THE STATE OF VERMONT'S CHILDREN

2024 *YEAR IN REVIEW*

BUILDING BRIGHT FUTURES

GOVERNOR

Thank you, for the opportunity to introduce the 2024 issue of this report, which adds to our understanding how our kids, families and childcare system is doing. Making decisions based on data, in the context of our state, is important to making sure we get the best possible results, and I appreciate the work of Vermont's Early Childhood Data & Policy Center at Building Bright Futures to provide this annual analysis.

In times of political division and transition, it can be easy to lose track of what we have in common. So, together, we'll have to rise above the polarization and keep our focus on what is best for Vermonters of all ages. We all want our children to be safe, healthy, and to have the support they need to learn and grow In a cradle-to-career system, strong early childhood programs are the first foundational step, and are essential to lifelong success.

This summer, Vermont was part of the first cohort of states to launch the new Summer Electronic Benefit Transfer (SEBT) plan to help feed eligible school-aged children during the summer vacation months. Standing up this program on a compressed timeline was no easy task, but it is a recent example of the type of creative collaboration between state agencies and our federal partners, which can help us expand what we are able to do for Vermont's families and communities.

While there have been many more of these bright spots over the past year, we cannot ignore the affordability challenges facing many in our communities. At the top of the list is high property taxes, which will have increased 33-percent between 2022 and 2025 if nothing changes this year. Vermont has the highest spending in education in the nation, as well as the highest staff to student and teacher to student ratios. And these rankings would be a good thing, except our students' academic outcomes are average, and a lack of equity in the system means far too many are left behind. We have difficult decisions to make in the months ahead to transform our education system, but I know we can do it if we keep what is best for Vermont's youth at the center of our policy and funding discussions.

In the face of a pandemic and unprecedented flooding events, I'm proud of our state's continued resilience. No matter the challenge, Vermonters come together to solve problems and do the important work of building safe and vibrant communities. I raised my children in Vermont, and I'm committed to ensuring that our beautiful state continues to be a great place to raise a family.

Sincerely,

Philip B. Scott
Governor

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 12th iteration of The State of Vermont's Children. This report is one of the ways that the BBF Network serves as the state's nonpartisan, independent source of data, research, publications, and important information for policymakers and early childhood partners on issues and priorities for children from the prenatal period through age 8 in Vermont.

The production of this report exemplifies the power of aligned vision, collaboration, and true partnership. We are grateful for the expertise and guidance from our partners across the early childhood system throughout the development of this report, from informing the choice of indicators to providing data and crafting an accurate and accessible narrative.

The 2024 Data Spotlight (page 10) is focused on Vermont's child welfare system. The spotlight highlights data on Vermont's high rates of reporting suspected child abuse and neglect, a lack of adequate foster homes, an inadequate data system, and high workforce vacancy and turnover rates. We look forward to the important questions and conversations that are generated by this information.

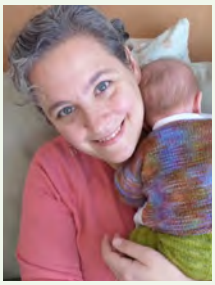
In addition, the 2025 Policy Recommendations from the Building Bright Futures Early Childhood State Advisory Council Network (page 5) provide a shared agenda and a unifying vision for the coming year. Alongside the data centralized in this report, these recommendations call attention to urgent issues and priorities, support advocacy efforts, communicate cross-sector needs and priorities, and create accountability for policy change.

Finally, as a brief reminder, the data in this report provides only a snapshot of the state's early childhood system. Vermont's Early Childhood Data & Policy Center serves as a nonpartisan hub of high-quality, up-to-date data, policy, research, and publications on cross-sector issues and priorities for children, families, and the system from the prenatal period through age 8. By consistently updating and centralizing data from across the complex early childhood system, Vermont's Early Childhood Data & Policy Center makes it easier for leaders, policymakers, families, and communities to use data to make informed policy and program decisions. The website includes all indicators presented in ***The State of Vermont's Children*** *and much more.*

We hope that together, this report and Vermont's Early Childhood Data & Policy Center will support our shared commitment to equity-focused and data-informed decisions, ensuring that we continue to be agents of change for families furthest from opportunity. By prioritizing inclusion and addressing disparities, we can build a stronger, more equitable future for all Vermont children and families.

Sincerely,

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



Ilisa Stalberg, MSS, MLSP
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TABLE OF CONTENTS

ABOUT BBF

MISSION

To improve the well-being of children and families in Vermont by using evidence to inform policy and by bringing voices together across sectors and within regions to discuss critical challenges and problem-solve.

Building Bright Futures is Vermont's Early Childhood State Advisory Council Network

Building Bright Futures (BBF) is charged under state and federal statute as the primary advisor to Vermont's Governor, Administration, and Legislature on the well-being of children and families from the prenatal period to age 8. BBF was strategically created as a public-private partnership to serve as an independent, nonpartisan entity.

BBF has five primary responsibilities:

We **CONVENE** early childhood partners, including policymakers, early childhood professionals, educators, health and mental health providers, business leaders, and families.

We **MONITOR** the early childhood system through high-quality, up-to-date data.

We **EMPOWER** families and on-the-ground early childhood educators, elevating their voices to make sure their needs are represented and their concerns are part of the conversation.

We **RESPOND** to the needs of Vermont's early childhood communities by drawing on our statewide network of over 500 early childhood partners and issuing annual Policy Recommendations based on our partners' feedback and on robust data.

We **ADVISE** Vermont's Governor, Administration, and Legislature by making data-driven recommendations to inform decision-making.

Vermont's Early Childhood Action Plan (VECAP)

BBF is charged to maintain and monitor the vision and strategic plan for Vermont's early childhood system, Vermont's Early Childhood Action Plan (VECAP). The VECAP helps hold Vermont leaders and decision-makers accountable to working towards the state's early childhood system collective vision: to be an integrated continuum of comprehensive, high-quality services that is equitable, accessible, and improves outcomes for each and every child in the prenatal period through age 8 and their family.

These are the four goals of VECAP:

Goal 1	All children have a healthy start.
Goal 2	Families and communities play a leading role in children's well-being.
Goal 3	Children have access to high-quality opportunities that meet their needs.
Goal 4	The early childhood system will be integrated, well-resourced, and data-informed.

Ensuring Accountability and Data-Driven Decision-Making

BBF is committed to compiling, producing, and using the most up-to-date, high-quality data to make recommendations and inform decision-making. Centralizing and consistently reviewing data improves our ability to support data-driven decision making. This includes supporting decision-makers with identifying where there are system gaps, where duplication exists, how resources are (or are not) successful in impacting outcomes, what to prioritize, and how to evaluate progress on existing initiatives. To help meet the need for a centralized source of data, BBF developed Vermont's Early Childhood Data and Policy Center, which provides access to data across sectors, visualized in a straightforward way; gives users the ability to download full datasets for additional queries; and presents current research and publications informing the early childhood system in Vermont and nationally.

BBF also publishes *The State of Vermont's Children* annually in January to give Vermont's policymakers a snapshot of the early childhood data they need at the start of each session. With access to over 100 indicators, readers can find the data and context they need to inform decisions, support grant proposals, and advocate for policy change.

The Vermont Early Childhood Fund

The Vermont Early Childhood Fund (VECF) supports creative solutions that will improve the well-being of children from the prenatal period to age 8, their families, and the Vermont communities where they live. BBF recognizes that a wide variety of factors impact children during the early stages of development. Currently funded through the Sunflower Fund at the Vermont Community Foundation and the federal Preschool Development Grant, VECF will provide a total of $6 million in grants between 2023 and 2025.

The BBF Network

The BBF Network is made up of 500 early childhood partners across Vermont, including policymakers, early childhood professionals, educators, health and mental health providers, business leaders, and last but certainly not least, families. Partners invested in the well-being of Vermont children and their families engage in the BBF Network to make change. Through this Network, we have the ability to understand the needs of every corner of the state and elevate the voices of families and communities as a trusted, data-informed advisor.

The BBF Network convenes in the following ways:

- Twelve Early Childhood Regional Councils, focused on the specific needs of each region of the state
- Seven VECAP Committees that carry out and monitor progress related to Vermont's Early Childhood Action Plan (VECAP)
- Vermont's Early Childhood State Advisory Council (SAC), a 23-member Governor-appointed board

Early Childhood Regional Councils

Our 12 Regional Councils bring together early childhood partners to identify gaps, share expertise and resources, elevate regional and family voices, and implement strategies in each region of Vermont. Fully integrated into their communities, Regional Councils work to improve access to supports across early care, health, and education in their communities. Regional Council members include mental health counselors, home visitors, pediatricians, social workers, food shelf directors, early childhood educators, and preK–12 administrators; families of children through age 8; and community members invested in the well-being of young children. Annually, each Regional Council selects two priorities to guide their work in the region.

VECAP Committees

The seven VECAP committees are guided by the goals and objectives that Vermont has identified as essential in Vermont's Early Childhood Action Plan (VECAP). Annually, VECAP Committees elevate gaps and barriers impacting children and families and bring them to the State Advisory Council to inform policy recommendations.

The Child Outcomes Accountability Team (COAT) is committed to improving the health and well-being of children and their families by addressing systemic issues and building coordination across the health, mental health, basic needs, and early childhood systems of care.

The Data and Evaluation Committee is charged with prioritizing data integration; creating and monitoring a data development agenda; serving as the accountability mechanism to monitor progress toward the four goals of the VECAP; and serving as a primary advisor for research, data, and evaluation efforts.

The Early Childhood Interagency Coordinating Team (ECICT) is composed of agency leaders committed to identifying and reducing barriers in state government to strengthen the early childhood system. They seek to implement the VECAP and build an integrated continuum of comprehensive, high-quality services that is equitable and accessible and will improve outcomes.

The Early Childhood Investment Committee seeks to document and monitor investments in Vermont's children and families.

The Early Learning and Development Committee is devoted to improving the quality and capacity of services, with a focus on alignment and best practices for children and families from child care through early elementary education.

The Families and Communities Committee works to develop a statewide approach that enriches and expands family partnership and leadership at the provider, agency, and community levels.

The Professional Preparation and Development (PPD) Committee's mission is to develop, coordinate, and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and afterschool professionals.

Vermont's Early Childhood State Advisory Council (SAC)

Vermont's Early Childhood State Advisory Council (SAC) is the state's Governor-appointed primary advisory body on the well-being of children from the prenatal period through age 8 and their families. The SAC brings together 23 appointed members, with specific public seats for Vermont State Agency and Department leads as well as private at-large seats.

