to establishing or expanding public pre-K programs, and offers children between the ages of three and five and their families greater access to quality early learning experiences. Currently, 90% of all Local Education Areas (LEAs) offer public pre-K.

Act 62 requires programs to be:

- Nationally accredited or participate in STARS and have received 4 or 5 STARS (out of a maximum of 5); or
- Participate in STARS, have received 3 STARS and have a plan in place to achieve 4 or 5 STARS;
- Employ a licensed early childhood educator or early childhood special educator;
- Use curriculum that addresses the Vermont Early Learning Standards (VELS); and
- Be in good standing and abide by with Early Childhood Program Licensing Regulations.

In school year 2011-2012, 52% (163) of Vermont's high quality (4 or 5 Stars) programs received public funds through Act 62 to deliver pre-K to 3 and 4 year olds. Washington County has the highest percentage at 73% and Addison County had the lowest at 38%. Programs were a mix of community (includes Head Start) and school based.⁸⁶

In 2012, 65% (4,352) of Vermont's four year olds were enrolled in VT's school and community based programs receiving Act 62 public funds and 9% (591) were enrolled in Head Start. For three year olds, 16% (1,038) were enrolled in publicly funded (Act 62) pre-K programs and 8% (496) were enrolled in Head Start.⁸⁷

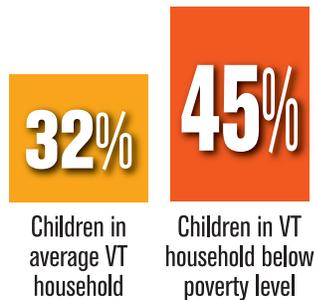
The Vital Link: Early Childhood Investment is the First Step to College, Career and Citizenship Readiness⁸⁸

VT children in kindergarten were not ready in five areas



Kindergarten Readiness In order to be successful in school and in life, children must meet milestones in a range of developmental areas. But a new analysis shows that by age 8, most children in the United States are not on track in cognitive knowledge and skills, and many lag in the areas of social and emotional growth, physical well-being and engagement in school.⁸⁹ Thirty-eight percent of Vermont children entering kindergarten in 2012-13 school year were not ready in all five developmental areas: cognitive development, communication, social-emotional development, approaches to learning and physical health and well-being.⁹⁰

Vermont Third Graders reading below grade level



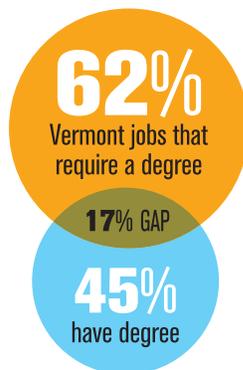
3rd Graders Reading at Grade Level Third grade achievement is a reliable predictor of high school graduation. Why is third grade so important? It's when children make the leap from learning to read to reading to learn. At that point, children must read well in order to understand other subjects. Up to half of the printed fourth grade curriculum, for example, is incomprehensible to students who read below that grade level.⁹¹ An estimated 32% of Vermont third graders (2011-12 school year) are reading below grade level. For children in families eligible for the free and reduced lunch program, the rate of children reading below grade level jumps to 45%.⁹²

The majority of VT students graduate high school on time



High School Graduation is an important starting point for job/career readiness. Eighty-eight percent of Vermont high school freshman in public schools go on to graduate on time.⁹³ The Vermont cohort graduation rate has remained consistent between 2004-05 and 2011-12 school years with rates of 87.18% and 87.63% respectively.⁹⁴ In 2011-2012, seven high schools fall below an 80% rate and twenty-three schools are above a 90% rate.

The majority of Vermont jobs will require a college education



College Education According to a recent analysis by the Georgetown University Center on Education and the Workforce indicates that 62% of Vermont jobs will require a postsecondary education by 2018.⁹⁵ Through Act 38 (2009) the VT legislature established the goal of 60% of the population have at least an associates degree by 2025.⁹⁶ There has been very minimal growth towards achieving this goal. Forty-five percent of the state's 339,520 working age adults (25-64 years) hold at least a two years associates degree. Chittenden has the highest percentage with 59% and Orleans and Essex counties with the lowest share, 29% and 26% respectively.⁹⁷

*"The most powerful force
in American Democracy
is the **connection**
among **citizens**"*

*National Constitution Center,
Pennsylvania Civic Health Index*



Community

A community has a fundamental impact on the life of a young child

A community has a fundamental impact on the life of a young child. Communities, as well as families and society as a whole, create the early environments that affect brain development and set the course for a child's future.

Civic health

Civic health reflects the degree to which residents talk to neighbors, spend time with friends or family, participate in community groups, vote, talk about politics, and act to further good causes. Neighborhoods have a huge impact on the well-being of children and families and a healthy, safe home is essential for a child to grow, learn and explore.

Why does civic health matter?