Each year, in partnership with the VECAP Committees and Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives by endorsing a series of Policy Recommendations. These Policy Recommendations are developed using the VECAP, up-to-date data, and the most pressing needs and challenges being faced in the early childhood system collected throughout the year. The annual recommendations identify current gaps in policy, promote action in strategic areas for the coming year, and aim to be measurable through BBF's data collection and monitoring charge.




2025 Policy Recommendations of Vermont's Early Childhood State Advisory Council Network

Vermont's Early Childhood State Advisory Council (SAC) is the state's Governor-appointed, primary advisory body on the well-being of children from the prenatal period through age 8 and their families. Each year, in partnership with Vermont's Early Childhood Action Plan (VECAP) Committees and Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives by endorsing a series of Policy Recommendations. These annual Policy Recommendations of Vermont's Early Childhood State Advisory Council Network are developed using the VECAP, up-to-date data, and the most pressing feedback and challenges being faced in the early childhood system collected throughout the year. The annual Policy Recommendations identify the current gaps and needs in policy, promote action in strategic areas for the coming year, and aim to be measurable.

ACCESS TO BASIC NEEDS (VECAP GOAL 1)

Enact a Strong Paid Family and Medical Leave Insurance Program

- Enact a Paid Family and Medical Leave Insurance program for Vermonters seeking to take time off to care for a family member or themselves while welcoming a new child into the family, while navigating an illness or injury, or after experiencing a loss. Ensure that the benefit through this program covers all caregivers in the case of a two-parent household, and that the benefit is sufficiently generous for low-income families to utilize the program. *Renewed Policy Recommendation (2024)*

Invest to Ensure Families Have Access to Safe and Secure Housing in the Immediate and Long-Term

- Immediately stand up critically needed safe, accessible, non-congregate emergency solutions for sheltering families and children in crisis. Provide quality services and service coordination to support families accessing these shelters who are navigating a variety of complex needs (special health care needs, mental health conditions, substance use disorder, etc.). Ensure there is a long-term plan to continue to shelter families with young children as needed and sufficient funding to sustain this strategy.
- Prioritize data collection related to the demographics of those navigating homelessness to inform outreach and mitigation efforts, and to recognize the racial disparities embedded in our systems impacting families with young children.
- Support families navigating housing instability with a continuum of services that move them into more consistent housing. Invest in strategies that support families in finding and affording safe and stable housing, including funding for the HOME voucher program for families and a potential expansion of the Family Supportive Housing program.
- Prioritize significant and sustained investments in the creation of new housing units to alleviate the housing crisis, which has only been exacerbated by extreme weather events. When creating new housing units, invested parties should aim to locate housing in priority areas and near services needed by families, including transportation, schools, and child care, but outside of areas at high risk for flooding. Priority should be given to creating or rehabilitating housing that is designed to be permanently affordable.

FAMILY PARTNERSHIP AND RESILIENCE (VECAP GOAL 2)

Enact Best Practices Statewide for Elevating Community and Family Voice

- Enact a formal guidance/protocol for naming membership when creating new legislatively mandated bodies. This protocol should become a required part of standard operating procedure for the legislature. A membership template must include individuals with relevant lived experience, based on a given bill's impacted communities. *Renewed Policy Recommendation (2022, 2024)*
- Require the coordinating entity to receive training on how best to incorporate the knowledge of family and community members with lived experience into the legislatively mandated bodies' processes and deliverables. This includes how to ready the table for their success and ensure the inclusion of their voices. Once recruited to serve, family representatives should be provided an orientation and targeted supports to reduce barriers to full participation.

Improve and Provide Transparency in Family and Parent Compensation Practices for Involvement in State-Convened Entities

- Implement consistent State of Vermont policies for compensating families with lived experience who serve on state-convened entities within the early childhood system. When a state-convened entity, such as a Commission, is asking families to share valuable and vulnerable information about their experiences, compensation should be aligned with the National Center for Family & Parent Leadership's Parent Leader Compensation Scale. Transparent information about the compensation rate, frequency, and method (and any paperwork requirements) should be advertised when recruiting for the opportunity so that families know what to expect financially.

HIGH-QUALITY AND INCLUSIVE EARLY CARE/ EDUCATION/AFTERSCHOOL PROGRAMS (VECAP GOAL 3)

Monitor to Ensure Equitable Access for All 3- and 4-Year-Olds in Vermont's Universal Pre-K Program

- Ensure Vermont's Universal Prekindergarten Education (UPK) program continues to lead the country by maintaining universal access for 3- and 4-year-olds in a mixed-delivery system (school-based, center-based, and home-based programs) and centering the developmental needs of young children and their families. *Renewed Policy Recommendation (2022, 2023)*
- Task the Agency of Education, Child Development Division, and Building Bright Futures to create, implement, and update as necessary a monitoring and accountability protocol to better monitor Vermont's Universal Prekindergarten Education (UPK), including robust data collection and analysis. The development of the process should include feedback from impacted communities and individuals (families, educators, Act 166 Coordinators, the Prekindergarten Education Implementation Committee, preK–12 administrators, etc.) and should be mindful of the additional capacity and skills reporting this data requires from programs. Collected data should include financial information, enrollment by student characteristics, staffing, and student outcomes.
- Secure sustained funding for personnel across all three entities to ensure high-quality data through the following activities: data management and reporting activities, training and TA to support quality collection and reporting, engagement in data integration meetings and visioning, data analysis, and making data publicly available.

Ensure Access to Quality Child Care for Families Eligible for TANF

- Ensure that children from families eligible for TANF, including children experiencing homelessness, have ready access to child care by establishing a presumptive eligibility policy for TANF-eligible families for Vermont's Child Care Financial Assistance Program (CCFAP). This policy would reduce administrative burdens and potential lags in child care coverage for families, and ensure that children experiencing adversity have access to quality early education environments.

HIGH-QUALITY SERVICES FOR FAMILIES FACING ADVERSITY (VECAP GOAL 3)

Support those Navigating the Child Welfare System by Investing in System Improvements

- Secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS). *Renewed Policy Recommendation (2024)*
- Utilize the Family Services Division's federal case review report and program improvement plan to make data-informed programming and financing decisions to improve the systems serving young children in Vermont's foster care system.

Make Mental Health Services Accessible to Families Across Settings

- Develop financial incentives and implementation support for initiatives aiming to integrate mental health into primary care settings serving children and families to promote wellness and upstream prevention. *Renewed Policy Recommendation (2024)*

EARLY CHILDHOOD WORKFORCE (VECAP GOAL 3)

Invest to Ensure Inclusion and Meet Social-Emotional Health Needs in Early Education and Afterschool Programs

- Ensure early childhood educators have access to sufficient support staff (occupational therapists, speech and language pathologists, physical therapists, paraeducators, and early childhood mental health practitioners) and ongoing coaching to support full inclusion and the social-emotional well-being of every child. Explore recruitment and retention strategies, such as expanding eligibility for student loan repayment programs and increasing compensation rates.
- Prioritize investments in teaching practices that are developmentally appropriate and increase the capacity of the early childhood education workforce and system. These investments will build new and reinforce existing supports to foster the development, learning, and individualized needs of every child.
- Ensure that populations that have historically been marginalized and disproportionately experience discriminatory practices are no more likely to experience exclusionary practices by identifying and addressing discriminatory practices, biases, and structures.

Recruit a Representative Mental Health Workforce

- Prioritize recruiting mental health professionals that represent Vermont's population, including people of color, disabled professionals, and those with lived experience related to mental health conditions and the mental health system. *Renewed Policy Recommendation (2024)*

SEAMLESS, EQUITABLE, DATA-DRIVEN SYSTEM OF CARE (VECAP GOAL 4)

Align Demographic Data Collection Across Agencies

- Align data collection practices across agencies to improve systems and programs that are not currently meeting the needs of people of color, children with disabilities, and other vulnerable populations in Vermont. This will require determining and allocating necessary funding to update infrastructure to comply with expected changes in federal reporting of demographic data. Ensure that the strategy allows individuals to fill out required forms in a way that aligns with the ways in which they self-identify while meeting federal requirements. *Renewed Policy Recommendation (2023, 2024)*

Promote Access to Advance Payments for State-Funded Grants and Contracts

- Address inequitable access to state funding opportunities by exploring strategies to enable all early childhood partners to compete regardless of current financial resources. The State should develop consistent, realistic policy standards and guidance on advance payment procedures; whenever possible advance payments should be considered as a default when funding sources allow.

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

In 2023, there were an estimated 58,996 children under the age of 10, including 5,112 babies born to Vermont residents.[1]

Although the vast majority of Vermont's population identifies as white and non-Hispanic/Latina/o/x, the state is growing more racially diverse, especially among young children. Table 1 shows that the percentage of the population under age 10 who identify as two or more races or multiracial (4.5%) is more than twice the percentage of the Vermont population as a whole (2.2%).[1]

Table 1: Vermont Population by Race & Age Group (2023)[1]

Race	Children Under 10	Total Population
American Indian and Alaska Native	0.4%	0.4%
Asian	2.2%	2.1%
Black or African American	2.4%	1.6%
Native Hawaiian and Other Pacific Islander	0.04%	0.04%
White	90.4%	93.6%
Two or more races	4.5%	2.2%

Table 2: Vermont Population by Ethnicity & Age Group (2023)[1]

Ethnicity	Children Under 10	Total Population
Hispanic or Latina/o/x	3.8%	2.6%

Similarly, as seen in Table 2, 3.8% of children under age 10 identify as Hispanic or Latino/a/x compared with 2.6% of the population as a whole. **In total, 12.5% of Vermont children under 10 identify as a non-white and/or identify with an ethnicity of Hispanic or Latina/o/x.**[1]

In March 2024, the federal Office of Management and Budget revised the Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. All federal reporting will be required to meet these standards within four years. Vermont has a unique opportunity to align data collection and reporting across agencies, departments, and divisions to inform investments, policies, and programs while updating data systems to meet new federal guidance.

23.8% **of children under 12 lived in households with incomes below 185% of the federal poverty level in 2023,** the benchmark for many benefit programs.[2]

▶ See page 14 for more information about basic needs.

449 children under age 9
living in out-of-home protective custody as of 9/30/24.[3]

▶ For more information about Vermont's child welfare system, see page 10.