Strong civic health is associated with:

- better public health outcomes,
- lower crimes rates and youth delinquency
- greater economic resilience

Social cohesion and non-profit density

A 2012 Issue Brief by the National Conference on Citizenship explored the relationship between civic engagement and economic resilience. It found that the density and type of nonprofit organizations in a community, as well as its social cohesion, interaction between friends and neighbors are important predictors of that community's ability to withstand unemployment in a recession. Vermont was one of the top ten states for social cohesion and NPO density.⁹⁸

Volunteering, voting, attending meetings, and working with neighbors are a few ways in which Vermonters engage in civic life. People also belong to and lead groups, exchange favors with neighbors, socialize with friends and family, interact online, follow the news, and try to influence the government. In 2008, the Census Bureau's Current Population Survey expanded its civic surveys to assess many of these forms of engagement.

34.4% of Vermonters volunteer, ranking them 10th among the 50 states and Washington, DC and 1st amongst the New England states.⁹⁹

Volunteering

Volunteering and other types of civic engagement are the cornerstone of a strong communities. Citizens working together and talking to each other help solve problems and make their communities better places to live and work. Between 2010 and 2012, 34.4% of Vermonters volunteer, ranking them 10th among the 50 states and Washington, DC and 1st amongst the New England states. Among young adults (ages 16-24) 31.5% Vermonters volunteered, ranking them third across the nation.¹⁰⁰



Income inequality's impact on health, education and economic wellbeing

Economists slice the US income picture into five parts, with the poorest families in the bottom 20 percent, and the richest at the top. The top 20% of Vermont households earned 47% of the total Vermont income in 2008-2012 (in the US it was 50%). The bottom 20% of Vermont households earned 4% of the total Vermont income (in the US it was 3%).¹⁰¹ In the US, the total share of aggregate national income is not only concentrated among the highest income earners, but has become increasingly more so over time.¹⁰²

Since the financial crisis of 2008, more attention is focused on income inequality's effect on society and social cohesion.¹⁰³ Researchers from the economic, health and education sectors are all very concerned about the current and future impact of a growing income gap on our children's health, education and economic outcomes.

From the economic sector there is deep concern that higher inequality results in year-to-year and generation-to-generation decrease in economic mobility.

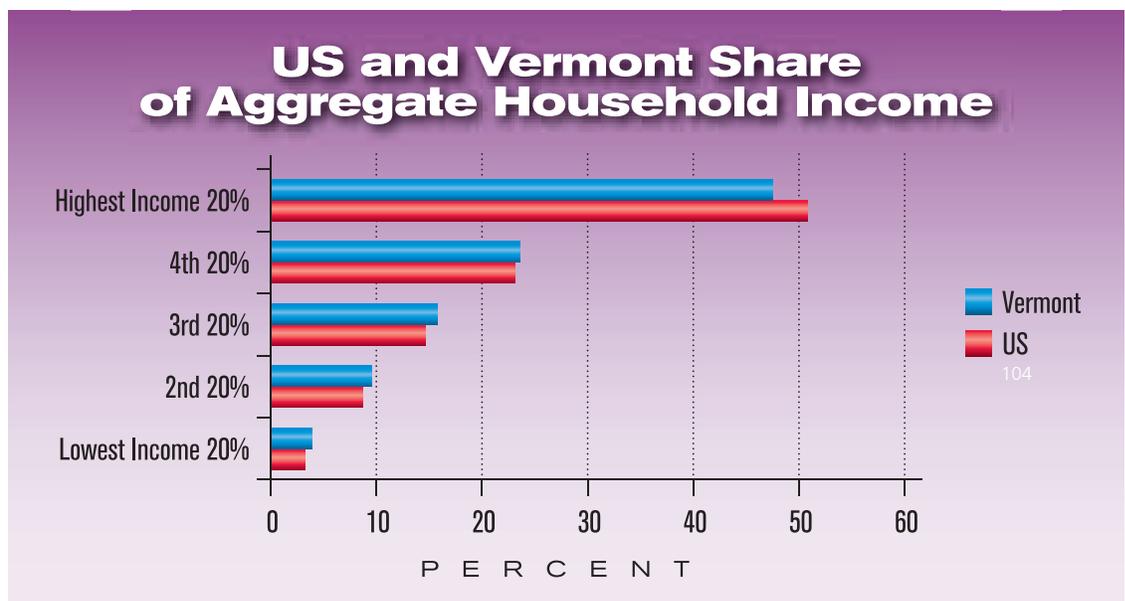
That is, the bottom steps on the economic ladder are getting wider and harder to climb. "Measures of income dispersion show a distribution of income across U.S. households that has become comparatively more unequal over time as high-income U.S. households have benefitted disproportionately from economic growth and that is less equal compared with distributions in many other developed countries. It also appears that going from rags to riches is relatively rare; that is, where one starts in the U.S. income distribution greatly influences where one ends up."¹⁰⁵

From the health sector, there is increasing evidence from scientists that many health outcomes—everything from life expectancy to infant mortality and obesity—can be linked to

the level of economic inequality within a given population. Greater economic inequality appears to lead to worse health outcomes. By greater inequality, epidemiologists—the scientists who study the health of populations—don't just mean poverty.

Poor health and poverty do go hand-in-hand. But high levels of inequality, the epidemiological research shows, negatively affect the health of even the affluent, mainly because, researchers contend, inequality reduces social cohesion, which leads to more stress, fear, and insecurity for everyone.¹⁰⁶

From the education sector, recent research on the widening income achievement gap conducted by Sean Reardon, professor at the Stanford University Graduate School of



Source: US Census Bureau, 2008-2012 American Community Survey

Education reports "if we do not find ways to reduce the growing inequality in education outcomes—between the rich and the poor—schools will no longer be the great equalizer we want them to be." He states "it is unrealistic, however, to think that school-based strategies alone will eliminate today's stark disparities in academic success. Economic policies that reduce inequality; family support policies that ensure children grow up in stable, secure homes and neighborhoods; and early-childhood education policies that promote cognitive and social development should all be part of a comprehensive strategy to close the economic achievement gap."¹⁰⁷

The Genuine Progress Indicator (GPI)

The GPI was established in statute in 2012 (Act 113) measures the long term, net benefits of economic activity as opposed to the Gross National/State Product that address economic transactions. This measure provides a more holistic picture of the neighborhoods and communities where children and families live. The authors of this report recognized the significant work that remains to be done on the impacts of other investments in education, such as the documented benefits from early childhood programs.

The Genuine Progress Indicator includes 26 indicators across economic, environmental and social domains.

Vermont's GPI growth rate was 5.34% from 2010 to 2011 with \$11.588 billion (2000\$) and \$18,499 per capita (2000\$.) The top two largest deductions to the VT GPI in 2011 were the cost of nonrenewable energy depletion (-31.3%) and income inequality adjustment (-27.45%). The

top contribution after personal consumption expenditures (138.63%) and services of consumer durables (25.27%) were the social indicators value of housework (30.10%) and value of higher education (19.85%) when combined boosted the GPI considerably.¹⁰⁸

Value of housework includes raising our children, preparing meals for families, providing adequate shelter for those living in a household, and providing care and assistance for an relative who is sick or injured, and assisting our older family members live their best possible life in their later years.

The report did note that crime costs are trending downward as the crime rate is growing but at less than half the annual rate of the 1980s. A notable exception however is the 652 aggravated assaults recorded in 2012, surpassing 600 for the 3rd time in Vermont's history.¹⁰⁹ Break-and-enter crimes in Vermont also reached a 13-year high in 2012 at 3,965.¹¹⁰

Vermont Genuine Progress Indicator

Economic	Environmental	Social
Personal Consumption Expenditures	Cost of Water Pollution	Value of Housework
Income Inequality Adjustment	Cost of Air Pollution	Cost of Family Changes
Services of Consumer Durables	Cost of Noise Pollution	Cost of Crime
Cost of Consumer Durables	Cost of Net Wetland Change	Cost of Personal Pollution Abatement
Cost of Underemployment	Cost of Net Farmland Change	Value of Volunteer Work
Net Capital Investment	Cost of Net Forest Cover Change	Cost of Lost Leisure Time
	Cost of Climate Change	Value of Higher Education
	Cost of Ozone Depletion	Services of Highways and Streets
	Cost of Nonrenewable Energy	Cost of Commuting
	Resource Depletion	Cost of Motor Vehicle Crashes

Source: http://www.uvm.edu/giee/research/VTGPI_ExecSum_29Jul13.pdf

Innovations

*Innovation can **create prosperity**
and promote wellbeing.*



*Six innovations
are happening right here in Vermont,
sparking improvements
in child & family wellbeing.*