In 2023, there were 7,223 children under 18 living in homes where a grandparent or other relative was the head of household (6.3% of children under 18).[4]

DATA SPOTLIGHT: VERMONT'S CHILD WELFARE SYSTEM

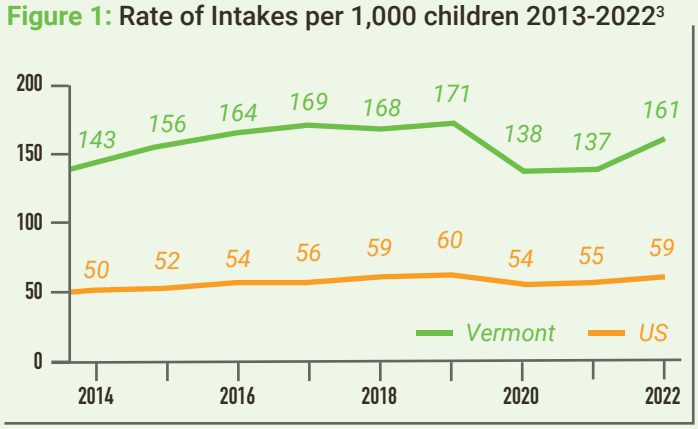
Vermont's child welfare system, housed in the Department for Children and Families - Family Services Division (DCF-FSD), is in crisis.This is reinforced by the 2024 federal Child and Family Services Case Review (CFSR). **The CFSR process found that only one of 36 outcomes and factors was rated as a strength, with the remaining 35 rated as areas needing improvement.**[1] Vermont has made progress through establishing the Office of the Child, Youth, and Family Advocate; allocating some funding to a new data system; carrying out diligent recruitment and retention efforts for foster families, and providing workforce supports and investments. However, it is clear that prompt and comprehensive action is needed for the safety and well-being of Vermont's children, families, and Family Services Workers (FSWs).

This data spotlight aims to spark conversation about our state's child welfare system. This is not a comprehensive review of the system but instead touches on several key factors, including high rates of reporting of suspected child abuse and neglect, a lack of adequate foster homes, an inadequate data system, and high workforce vacancy and turnover rates. Through legislation and investment, Vermont has the opportunity to make changes that could have a significant impact on vulnerable children and families.

Mandated Reporting

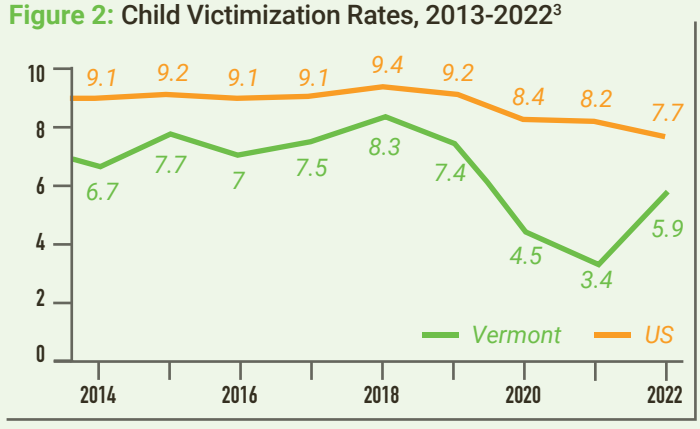
Vermont statute mandates that an individual working with children and families "who reasonably suspects abuse or neglect of a child" must report the case to the child abuse and neglect hotline.[2] The list of individuals—from health care providers, to school district employees or contractors, to child care workers, to members of the clergy—is similar to other states' lists, and the criteria are also similar; however, Vermont's rate of calls to the child protection hotline has been the highest in the country for at least the past decade. **As can be seen in Figures 1 and 2, Vermont's rate of intakes has been between 2.5 and 3 times higher than the national average, while the actual rate of child victimization consistently falls below the national average.**[3]

Figure 1: Rate of Intakes per 1,000 children 2013-2022[3]



All states are required to have mandated reporter laws in order to receive federal Child Abuse Prevention and Treatment Act (CAPTA) funds, as established in 1974, but implementation and approaches vary across states.[4] The intent of the laws, and of Vermont's updates in 2015, is to protect children from abuse and neglect; however, there is no evidence that these laws are protecting children. In fact, there is evidence that the laws are deterring families in need of support from seeking resources to address their challenges, because of a culture of surveillance.[5]

Figure 2: Child Victimization Rates, 2013-2022[3]



Vermont's required training for mandated reporters is being revised by the Vermont Child Welfare Training Partnership. As is the case in many other states, the revised training seeks to address the challenges presented by the traditional approach to mandated reporting by providing additional information and strategies to move from a position of "Mandated Reporters" to "Mandated Supporters." The updated training will include practical steps for determining whether a call should be made, giving individuals more concrete criteria for types of abuse and neglect, and contrasting these types of abuse and neglect with more generalized concerns that could be addressed more effectively within the community. The training will add skill-building for critical thinking and ethical decision-making, encourage reporters to confer with other individuals to ensure that personal bias is mitigated, and provide them with information about who to contact at the Child Safe Program at the University of Vermont if they feel they are in need of an expert opinion.[6]

There are, of course, times when it is appropriate to make a report to the child welfare intake line. However, reporting should be considered in the context of the multiple resources that can support the safety and well-being of children. The revised training suggests that reporters pause and be intentional about reporting so that reports can be made at the right time with the right information informed by the understanding of the definition of abuse and neglect.[6]

Given the evidence of the range of potential harmful impacts of the current mandated reporting law, especially to traditionally marginalized children and families, Vermont has the opportunity to lead the country in reimagining a process to prioritize access to resources for vulnerable children and families before reporting them to the child welfare system. We look forward to tracking these indicators over time as the trainings are updated, as well as tracking the impact of any future updates to the current statute.

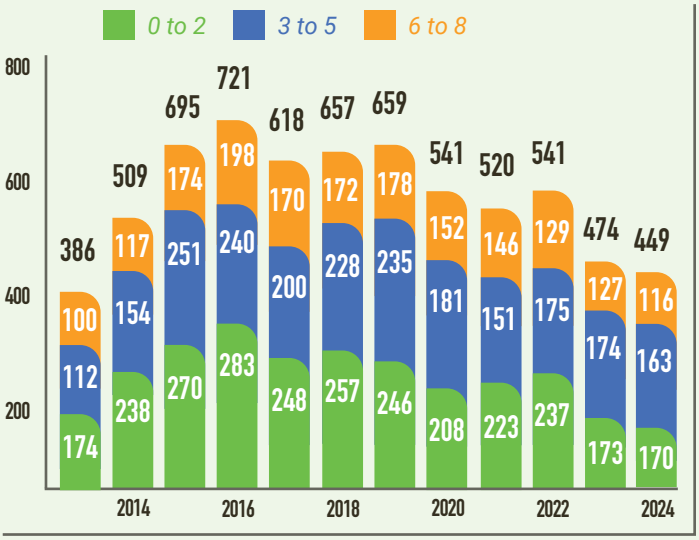
Children Entering Custody

There were 19,537 calls to the child protection hotline in 2024, resulting in 1,521 assessments and 2,098 investigations.[7] If a call meets the threshold for acceptance, a Family Services Worker is assigned to assess reported concerns and utilize formal and informal assessments to determine next steps to support the family. An intake can be closed with no need for ongoing FSD involvement, or a case can be opened and receive ongoing DCF-FSD involvement through one of the following types of intervention: DCF out-of-home protective custody, in which a child is placed with a relative or foster family; conditional custody, in which the child is in the custody of a parent, relative, or fictive kin with DCF-FSD supervision and services and court ordered conditions and oversight to ensure the child's safety; or family support, in which DCF-FSD provides support to families without court involvement. **On September 30, 2024, there were 907 children in out-of-home protective custody, 407 children in conditional custody, and 129 family support cases.** Unlike in some states, Vermont's child welfare and juvenile justice systems are combined. In 2024, there were 339 juvenile justice cases.[8]

In Vermont, as in most states, Black children are taken into custody at a disproportionately higher rate than any other racial group. **In Federal Fiscal Year 2024, Black children and youth accounted for 2.1% of the population under 199 but entered state custody at a rate of 2.8%.**[10] Findings from the CFSR also indicated that "Black or African American children have the highest rate of placement instability (moves/1,000 days)."[1] Contributing factors include racial bias and discrimination, as well as intersectionality with economic well-being and social determinants of health, including political and societal structural racism.[11] The DCF-Family Services Division has taken, and continues to take, steps to address this disproportionate impact through analysis of qualitative and quantitative information.

The number of children under age 9 in protective custody on September 30, 2024, was 449 out of 907 children under 18.[8] As can be seen in Figure 3, there appears to be a downward trend in the number of children under 9 in DCF custody after an elevated number between 2015 and 2019.

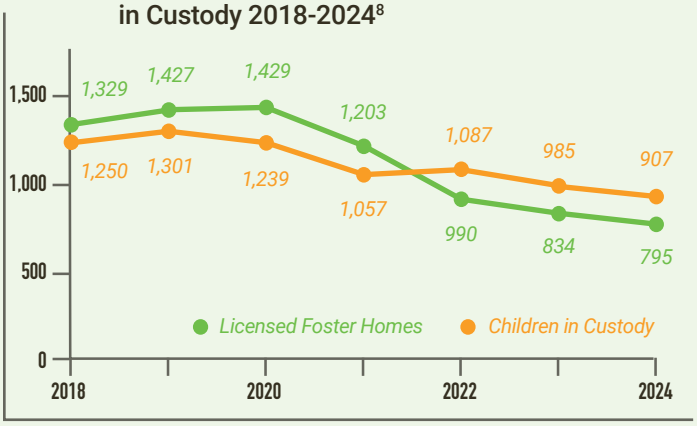
Figure 3: Children Under 9 in DCF Protective Custody by Age[8]



Infants Entering Custody

Looking more closely at the youngest children entering care, the peak and downward trend follow overall custody rates. **Between 2014 and 2023, there were 574 infants 0-15 days old entering custody, with 73% with a first placement in a hospital setting.**[12] The first placement for the majority of infants entering custody was a hospital setting, ranging from 60% to 86% of infants between 2013 and 2023. Additional settings include foster homes, non-final adoption, and kinship care.[12]

Figure 4: Vermont Licensed Foster Homes and Children in Custody 2018-2024[8]



Placement for Children in Custody

There are different placement options for children in DCF custody, depending on their individual needs and case factors as well as the available placement options. As of September 30, 2024, **7% of children under 9 were living in a preadoptive home in which the adoption was not yet finalized, 48% were placed in a licensed foster home, and 41% were placed with a relative, with the remaining children placed with a parent for trial reunification, in a hospital, or in an intensive residence.[8]** As seen in Figure 4, the number of licensed foster homes (including kinship care) has declined since 2020 and has fallen below the number of children in custody for the past three years, with **795 foster homes for 907 children in custody in 2024.[8]**

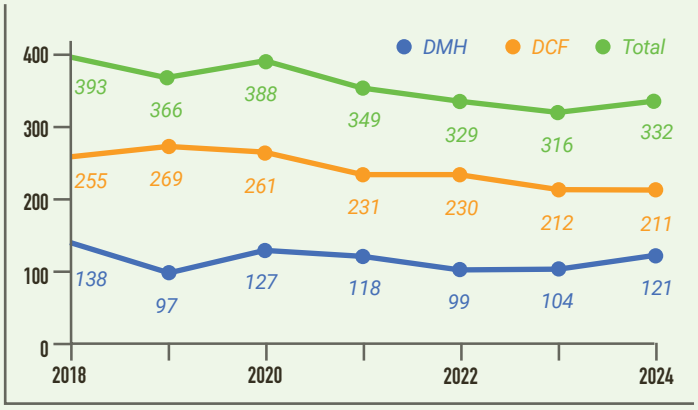
To address these gaps, there continue to be efforts through the DCF-FSD Diligent Recruitment and Retention Program to recruit, train, and retain foster parents. This includes, but is not limited to, adjusting training and training requirements, adjusting regulations for kinship providers, and engaging in targeted recruitment of foster parents.

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 the support team may consider out-of-home treatment, such as a community-based therapeutic foster home, small group home, or residential treatment program. However, **Vermont currently has its lowest number of residential treatment beds available for use in over two decades.** Staffing shortages are a primary cause for this drop in residential capacity and are a problem across the country. The issue may be compounded by the increased acuity in children's and youths' behavioral challenges and the lack of availability of step-down programs. In addition to full residential treatment program closures, some programs have had to temporarily close beds or shift from seven to five days of operations per week due to staffing challenges. New rate-setting rules and payment methodologies were adopted in July 2024 for Private Non-Medical Institutions—a significant step toward stabilizing programs with the aim to improve capacity.[13]

The majority of Vermont children and youth in residential assessment or treatment are placed by the Department for Children and Families (DCF) or the Department of Mental Health (DMH), with some placed by Department of Disabilities, Aging, and Independent Living (DAIL). **As can be seen in Figure 5, in 2024 there were 332 children and youth under 19 in residential assessment and treatment, with 211 placed by DCF and 121 by DMH.[14]** Of these children, 35% were under the age of 13. 27% of these residential stays lasted between 0-6 months, while 12% were over 2 years.[14] While not captured by the Case Review Committee quarterly reports, the length of stay for DCF placements can be extended due to the lack of an appropriate kinship, foster, or adoptive home or an alternative placement.

Figure 5: Children in Residential Treatment or Assessment via The Departments for Children and Families (DCF) and Mental Health (DMH) 2018-2024[14]



Children Exiting Custody

Depending on the goals and outcomes of case plans, children exit custody to one of several permanent placement types. **In Federal Fiscal Year 2024, permanency was attained for 79.1% of children who exited custody. 38.5% of these children reunified with a parent or primary caretaker, 38.5% of these children were adopted by a relative or non-relative family member, and 2.1% of these children achieved permanency through guardianship with a relative or non-relative family member.[15]** During the same time period, permanency was not attained for 11.6% of children who exited custody. 11.3% of these children/youth aged out of foster care, and 0.3% transferred to another agency. The remaining 9.2% of children who exited custody in Federal Fiscal Year 2024 have a missing/unknown exit reason due to delays in data entry.[15]

Systemic Factors

Updating the Child Welfare Information System

Vermont's child welfare information system was built in 1983 and is one of the oldest in the country. The national standard for child welfare information systems, implemented in 45 states and territories, is the Comprehensive Child Welfare Information System (CCWIS). Vermont Family Services Workers (FSWs), who are already managing large caseloads with complex dynamics, have a heavy administrative burden because of the lack of a CCWIS. This burden takes time away from the case management needs of particularly vulnerable children and families. **The current system is directly responsible for preventing Vermont from accessing all federally available dollars and results in increased federal financial penalties annually.**[16] A modern CCWIS would enable Vermont's DCF-FSD to move away from paper files, reduce administrative burden for frontline workers, and expand data reporting to enable Vermont to track programmatic interventions and fully draw down federal funding for the child welfare system.

While Vermont has allocated $7.8 million toward a new CCWIS, the current estimate for development ranges from $40 to $50 million. Even with a 50% federal match, a significant investment from the state will be required. As endorsed for two years in a row by Vermont's Early Childhood State Advisory Council Network in its Policy Recommendations, Vermont must "secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS)." See page 4 for the full slate of 2025 Policy Recommendations.

The Office of the Child, Youth, and Family Advocate (OCYFA)

In 2023, after a unanimous Senate vote and signature by Governor Scott, Vermont officially launched the Office of the Child, Youth, and Family Advocate (OCYFA). The OCYFA's mandate is to engage in individual and systemic advocacy "on behalf of Vermont's most vulnerable children, youth, and families, with a focus on children and youth involved in the child protection and juvenile justice systems." The OCYFA is an independent, nonpartisan office within Vermont state government but outside the chain of command of DCF. As a result, the OCYFA is able to assess child welfare and juvenile justice systems holistically and from a child- and family-centered perspective. **In its first two years of operation, the OCYFA responded to more than 200 individual complaints, including a 63% increase in complaints in 2024 over the previous year.** During the 2024 legislative session, OCYFA staff testified 14 times on issues such as juvenile justice and child poverty. The OCYFA was recognized by Governor Scott for its work supporting the passage of Act 173 of 2024, which for the first time gives Vermonters previously in foster care the right to access their DCF and court records. The OCYFA's 2024 annual report issued specific recommendations to support children remaining in their communities; encourage state investments in supportive, community-based services; and leverage federal money to create a family-centered child welfare system.[17]

Families Come First

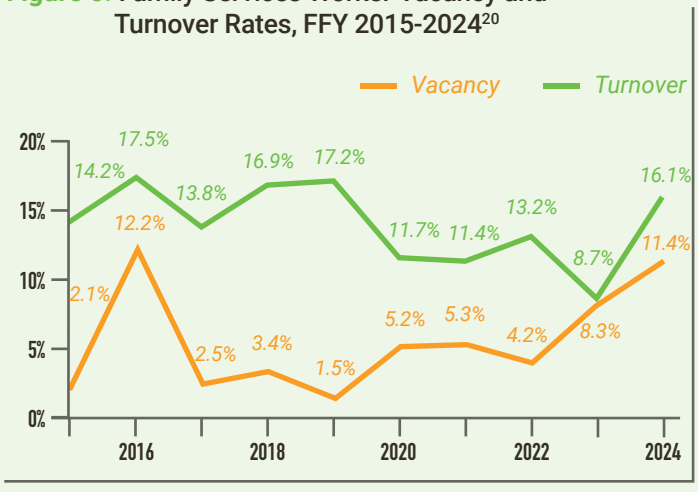
In 2018, federal policy changes allowed for child welfare funds (Title IV-E) to be used for prevention services for the first time. Vermont's current five-year Title IV-E Prevention Plan under the federal Families First Prevention Services Act includes the implementation of two evidence-based prevention services: Parent Child Interaction Therapy and Motivational Interviewing.[18] In addition to these services, FSD is adjusting policies and practices to increase the use of preventive approaches. Two examples include shifting to voluntary case participation when applicable and participating in the Kinship Navigator Collaborative evidence-based model to better support individuals caring for children of a relative.

Workforce

Family Services Workers (FSWs) are frontline service providers for Vermont's children and families. Like many direct service providers navigating the complex early childhood system, FSWs need time for official onboarding (four months before holding a full caseload) and to develop and learn strategies for supporting children and families. In addition, "up to 50% of child welfare workers are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma."[19] **As can be seen in Figure 6, FSW vacancy and turnover rates have increased since the pandemic, with an 11.4% vacancy rate and a 16.1% turnover rate.**[20]

Recognition of these workforce challenges has led to the development of two new positions within the Family Services Division: the Workforce Development Director and the Wellness Navigator. Vermont has also been selected by the Children's Bureau to receive long-term intensive technical assistance from the Quality Improvement Center for Workforce Analytics to identify Vermont's specific workforce challenges and support implementation of selected strategies to strengthen the workforce.

Figure 6: Family Services Worker Vacancy and Turnover Rates, FFY 2015-2024[20]



BASIC NEEDS

VECAP GOAL 1 :
ALL CHILDREN HAVE A HEALTHY START

The stress of being unable to meet basic physiological needs such as food and shelter, often due to poverty, impacts the ability of parents and caregivers to create environments full of the warm and responsive interactions that support early childhood development.[1] Food insecurity among children harms cognitive development and contributes to social and behavioral problems in school.[2] Housing instability can permanently affect brain development in children[3] and can impact physical health.[4] Meeting these basic needs for all families is critical to ensuring that children have the opportunity to thrive.

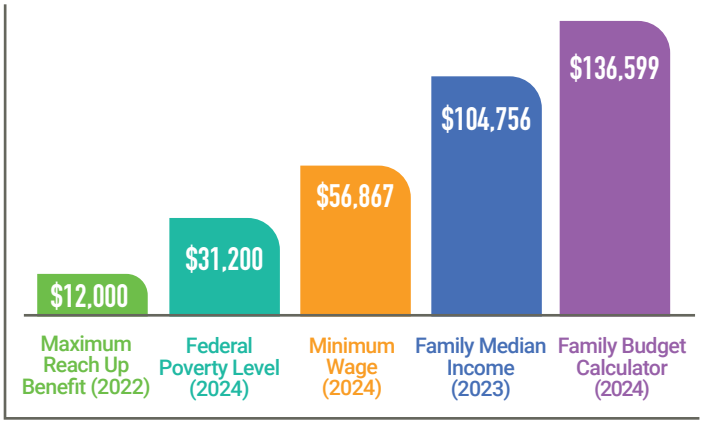
Cost of Living

The cost of living is an important factor impacting access to basic needs. There are several ways to look at this cost, from the federal poverty level to estimates of the living wage.

The federal poverty level (FPL) is a national guideline used to determine eligibility for programs and services. A common guideline for eligibility for federal programs is 185% of the FPL. In 2024, 185% of the FPL for a family of four was $57,720.[5]

There has been a 14% decrease in the percent of Vermont's families with children under 12 living below 185% of the FPL, from 27.5% in 2018 to 23.8% in 2023.[6] Despite this decrease, many Vermonters earning well above the FPL struggle to cover the cost of basic needs such as housing, transportation, and health care. The reality is that the federal poverty level is not an adequate measure of family economic well-being. Inflation continues to be an important factor to consider as part of the cost of living.