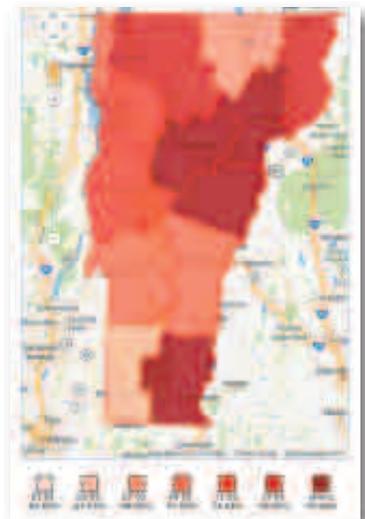
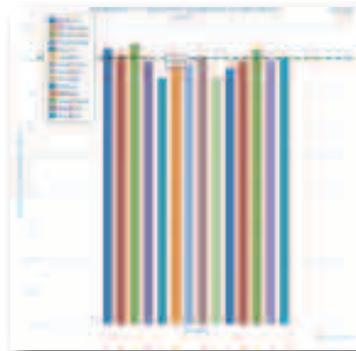
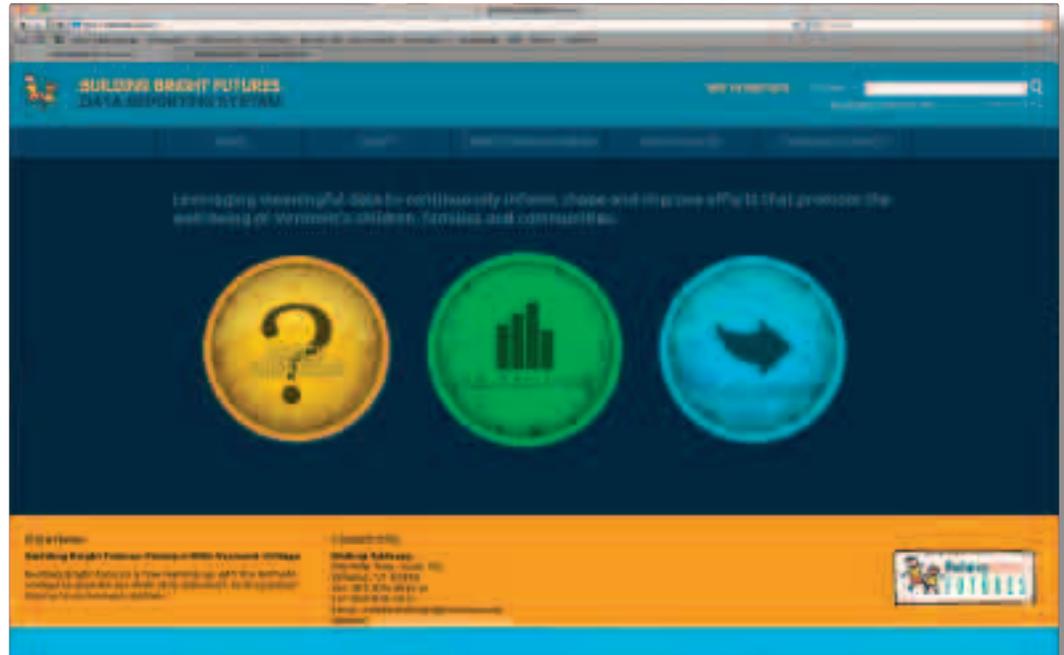
Making socially important data publicly available

Early Childhood Data Reporting System of Building Bright Futures

Effectively and sustainably promoting the well-being of Vermont’s young children, families and communities is a challenge that requires a systemic, disciplined approach to make better use of data, involve citizens, invest in the early childhood workforce, and collaborate between public, private, and nonprofit sectors.

The Early Childhood Data Reporting System (ECDRS) is Vermont’s answer to that challenge. ECDRS has been recognized as a state innovation success story by the national Early Childhood Data Collaborative (ECDC).

ECDRS is operational now as a working prototype, at bbfdata.org. When fully developed, ECDRS will be the interactive home for every data point, visual, and story contained in the *How Are Vermont’s Young Children?* reports. As important, ECDRS uses a data literacy framework that promotes data use skills and ensures ease of access so that end-users can access, interpret, act on, and communicate multiple types of data to promote children’s well-being.