Figure 7: Vermont Wage Benchmarks for a Family of Four with Two Working Adults and Two Children [8, 5, 9, 10, 7]



A more detailed picture of the true cost of living for Vermont families comes from the Economic Policy Institute's Family Budget Calculator, which is updated annually in January. The Family Budget Calculator "measures the income a family needs in order to attain a modest yet adequate standard of living." The calculator shows that **in Vermont, the necessary annual income to meet the basic needs of a household with two adults and two children (before taxes) is $136,599.[7]** As seen in Figure 7, for a family of four the maximum Reach Up (Vermont's Temporary Assistance for Needy Families, or TANF, program) benefit is $12,000;[8] the 2024 FPL is $31,200;[5] two adults working at Vermont's minimum wage of $13.67[9] make $56,867; and the median family income in 2023 was $104,756[10]—all of which are less than the living wage needed for a family to comfortably meet their needs in Vermont. While still not meeting the living wage estimate, median family income rose by $4,500 between 2022 and 2023 after adjusting for inflation.[11] It is important to note that the Family Budget Calculator's 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.[12]

Reach Up

Reach Up, Vermont's Temporary Assistance for Needy Families (TANF) program, is tasked with providing foundational support to help families meet basic needs, such as housing and transportation, along with coaching and support to overcome obstacles and reach their goals. In January 2024, Reach Up shifted their case management model to a coaching and universal engagement framework. Universal engagement is designed to enable families to pursue both short- and longer-term goals such as educational attainment, stable housing, and employment in the way that allows them to be most successful given their individual circumstances. **In fiscal year 2024, an average of 3,347 families with 6,390 children received Reach Up services each month, and 36% (2,296) of those children were under age 6.[13]** The average number of families has not risen above 4,000 since FY2017.[14] Unlike some other benefit programs that are automatically adjusted on an annual basis, the Reach Up benefit level must stay within the yearly budget appropriation approved by the legislature. Unless that appropriation is increased, the Department cannot increase the Reach Up benefit level. Since 2021, the maximum benefit for a family of four has been $1,000 per month, an increase from $867 in FY2019 and FY2020, before which the maximum benefit was $795.[8]

Housing and Homelessness

Having stable housing is a critical element for children to thrive. Efforts to increase access to affordable, safe, and stable housing include state investments in affordable housing and Section 8 Vouchers, as well as updates to zoning laws and Act 250 waivers. Despite such efforts, access to stable and affordable housing continues to be a challenge for families, an issue for workforce recruitment and retention, and a strain on Vermont's economy as a whole.

To meet expected demand and address extremely low vacancy rates, Vermont's 2025 Housing Needs Assessment reports that **Vermont will need up to 36,000 more primary homes by 2030.**[15] This means adding 5,000 to 7,000 more homes to Vermont's primary home market each year, well above the 2,456 home permits that were issued in 2023.[16] Currently, Vermont has an estimated 339,218 homes, of which 59% (196,446) are owned, 23% (76,262) are rentals, and 15% (51,474) are used as seasonal or vacation homes.[15]

For families with access to stable housing, the costs can be significant, with typical annual housing expenses ranging from $9,756 in Essex County to $20,136 in Chittenden County using the fair market value calculation.[17] Of all households in Vermont, 48.9% of Vermont households who rent and 28.2% of households who own report paying more than 30% of their income toward rent or a mortgage, more than what is commonly agreed to be affordable.[18] Far beyond the concept of affordability, **25.2% of renters spend more than 50% of their income on housing.**[18] In addition, Vermont's rental vacancy of 3.5% in 2023 was the third-lowest in the country,[19] and finding any rental—let alone an affordable, desirable rental—can be extremely challenging for families.

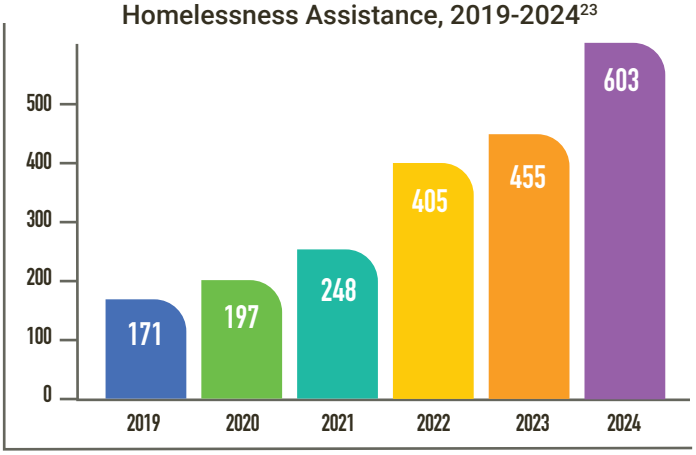
Homeownership provides a path to building financial assets for families and gives children a secure, stable housing situation, but given the low homeowner vacancy rate of 0.05%[19] in 2023, paired with high interest rates, many Vermont families are finding homeownership increasingly out of reach. **In 2019, the inflation-adjusted median primary home sale price was $271,563, while in 2023, the median home sale price was $325,000, a 17.9% increase.**[20,11] **Over the same time period, from 2019 to 2023, median family household income increased by only 6.3%.**[10,11] Home loan interest rates increased dramatically over that same period of time. The 30-year fixed-rate mortgage average was 3.6% in January 2020 and 6.6% in January 2024, further increasing the price of housing.[21] Of note, both rental and ownership markets were impacted by the historic flooding seen in July of 2023 and 2024, which is not fully reflected in the data above.

Children and Families Experiencing Homelessness and Housing Insecurity

The trauma of homelessness, even short-term, can have a major effect on a child's well-being and future development. Vermont is actively experiencing a housing crisis, which is significantly impacting young children and families. Statewide efforts to provide temporary shelter to families, while important, are failing to provide permanent housing in an affordable and sustainable way.

Children and families meeting the McKinney-Vento definition of homelessness are entitled to a number of services, resources, and supports from their Local Education Agency.[22] **As can be seen in Figure 8, there has been a steady increase of Vermont children under 9 enrolled in school who meet the McKinney-Vento definition of homelessness, from 197 in the 2019–2020 school year to 603 in the 2023–2024 school year.**[23]

Figure 8: Students Under 9 Eligible for McKinney-Vento Homelessness Assistance, 2019-2024[23]



Similarly, the Vermont Housing Coalition to End Homelessness' 2024 point-in-time count of those experiencing sheltered or unsheltered homelessness shows **the number of people in households with children under 18 tripled from pre-pandemic levels, from 372 in January 2020 to 1,125 in January 2024.**[24]

Vermont supports homeless children and families through various 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." **In 2024, FSH served 394 families with 796 children, compared to 344 families with 650 children in 2023.**[25]

Vermont uses a Local Coordinated Entry Partnership model to ensure "people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred and connected to housing assistance based on their strengths and needs"[26] as required by The U.S. Department of Housing and Urban Development (HUD).[27] Coordinated Entry in Vermont is used for people of all ages entering and receiving services. **Between January and October 2024, there were 1,652 children under the age of 13 in the Coordinated Entry system, 19.5% of all clients in Vermont.**[28]

Emergency housing policies have been in flux since the onset of the COVID-19 pandemic, when individuals and households were moved from congregate shelters to motels. Despite the passage of almost four years since that original transition, a clear path forward for sheltering unhoused individuals and transitioning them into



permanent housing has not emerged.

On July 1, changes to the General Assistance (GA) Emergency Housing Program went into effect, capping the number of nights a family could utilize the program and limiting the total number of beds available statewide. **As of November 25, there were 229 children in 151 families along with 14 pregnant individuals eligible for the traditional GA program before the cold weather exceptions went into effect.[29]** This is down from 529 children in 303 families in mid-September before families began reaching the 80-day cap.[29] Data was not captured on where the 300 children whose families had reached the 80-day cap were living.

The State of Vermont has stood up two congregate shelters in Williston and Waterbury that opened on November 1, as well as investing in temporary and transitional housing throughout the state through the Housing Opportunity Program since before the pandemic.

Standing up adequate emergency sheltering options for families is one step toward mitigating the impact of Vermont's housing crisis on children. The Vermont Council on Housing and Homelessness has identified the creation of more affordable housing units as the primary homelessness prevention measure. Additionally, the Council recommends specialized service-enriched housing for those exiting homelessness, engaged in recovery, and experiencing independent living challenges.[30]

Domestic Violence

Children in Vermont are not always physically or emotionally safe in their home environments. Nationally, 1 in 15 children are exposed to intimate partner violence each year,[31] and 1 in 5 children will be exposed in their lifetime.[32] **In 2024, 1,410 Vermont 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 162 children impacted by child sexual abuse.[33]

Additionally, these member organizations supported housing for children staying with a parent, the vast majority of whom were homeless due to domestic violence. Shelters housed 237 children (121 of whom were under age 7), motels and safe homes sheltered 248 children (113 under age 7), and transitional housing sheltered 118 children in 2024.[33]

Child Hunger and Nutrition Security

Children who live with food insecurity may struggle to pay attention and to be successful in learning environments, and they may face immediate and long-term risks to their physical and mental health. Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[34]

In 2023, 17.8% of children in the Northeast Census Region lived in households with food insecurity,[35] up from 14.6% in 2022.[36] Across the country, **8.9% of children living in households with incomes above 185% of FPL are food-insecure,** yet they are likely ineligible for federal nutrition programs like 3SquaresVT.[35] According to the USDAs "thrifty food plan," annual food expenses for a Vermont family of two adults and two children in 2023 were estimated to fall between $12,396 and $14,520, depending on the county; this represents 22.6% to 26.5% of the household income of two adults working for minimum wage.[17,9]

Several programs are supported by both federal and Vermont funding streams to address child hunger and nutrition security: universal school meals, the Child and Adult Care Food Program (CACFP), 3SquaresVT, and Women, Infants, and Children (WIC).

Universal School Meals: Providing breakfast and lunch to students during the school day can mitigate food insecurity. In Vermont, free meals have been provided to all students since March 2020 and will continue with the passage of Act 64, the "Universal School Meals bill," in 2023.

While all meals are now free for Vermont students, federal funding contributions continue to be determined by income eligibility for free (130% of FPL) and reduced price (185% of FPL) lunch. Beginning in the 2023–2024 school year, Vermont joined a Federal Demonstration Project to directly certify students for free or reduced price meals through their enrollment in Medicaid (DC-M). This is a more accurate way of identifying students and has substantially increased the number of FRL-eligible students. **In the 2023–2024 school year, 47.8% of children were eligible for free and reduced lunch (FRL),[37] a 31% increase from the 2022-2023 school year (34.9%).[38]**

Beginning in October 2023, the federal threshold for schools to participate in the Community Eligibility Provision (CEP) decreased, allowing more schools to participate in the program.[39] **As of**

April 2024, 75% (240) of schools were area-eligible, up from 89 in 2023.[40] This eligibility also allows for federally funded afterschool snack and summer meal provision. The non-congregate meal option has opened the door to innovative solutions to addressing nutrition security, such as having a seven-day meal kit that can be picked up at one time. Area eligibility can also increase access to the Afterschool Snack Service, a service that provides snacks to children participating in the National School Lunch program.