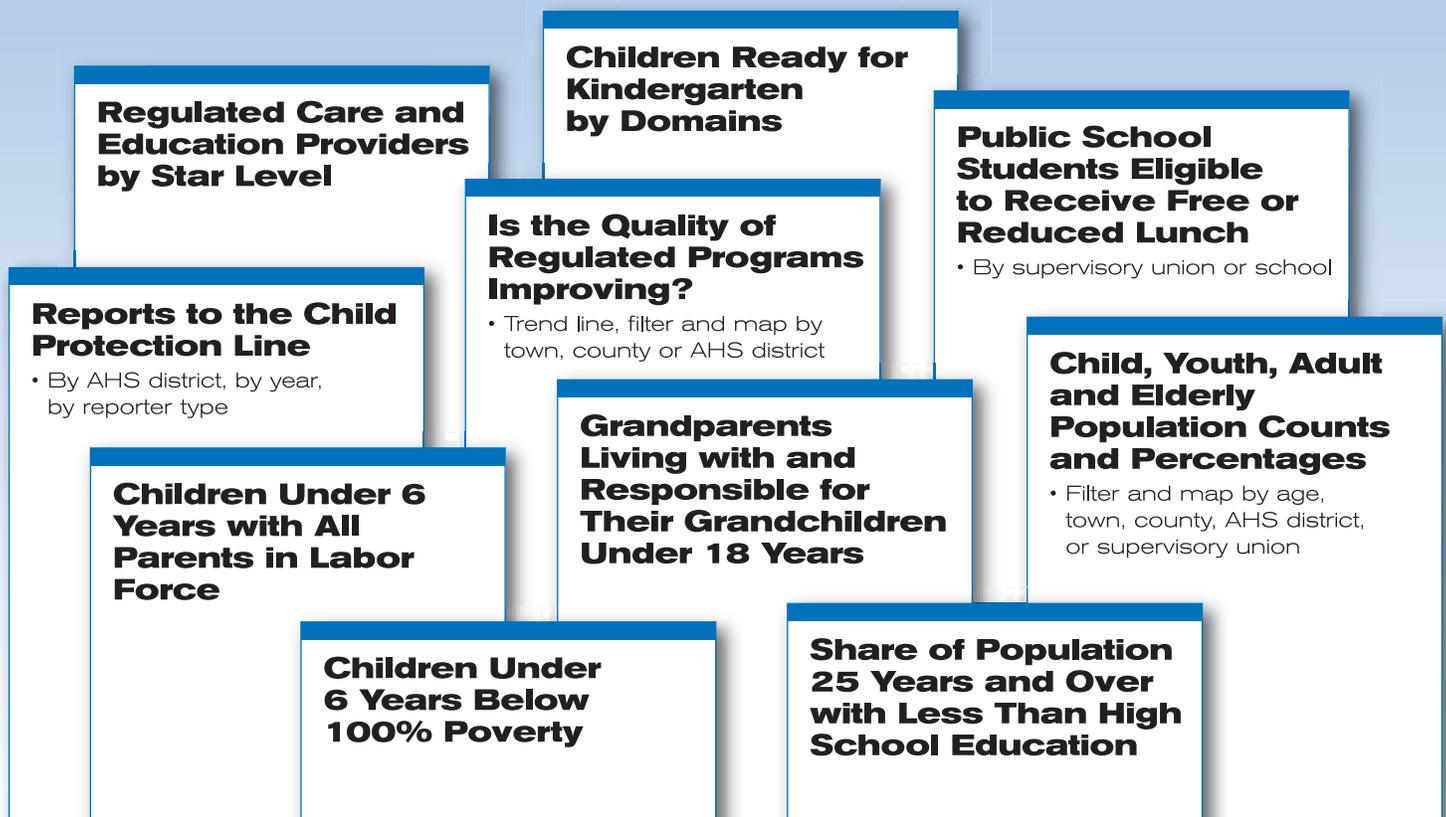
For the first time, community profiles and regional comparisons will be available to the public 24 hours a day, 7 days a week.

ECDRS: A collaborative service of Building Bright Futures

Because early childhood data resides in multiple places, such as state agencies and community based non-profit organizations, high level participation and buy-in is essential. The leadership of the BBF Data and Evaluation Committee,

advisors to ECDRS includes state and local government, nonprofit organizations, businesses, and providers from the public and private sectors.

A Sampling of ECDRS Reports Available On Demand, 24/7



Source: Building Bright Futures-Early Childhood Data Reporting System, bbfdata.org

ECDRS is designed as a web-based toolbox to enable:

Better information for decision making

- Collecting credible population-based and performance data
- Benchmarking consistently against peers (local, state, national and international)
- Using data to design and improve interventions, based on what works

Greater engagement and empowerment of citizens

- Using innovative channels to make services more people centric
- Soliciting Vermonters' input to frame policy questions and relevant data needs
- Empowering and tapping citizens to help design and deliver better community-based services

Closer collaboration between the public, private and nonprofit sectors

- Creating a shared picture of the outcomes and collective impact of investments in Vermont's youngest children
- Leveraging government's role as a provider of data for the public good
- Identifying gaps in available data needed by multiple sectors to improve Vermont's early childhood system

The Happiness and Wellbeing Survey

Vermont is the first to conduct a state-based Happiness and Wellbeing Survey in the U.S. Gross National Happiness USA commissioned the Center for Rural Studies (CRS), University of Vermont to conduct this study in 2013, through random sample. Forty percent of the 426 respondents reported having children under 18 years of age.¹¹¹

The study includes 65 indicators across ten domains:

- **Psychological wellbeing** Assesses satisfaction and optimism in individual life
- **Physical health** Measures self-rated health, disability, exercise, sleep, and nutrition
- **Time balance** Measures the use of time for recreation and socializing with family and friends
- **Community vitality** Focuses on relationships and interactions in communities
- **Social connection** Examines sense of belonging and vitality of affectionate relationships
- **Education and cultural access** Evaluates participation in educational and cultural events
- **Environmental quality** Measures the quality of local water, air, and soil
- **Governance** Assesses how the population views local government
- **Material wellbeing** Evaluates individual and family income as well as financial security
- **Work experience** Evaluates satisfaction with working life

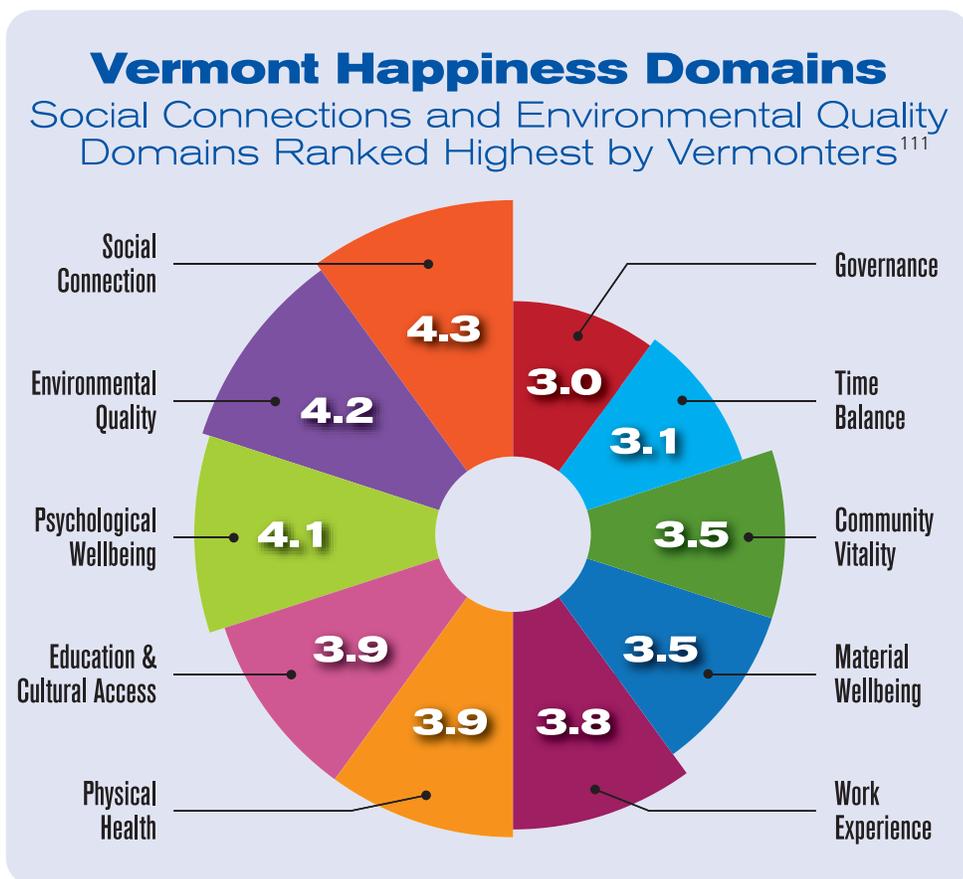
Each domain was assigned a value between 1-5, using a 5-point scale response to questions, with 1 as the lowest rank and 5 as the highest.

Governance ranked the lowest at 3 (example question: How satisfied are you with the job being done by local government officials in your

“Happiness is when what you think, what you say, and what you do are in harmony.”
— Mahatma Gandhi

city or town?—28.8% were dissatisfied or very dissatisfied) followed by Time Balance with the 3.1 (example question: How satisfied are you with the balance between the time you spend on your job and the time you spend on other aspects of you life?—28.3% were dissatisfied or very dissatisfied).

As this innovative research continues, perhaps it can help us understand more about our collective values and in understanding how communities can strengthen and contribute more positively to the wellbeing of families and children.



Source: Vermont Happiness and Wellbeing Study 2013, commissioned by Gross National Happiness USA, Waitsfield, Vermont and conducted by the Center for Rural Studies, University of Vermont.

The critical relationship between early childhood experiences and successful life-long outcomes

Project L.A.U.N.C.H. (Linking Actions for Unmet Needs in Children’s Health)

In 2012, The Vermont Department of Health (VDH) received a 5-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to build onto existing systems a more comprehensive view of health that addresses the physical, emotional, social, cognitive and behavioral aspects of well-being for young children ages 0-8 and their families in 5 ways:

Project LAUNCH’s five prevention and promotion strategies

- Child screening and assessment in a range of child-serving settings
- Integration of child behavioral health into primary care settings
- Mental health consultation in early care and education
- Enhanced home visiting through increased focus on social and emotional well-being
- Family strengthening and parenting skills training

The Building Bright Futures Chittenden Regional Council is a cornerstone of this project,

bringing parents, community members and key leaders together to:

- Promote coordination and collaboration between organizations and agencies serving young children and families
- Maximize resources by leveraging current investments in children and families
- Identify and propose systems-level changes and policy improvement to support the continuation and expansion of LAUNCH’s 5 prevention & promotion activities.