In June 2024, Vermont joined the first cohort of states participating in the permanent Summer EBT program and distributed over $4 million in federal funds to eligible children.[41] Summer meals are a significant way to address food insecurity among children during the summer months, and summer programs have continued potential to grow as more of the state becomes area-eligible for open meal sites.

Child and Adult Care Food Program: Early care and education programs are eligible to participate in the Child and Adult Care Food Program (CACFP), which reimburses them for healthy food and snacks provided to enrolled children. **As of October 2024, 34% (264) of center-based and family child care homes participated in CACFP.**[42,43] (This number does not include afterschool or school-based programs.) CACFP also supports the At Risk After School Meals program, which provides snacks and meals to afterschool programs that have 50% of children eligible for FRL. A 2022 study highlighted four barriers to participation: cost, paperwork, staffing shortages, and the time it takes to procure, prepare, and serve food and administer the program.[44] Since that study, further challenges have emerged. Recent rule changes from the U.S. Department of Agriculture (USDA) have added even more regulatory burdens.[45] The loss of one of Vermont's four family child care home (FCCH) program sponsors led to programs discontinuing their participation, and increasing vulnerability for the required sponsorship model. The AOE has been adding staff and reducing administrative burden within their systems; however, there has been a 37% decline in meals served through CACFP from FY18 to FY23.[46] It is unclear how many programs are currently serving meals and/or snacks outside of CACFP.

3SquaresVT: In June 2024, 3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP), served 19,695 children under age 18.[47] Average monthly benefits decreased from $258 in July 2022–June 2023 to $192 in July 2023–June 2024 after the expiration of emergency allotments in March 2023.

19,695 Vermont children under 18 were served by 3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP) in June 2024.[47]

WIC: In federal fiscal year 2024, Vermont's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) had an average enrollment of 11,000 participants, with approximately 10,300 actively participating.[48] Enrollment has remained steady since FFY 2023, after a decrease following the expiration of federal program waivers that allowed for fully remote certification appointments. WIC is currently only serving 56% of eligible infants and children and 62% of eligible pregnant people.[49] The Vermont Department of Health is working to increase enrollment in this essential benefit program through streamlining access, modernizing education, and improving the WIC shopping experience.

In FFY 2024, fruits and vegetables continued to be one of the most utilized WIC food categories. As of October 2024, monthly fruit and vegetable benefits were set at $26 per child, $47 for pregnant and postpartum participants, and $52 for breastfeeding participants[50]—well above the pre-pandemic amounts of $9 per child and $11 per adult.

Transportation

The typical transportation expense for a two-adult, two-child household in Vermont ranges from $18,192 in Chittenden County to $21,744 in Franklin County, which is 40% of the household income of two adults working for minimum wage.[17, 9] Many of these dollars will be spent on fuel. **In 2022, 60.1% of Vermont children under 6 lived in non-metro (rural) areas where having a vehicle is critical to access basic goods and services, as well as to get to work and school.**[51] Transportation continues to be a key need identified across the early childhood system impacting access to services, basic needs, and education, as well as social connection.[52]

Connectivity

Another long-standing challenge for Vermonters is digital connectivity. While a lack of high-speed internet was previously a hardship, connectivity is now an absolute necessity. According to the Vermont Department of Public Service, based on data from Vermont internet service providers, **91.3% of building locations in Vermont are served with speeds of at least 25/3 (25 Mbps download and 3 Mbps upload), while only 39.9% have access to 100/100, up from 34.5% in 2022.**[53] 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. Since Vermont received $229 million in federal dollars through the Broadband Equity, Access, and Deployment (BEAD) Program in 2023 focused on prioritizing unserved, underserved, and community anchor institutions, a process for requesting proposals and distributing funds has been developed.[54] It was announced in November 2024 that an additional $5.3 million had been allocated to Vermont from the federal State Digital Equity Capacity Grant Program to implement the Digital Equity Plan.[55]

Recommendations from Vermont's Early Childhood State Advisory Council Network specific to access to basic needs can be found beginning on page 4.

HEALTH & WELL-BEING

VECAP GOAL 1 :
All Children Have a Healthy Start

Social Determinants of Health

"The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems."[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. Even in the face of adversity, positive childhood experiences appear to have long-lasting effects on adult health. **The single most common factor for children who develop resilience is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult.**[2]

Perinatal Health

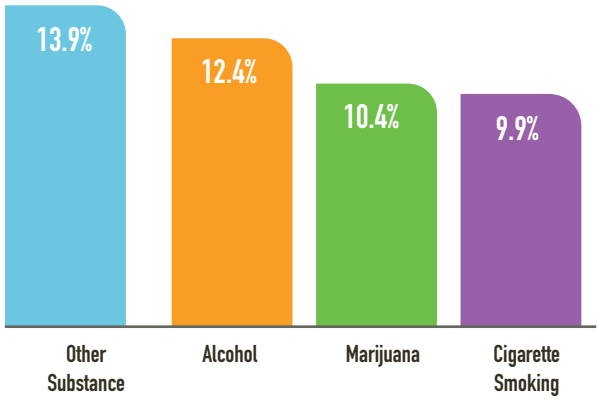
The foundation of child and family health and well-being starts before birth. The perinatal period, from pregnancy through one year after birth, is a key time for a child's long-term development and the well-being of the birthing parent, child, and family system. This period is a critical opportunity for providing access to concrete supports at a time when interventions are particularly impactful. More information on perinatal mental health can be found on page 22.

Prenatal and Postpartum Visits: Prenatal and postpartum care is an essential tool for supporting healthy pregnancies and positive long-term outcomes. **Of the 5,312 Vermont babies born in 2022, 87% of birthing parents had adequate prenatal care (early entry and regular visits), and 93.7% had a postpartum visit. Of birthing parents, 82.7% had a visit with a health care provider in the year before pregnancy. Of births in 2022, 70% of pregnancies were intended,** surpassing the Healthy Vermonters 2030 goal of 65%.[3]

Substance Use During Pregnancy: Substance use during the perinatal period can have lifelong effects on a child's ability to thrive. As can be seen in Figure 9, **non-exclusive categories show the use of alcohol, cigarettes, and other substances ranging from 9.9% to 12.4% for children born in 2022, meaning that one or more substances were used during more than 1 in 10 pregnancies.**[3]

In 2022, **Vermont's rate of infants born with a diagnosis of Neonatal Opioid Withdrawal Syndrome was 16.1 per 1,000 live births.**[4] This was a slight increase from 13.6 in 2021; however, the Vermont rate is down from 24 per 1,000 live births in 2018 and has decreased significantly from a peak of 35.7 per 1,000 live births in 2014.[4]

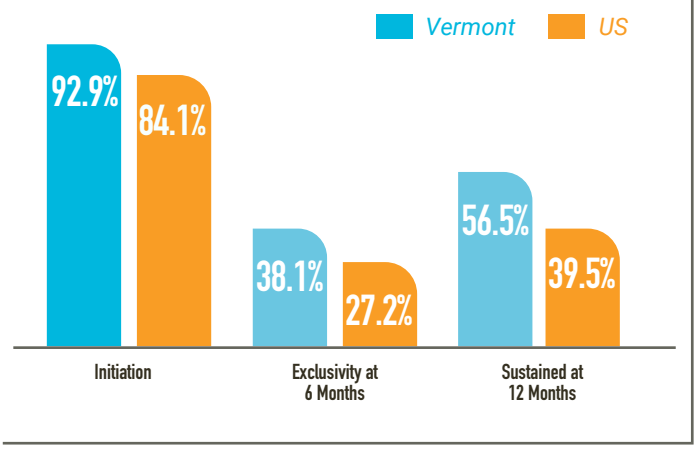
Figure 9: Substance Use During Pregnancy (2022 Births)[3]



Perinatal Mortality and Substance Use Disorder: Since 2012, Vermont has had an average of two to three perinatal deaths per year from any cause (from pregnancy through the first year postpartum for the birthing individual). In 2024, the Vermont Maternal Mortality Review Panel (MMRP) reviewed 29 cases over 12 years. For these 29 cases, 90% of birthing individuals had at least one mental health diagnosis, 83% were utilizing WIC (185% FPL), and 45% of deaths were directly related to substance use. Since 2022, the majority of perinatal deaths have been directly related to substance use.[5] In their 2024 legislative report, the MMRP issued multiple recommendations for the state, many of which were related to improvements to screening, support, and care coordination for those with SUD.[6]

Care and Feeding of Infants: Families make the best choice for their unique situations with recommendations from their health care providers about the feeding of their infants. Breastfeeding and chestfeeding may not be available or may not be the right choice for all families for a multitude of reasons. For those who are able, breastfeeding/chestfeeding is associated with preventing obesity and diabetes in children, and it 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/chestfeeding initiation (92.9% vs. 84.1%), exclusive breastfeeding/chestfeeding through 6 months (38.1% vs. 27.2%), and sustained breastfeeding/chestfeeding through 12 months (56.5% vs. 39.5%) among infants born in 2021.**[7] In 2024, the Middlebury WIC Office received the only Elite WIC Breastfeeding Award of Excellence in the country recognizing their implementation of exemplary breastfeeding promotion and support practices.[8]

Figure 10: Breastfeeding/Chestfeeding Rates for 2021 Births, Vermont and U.S.[7]



Paid Family and Medical Leave: Research indicates that access to paid family and medical leave is an effective policy for improving child and family outcomes, including improved physical and mental health for families, decreased infant mortality, increased family economic security, and increased likelihood of birthing parents returning to the workforce.[9] Access to paid leave is also associated with reduced racial disparities in the receipt of postpartum care and reduced rates of leave-taking among Black and Hispanic birthing parents.[10] **In Vermont, 47% of birthing parents returning to work after having a child do not have paid leave.** Birthing parents returning to work in Vermont after paid leave are more likely to have private insurance (72%), while only 26% of birthing parents with access to paid leave are on Medicaid.[11] Vermont is one of two states with a voluntary paid leave program that allows employers to voluntarily purchase a paid leave insurance policy for their employees (this option will be extended to individual workers in July 2025). Research does not yet indicate whether voluntary programs are effective in equitably improving child and family outcomes.[12] Research in states with universal (not voluntary) paid leave programs has demonstrated a wide range of benefits. For example, access to universal paid family and medical leave has been shown to decrease parental consumption of any alcohol by 12 percentage points, decrease the likelihood of infants receiving late vaccinations among families with low incomes by up to 7 percentage points, and increase the number of parents who report coping well day-to-day by over 5 percentage points.[10]