Vermont Project LAUNCH partners include Community Health Center of Burlington, the Federation of Families for Children’s Mental Health Services, Building Bright Futures State Council & Regional Council, Children’s Integrated Services, Community Health Teams, Fletcher Allen Health Care’s University Pediatrics, Howard Center, Agency of Education, Department of Early Learning, Lund Family Center, Vermont Child Health Improvement Program, Vermont Family Network, and the Visiting Nurses Association.

The settings in which all LAUNCH activities intersect are the VT Agency of Human Services’ Children’s Integrated Services, Agency of Education’s Multi-Tiered System of Support in Social & Emotional Development and Early Literacy, as well as the Building Bright Futures Chittenden Regional Council, and Building Bright Futures State Council.

Project LAUNCH’s Five Prevention and Promotion Strategies

Child screening and assessment in a range of child-serving settings

Integration of child behavioral health into primary care settings

Mental health consultation in early care and education

Enhanced home visiting through increased focus on social and emotional well-being

Family strengthening and parenting skills training

4

Bringing research to scale

Vermont's Nurse-Family Partnership program

In 2010, the federal Affordable Care Act enabled formula grants to all 50 states and territories to fund home visiting needs assessments, planning, and implementation of evidenced based maternal, infant, early childhood home visiting programs to support “at-risk” families.

Based on a statewide needs assessment throughout Vermont and specific guidelines set by the federal government for the required evidence-base, the Vermont Department of Health selected a program never before implemented in Vermont called the Nurse Family Partnership (NFP) program, because of its rigorous evidence base, it's high success rate with “at risk” families, as well as reliable & impressive rate of financial “return” on the program investment-an attractive feature for investors.

This 27-year old, heavily researched program specifically serves low income, first time pregnant women and their children up to the age of two years by bachelor -level prepared registered nurses.

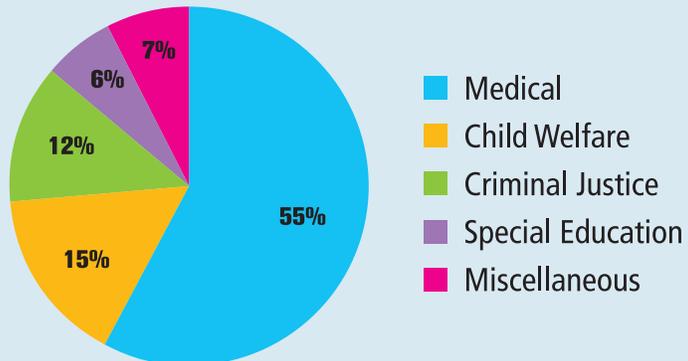
Regions throughout Vermont began incrementally phasing-in participation in this program, as allowed by ongoing federal funding. As of June, 2012, the first counties of Franklin, Lamoille, Caledonia, Essex, and Orleans began the program. As of December, 2013, 11 of Vermont's 14 counties have implemented this program through the State of Vermont Child Development Division's Children's Integrated Services (CIS) Community System, in the Department for Children and Families.



Nurse-Family Partnership is Cost-Effective

A newly-released 2013 ROI analysis of NFP estimate long-term benefits to society average \$34,417 per family served in Vermont¹¹²

Benefit-cost ratio of \$5.30 per dollar invested



Collaboration is key to innovation



The Home Visitation Alliance is a model in how collaboration can innovate and result in policy improvements

In January of 2012, Vermont Business Roundtable (VBR) convened state leaders to address home visiting outcomes through better policy standards. With support from The Pew Charitable Trusts Home Visiting Campaign, the project achieved three major objectives:

- **Research:** Researched the current landscape of providers and programs, including funding, models in use, and compared current Vermont policy to national policy recommendations concerning quality
- **Policy:** Developed a new policy framework, and lobbied successfully for legislation and regulations to address policy lapses
- **Practice:** Developed a standards manual for creating a unified, high quality system of home visiting.

To reach these objectives, the VBR Foundation created a policy alliance with state leaders and home visitation program providers, along with business and philanthropic leaders. Over the past two years, providers from parent child centers, home health agencies, Early Head Start, as well as leaders from the Vermont Health Department's Maternal Health Division and Vermont Department for Children and Families' Child Integrated Services were invited to lead discussions.

The group achieved all three objectives listed above in December 2013, keeping a continued focus on higher quality standards for home visitation programming and today, there exists a state statute codifying these standards in a Standards Manual.

Vermont Business Roundtable (VBR) recognizes the importance of high quality early childhood programs, accessible to all children. National research indicates that improved outcomes from existing programs can be had through better policy surrounding quality.

Transforming child care through mentorship

Vermont Birth to Three (VB3)

By investing in relationships with those who care for infants and toddlers, the quality of home based infant and toddler care in Vermont is improving.

Vermont Birth To Three (VB3) works in partnership with the State of Vermont Child Development Division to promote Vermont's Quality Recognition and Improvement System through outreach, education and program support to providers.