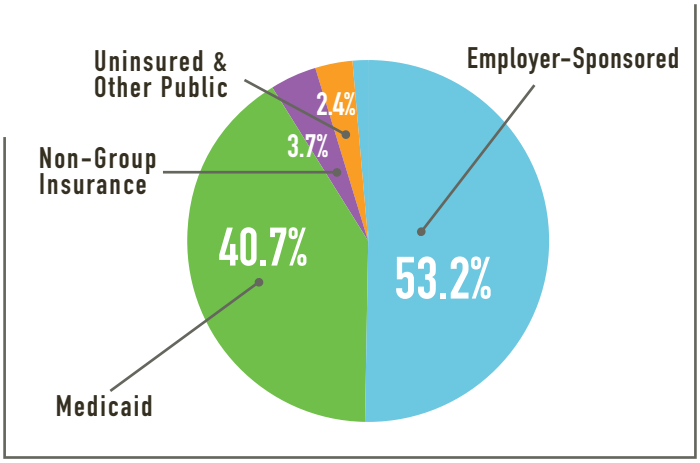
Health Insurance

Insurance Coverage: In 2023, 97.6% percent of Vermont children under age 18 had some type of health insurance.[13] Of families with children under 6, 76.1% reported that insurance for their children was adequate in 2022-2023.[14] In Vermont, 53.2% of children under 18 are covered by employer-sponsored insurance, 40.7% are covered by Medicaid (primary or secondary coverage), and 3.7% are covered by non-group insurance, with the remaining 2.4% uninsured or with "other public" insurance.[13]

In 2022, 38% of births in Vermont were funded by Medicaid.[15]

Vermont Medicaid/Dr. Dynasaur: There have been multiple policy changes and initiatives at the federal and state levels to increase health insurance enrollment among children and perinatal individuals. The Immigrant Health Insurance Plan (IHIP) began in July 2022 and provides coverage for pregnant individuals and children under age 19 who have an immigration status for which Vermont Medicaid is not available (except for Emergency Medicaid).[16] **IHIP enrollment has been steadily increasing since July 2022, and there were 340 individuals covered in September 2024.[17]** Vermont was one of 47 states that opted to expand postpartum Medicaid coverage for qualified Vermonters from 60 days to 12 months beginning in 2023.[18] In line with federal guidance, beginning in January 2024, Vermont implemented 12 months of continuous Medicaid eligibility for children so that they are not at risk of losing coverage outside of their annual redetermination.[19] In addition, Vermont has some of the most generous Medicaid income limits for children under age 19, with eligibility for children set at 317% of the Federal Poverty Level.[20]

Figure 11: Insurance Coverage for Children Under 18, 2023[13]



Medicaid Unwinding and Medicaid Coverage for Children: Each year, Vermonters receiving Medicaid, including children, go through a redetermination process to ensure they are still eligible. This process was suspended from March 2020 to March 2023 in response to the COVID-19 pandemic. Medicaid enrollment in Vermont and across the country grew significantly during this time.

The federal government required states to restart this annual redetermination process in 2023, and Vermont did so in April 2023. The official unwinding period ended in May 2024. Vermont took steps to support enrollees through this process, including increased outreach, suspension of premiums, and enhanced automatic renewals.

There was an inevitable reduction in enrollment as a result of restarting annual determinations. **In September 2024, there were 59,359 children enrolled in Medicaid[21] compared to 67,705 in March 2023, a 13% decrease.[22]** In addition, there are almost 3,000 fewer children enrolled than before the COVID-19 pandemic in September 2019 (62,274).[23] Medicaid for adults is available for eligible individuals after they age out of Dr. Dynasaur for households at or below 138% of FPL. In Vermont, and across the country, the impact of Medicaid redeterminations for children will become clearer as additional data and analysis become available.

Preventive Care

Well-Care Visits: Vermont emphasizes well-care visits, routine healthcare visits held when the child is healthy, which allow the provider and parent to focus on prevention, track growth and development, address any concerns, and build a strong and trusting relationship. **In 2022, 86.4% of children under 6 and 83.8% of children 6 to 11 had one or more preventive care visits with a health care professional.[14]** Vermont is also committed to oral health and preventive dental care. In 2021, **58.6% of children ages 1 to 5 and 93.5% of children from 6 to 11 years of age had a preventative dental care visit.[14]**

Immunizations: Through routine immunization, we have the power to protect children from 17 dangerous diseases before age 2. Vaccinations also help protect vulnerable community members from the risk of disease, especially infants who are too young to be vaccinated and children and adults whose immune systems are weaker. **In 2023, 75.8% of Vermont children received their recommended immunizations by age 2, compared to 66% in the United States as a whole. However, rates differed by county, from a high of 82.5% in Addison County to a low of 45.5% in Essex County.** Overall, vaccination rates have remained stable in Vermont since 2020.[24] While Vermont's immunization rates remain high, the Vermont Department of Health, in partnership with the Vermont Child Health Improvement Program (VCHIP) and the American Association of Pediatrics Vermont Chapter, is working to address vaccine hesitancy in Vermont, given national trends and county level differences.

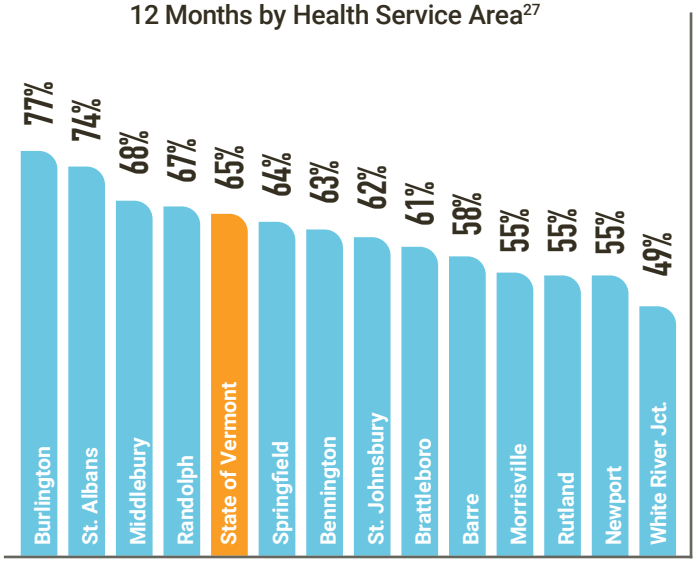
Blood Lead Level Screening: Protecting children from exposure to lead is important for lifelong health. There is no safe blood lead level in children. Even low levels of lead in blood have been shown to affect a child's learning, ability to pay attention, and academic achievement.[25] Starting in 2023, new methods were used for calculating annual blood-testing rates and to estimate the number of children with lead in their bodies. These changes mean that the 2023 data below on children with elevated lead levels cannot be compared to previous years. However, testing rates are able to be compared and are at an all-time high. There was an increase in testing from 2022 to 2023, with testing for 1-year-olds increasing from 78.0% to 86.3% and 2-year-olds from 66.7% to 82.6%. Of those tested, **90% of 1-year-olds and 90.9% of 2-year-olds had blood lead levels that were undetectable at the time of their annual screening. 4.5% of 1-year olds and 3.6% of 2-year-olds had blood lead levels greater than or equal to 3.5% µg/dL.[26]**

Developmental Screening

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, shows that **in 2022, 65% of Vermont children under age 3 had received a developmental screening in the past 12 months.** Of note, this indicator does not capture all screening activities. **As can be seen in Figure 12, screening rates vary from 77% in the Burlington hospital service area to 49% in White River Junction.**[27] After many years of low screening rates, the Newport hospital service area no longer has the lowest rate in the state, increasing from 19% in 2020 to 55% in 2022 due to continuous quality improvement efforts and efforts to improve data quality.[28]

65% of Vermont children under age 3 had received a developmental screening in 2022.

Figure 12: Percent of Children 3 and Under Who Received a Developmental Screening in the Past 12 Months by Health Service Area[27]



Efforts to increase the use of developmental screenings include the Ages and Stages Questionnaire (ASQ) Online Platform hosted by Help Me Grow Vermont which allows direct service providers to send the questions to families ahead of an appointment to be completed at home. **In 2023, the ASQ Online logged or supported 5,155 ASQ-3 and 1,195 ASQ:SE (social-emotional) screens.** As of November 2024, there were 63 programs using the ASQ Online, including 15 medical practices, 37 early childhood education programs, four Children's Integrated Services regional teams, and six home visitors.[29]

AUTISM SPECTRUM DISORDER

Following a positive developmental screening, many families face barriers when seeking follow-up assessment and evaluation for their child, including enduring long wait times, completing lengthy assessment paperwork, securing transportation, and navigating language barriers. For Autism Spectrum Disorder specifically, Vermont's pediatric and early intervention communities have identified a need for community-based developmental assessments. Through a partnership with the Vermont Department of Health and the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont, pediatricians are receiving training to conduct autism assessments and diagnoses in collaboration with Children's Integrated Service teams. **National data shows that the prevalence of Autism Spectrum Disorder increased significantly between 2000 (1 in 150 children) and 2020 (1 in 36 children).**[30]

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[1] and includes the capacity to regulate and express emotion, form close and secure relationships, and explore and learn from the environment. With healthy social and emotional development and access to supports, children can develop the ability to learn how to cope with stress and grow into well-rounded, healthy adults. Prolonged stress without such supports can have lifelong impacts on the ability to develop peer relationships, learn, and thrive.[2]

Vermont's Mental Health Continuum of Services

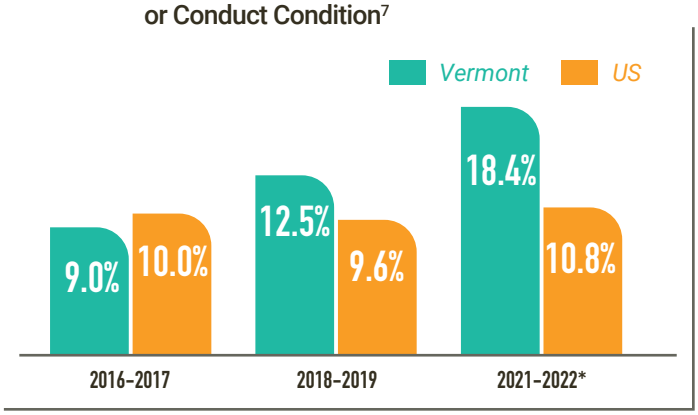
Vermont's mental health system has multiple levels of services to support children and families with mental health conditions, from outpatient services to residential treatment.