ESSENTIAL COMPONENTS TO VB3

Peer Mentoring Program

Recruiting and training home-based providers to provide overall support and guidance for the important work other home-based providers do. VB3 currently mentors over 300 providers across Vermont.

Grassroots Starting Points Networks

Collaborating with the State to enhance and strengthen grassroots peer provider network, Starting Points, through grant support and technical assistance. Starting Points Networks offer a comfortable, local venue where child care providers converse with others in the field experiencing similar triumphs and challenges, as well as offer professional development opportunities.

STARS outreach

Providing outreach, engagement and support for Vermont's Quality Recognition and Improvement System.

Professional development

Offering professional development opportunities that are coordinated and supported in collaboration with other existing regional networks, agencies and state-wide organizations. In 2013, VB3-sponsored trainings served over 400 individuals in their quest to improve quality of infant and toddler care.

Family, friend and neighbor care

Conducting outreach and making resources available to strengthen and support family members, neighbors and friends who are providing informal child care in a variety of settings.



“ I have gained a new understanding of mentor that includes professional partnership, personal and professional support in times of need and in times of success, problem solving, safe challenge and intentional reflection. I am truly thankful. ”

— Former VB3 Mentor

Shared Vision for Vermont's Future



*"Together, let's
fulfill the promise
of every child"*

Vermont's Early Childhood Framework

The Framework is intended to guide our individual and collective action aimed at realizing the promise of every child. The Framework is predicated on the belief that we have a shared responsibility to provide a good start for all our children and we all reap the benefits when we get it right early in a child's life. Access to health care, high quality learning opportunities and support from family and community help ensure that children have the strong foundation that will help them succeed in school and beyond.

FRAMEWORK'S GOALS

- 1 A Healthy Start for All Children
- 2 Families and Communities Play a Leading Role
- 3 High-Quality Opportunities for All Children
- 4 Invest Now for Our Future
- 5 Know We're Making a Difference
- 6 An Innovative and Connected System

Source: *Building Bright Futures*, buildingbrightfutures.org

The Framework also includes twelve principles that span all the goals:

- Think about the whole child
- Consider all children
- Focus on quality
- Build on what we know is working
- Take the long view
- Hold ourselves accountable
- Involve communities and families as equal partners
- Strengthen connections between education, human services and health
- Invest early
- Promote families' economic security
- Emphasize prevention
- Keep collaboration at the heart of our work together

Race to the Top-Early Learning Challenge provides Vermont a "Jump Start" implementation of the Framework

Vermont was awarded \$36.9 million in federal funding through its successful Race to the Top Early Learning Challenge (RTT-ELC) grant proposal to build a high-quality and accessible early childhood system in the state. The award offers Vermont a jump start.

The project is spread over the four years of the grant period beginning in January, 2014, and is administered jointly by the federal Departments of Education and Health and Human Services. Implementation will be led by five participating organizations: The Governor's Office, Agency of Education, Agency of Human Services, particularly Department of Health and Department for Children and Families, and the Building Bright Futures Statewide Advisory Council, in coordination with communities and a broad range of early childhood stakeholders.

This grant provides a tremendous opportunity for Vermont to rapidly advance its larger reform agenda to realize the promise of every child. The grant proposal was informed by and supports ongoing efforts, including the Agency of Human Services' Integrated Family Services and the Vermont Early Childhood Framework and Action Plan sponsored by the Governor's Office and developed by a broad coalition over the past 12 months. In order to assure that positive impacts on early learning and development opportunities in states endure beyond the four years of grant funding, the focus of RTT-ELC is on funding for systemic development, not direct services. The Vermont plan focuses on strategies to:

- Improve quality and access for early learning and development opportunities
- Invest in a highly skilled workforce through professional development
- Empower communities to support young children and families
- Strengthen our capacity to ensure we are making a difference



Through these strategies Vermont will be able to achieve the absolute priority of the grant, which is to promote school readiness for children with high needs. The grant defines this as children from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are English language learners, migrant, homeless, or in foster care.

Vermont's Early Childhood Framework and the jump start opportunity—the Race to the Top-Early Learning Challenge grant—is a major step in helping Vermont communities build comprehensive early childhood systems that can produce substantial economic and social returns for generations to come.

This is also an important moment for Building Bright Futures

Building Bright Futures has metamorphosed from its original inception in 1988 as the Governor's Partnership in Child Care Committee by Executive Order under Governor Madeline Kunin, then as the Governor's Children and Youth Cabinet under Governor Howard Dean and later Governor James Douglas, and finally enacted into law by Act 104 in 2010.

Today it stands ready and confident in joining the public and private sectors together on behalf of young children and their families.

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 - 3 or more Polio
 - 1 or more MMR (measles, mumps, and rubella vaccine)
 - Full series Hib (haemophilus influenzae type b vaccine): ≥ 3 or ≥ 4 doses of Hib vaccine depending on product type received (includes primary series plus the booster dose)
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 - 1 or more Varicella
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