Perinatal Mood and Anxiety Disorders (PMADs)

Perinatal mood and anxiety disorders (PMADs) are mental health conditions that develop at any time during pregnancy or after having a baby, through the first year after delivery, adoption, or experiencing pregnancy or infant loss. In a recent analysis of perinatal depression in Vermont from 2016–2022, PMADs affected approximately 1 in 4 pregnant and postpartum people. Vermonters under 25, those enrolled in Medicaid, and individuals without a high school diploma were shown to be significantly more likely to experience perinatal depression.[3] Non-birthing parents are also at risk for depression and anxiety, with a national prevalence of 10% for depression[4] and 18% for anxiety.[5]

PMADs are highly detectable and treatable, but nationally, half of birthing parents with a PMADdo not get the treatment they need.[6] Vermont has several approaches to increase screening and access to resources, including the Vermont Consultation and Psychiatry Access Program, the Support Delivered campaign, increased doula services, and collaborating with home visitors.

Figure 13: Children with ADHD, Anxiety, Depression, Tourette Syndrome and/or a Behavior or Conduct Condition[7]



Children with Mental Health Conditions

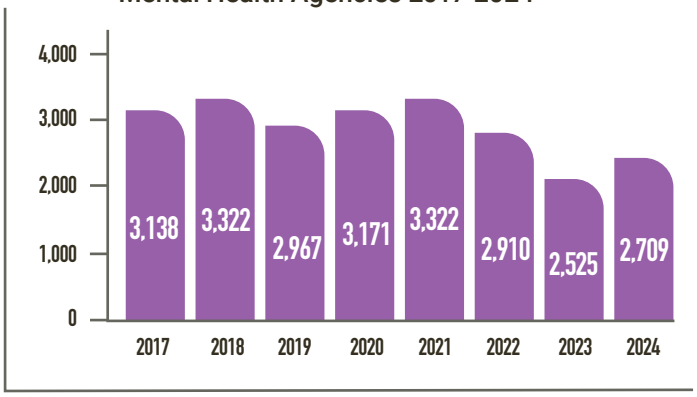
Even before the COVID-19 pandemic, rates of children with behavioral, emotional, and mental health conditions were rising. As can be seen in data from the National Survey of Children's Health summarized in Figure 13, between 2016–2017 and 2021–2022, there was

a statistically significant increase in **the proportion of Vermont children ages 3 to 8 with a diagnosis of ADHD, anxiety, depression, Tourette Syndrome, and/or a behavioral or conduct condition from 9.0% to 18.4%** (p=<0.01).[7] There was also a significant difference between the Vermont and national samples in the 2021–2022 data (p=0.001).[7]

Service Utilization

Mental health services provided by Vermont's 10 Designated Community Mental Health Agencies (DAs) are a primary intervention strategy for reducing the potential later use of higher-acuity services. As depicted in Figure 14, the number of children under age 9 served by DAs over the past seven years has ranged from a high of 3,322 in 2021 to a low of 2,525 in 2023. **In 2024, there was a slight increase, with 2,709 children served.**[8] DAs also provide crisis services for those children needing immediate support. **In 2024, there were 238 children under age 9 who received crisis services, with a five-year average of 231.**[8] Additionally, Vermont launched enhanced mobile crisis services statewide in 2024, which provided 883 encounters for children and youth through age 17, primarily in the home or at school.[9]

Figure 14: Vermont Children Under 9 Served by Designated Mental Health Agencies 2017-2024[8]



Residential Treatment

Information on rates of residential treatment, length of stay, and factors impacting capacity can be found in the Data Spotlight on the Child Welfare System on page 10.

Boarding in Emergency Departments

Vermont continues to experience challenges with timely access to crisis stabilization programs, residential treatment, and inpatient psychiatric care due to staffing vacancies and bed availability. In Vermont, and across the country, if children are unable to remain safely at home with supports while awaiting access to a higher level of care, some children wait in emergency departments (referred to as boarding) until there is an opening at a crisis stabilization or inpatient program where they can receive critical mental health treatment. In addition to the increased stress and trauma this may cause, it also decreases the availability of ED beds for physical health emergencies. The average number of children under 18 waiting in EDs for mental health placement has decreased from a daily average ranging from 3 to 15 youth in 2022 to 2 to 7 in 2024. In addition, **boarding times improved in 2024, with the average percentage of patients waiting more than 24 hours for placement falling below 51% for five out of the last 10 months, compared to zero months in 2022.**[10]

Mental Health Workforce

As is the case with the majority of human services sectors, the turnover and vacancy rates for the mental health workforce are directly impacting access to and utilization of services. The total number of positions at DAs and Specialized Service Agencies (SSAs) varies based on grant funding and special projects. Although lower than the peak rates during and following the pandemic, Vermont's DAs and SSAs have high turnover and vacancy rates. **In 2024, the average turnover rate for mental health program staff at DAs and SSAs was 23%, and the average vacancy rate for mental health and substance use programs was 15.8%, with rates by agency ranging from 5% to 23.3%.**[8]

FEDERAL POLICY CONSIDERATION

Two critical federal resources that build Vermont's capacity to meet mental health needs cannot be used for mental health-specific prevention and promotion activities: Medicaid and the Mental Health Block Grant. Medicaid requires a diagnosis for mental health services, and the Mental Health Block Grant can only be used for adults with Severe Mental Illness and youth with Severe Emotional Disturbance. Funding for upstream prevention and promotion services is essential to Vermont's ability to turn the curve on wellness. Preventive approaches are less expensive and more effective than addressing harm that has already occurred.

Policy recommendations on mental health and well-being from Vermont's Early Childhood State Advisory Council Network can be found on page 4.

CHILD AND FAMILY DEVELOPMENT SUPPORTS

Upstream Intervention and Supports

There are numerous long-standing and innovative approaches to supporting birthing parents, children, and family systems. It is well known that prevention is more effective and less expensive than treatment, and the early childhood period is a key time for intervention.

Developmental Understanding and Legal Collaboration for Everyone (DULCE): DULCE proactively addresses social determinants of health utilizing a medical practice team with an embedded family specialist and a legal partner. Using an early relational health approach, DULCE promotes the healthy development of infants and provides support and connection to the early childhood system of services for families of infants 0–6 months or up to one year. **In Federal Fiscal Year (FFY) 2024, DULCE expanded from six to nine sites located in pediatric and family medicine practices across the state and served 715 babies.**[1] During the same time period, 99% of families in Vermont DULCE practices chose to enroll in the program, and 92% of families completed the program.[1]

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 through 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, and Strong Families Vermont Home Visiting. **During FFY 2024, a total of 3,800 unique clients received at least one of the core services within CIS.**[2] Each client receiving services has a One Plan that includes six-month or annual goals. Goals address topics such as a child's developmental progress, continuity of placement in a quality early childhood education program, safe housing, and, with adult support, use of coping strategies during difficult situations. **In State Fiscal Year (SFY) 2024, 87.2% of CIS clients achieved one or more individualized plan goals by their annual review or their exit from CIS.**[2]

Home Visiting: The transition to parenthood is a time of celebration as well as potential stress. Home visiting programs provide new and expectant parents with information, support, and referrals to community resources and services. **Home-based Early Head Start and Head Start home visiting served 288 infants and pregnant individuals during program year 2024.**[3]

Children's Integrated Services (CIS) Strong Families Vermont (SFVT) Home Visiting is a collaboration between the Department for Children and Families - Child Development Division and the Vermont Department of Health - Family and Child Health Division. SFVT provides two evidence-based sustained home visiting programs (Maternal Early Childhood Sustained Home- Visiting and Parents as Teachers) as well as evidence-informed responsive home visiting (known as CIS SFVT Responsive Home Visiting). SFVT is available to many pregnant and postpartum individuals and families with young children. High-quality home visiting builds protective factors in families and is shown to reduce rates of child injuries, child maltreatment, and crime and domestic violence. **In 2024, SFVT's sustained home visiting programs supported 502 clients and provided 3,989 visits, and their responsive home visiting program supported 690 new clients.**[4]

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. **During FY24, over 70,000 children and parents were served across all 15 PCC programs.**[5] By embracing an integrated and holistic approach to serving families, PCCs can offer and coordinate services from multiple sources and government programs, ensuring that unique and specific needs are met.

VECAP GOAL 3 :
Access to High-Quality Early Childhood Services and Supports

When surveyed, over 94% of parents receiving supports from Parent Child Centers reported that they got the help they needed and that they felt stronger and more confident as parents.[5]

Early Intervention and Special Education Services

The Individuals with Disabilities Education Act (IDEA) is a law that ensures access to special education and related services for eligible children with disabilities. Infants and toddlers (birth through age 2) with disabilities, developmental delays, or who are at risk of a developmental delay due to a medical condition receive Early Intervention under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.[6]

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. During SFY 2024, there were 1,629 CIS-EI referrals and 1,112 new One Plans, Vermont's Individualized Family Services Plan. **Between December 2, 2022 and December 1, 2023, 2,280 children under age 3 received CIS-EI services.**[7]

IDEA PART B: Early Childhood Special Education Services

Early Childhood Special Education Services 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 under IDEA. As can be seen in Table 3, **during the 2023–2024 school year, 4,371 students ages 3 through 8 received services through an individualized education plan (IEP), 481 received services under a 504 plan, and 1,405 received services from an educational support team (EST).**[8]

Table 3: Children Receiving Special Education Services (ages 3 through 8)[8]

Age	IEP	504	EST
3	327	***	12
4	519	***	28
5	753	43	145
6	830	101	349
7	907	156	404
8	1,035	181	467
Total	4,371	481	1,405

EARLY CHILDHOOD AND ELEMENTARY EDUCATION

Early educational experiences from 6 weeks through third grade provide the foundation for future success. These settings support holistic development—from building gross motor and academic skills to learning how to share and test boundaries.

Early Childhood Education

Vermont's early childhood education system is considered a "mixed delivery system," meaning that 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. This mixed-delivery approach applies to the state's Universal Prekindergarten Education system as well and is considered a national best practice.

Act 76 - Vermont's Child Care Law

Act 76, Vermont's historic investment in early education, became law on June 20, 2023; however, the law and its investments go into effect in phases, with policy changes and required reporting occurring between July 2023 and January 2026. While not a comprehensive list, below are several key changes occurring during the last year.

Eligibility for the Child Care Financial Assistance Program (CCFAP) expanded significantly. Vermont is now the most expansive state in the country for child care assistance income eligibility.[1] There were three changes during 2024:

- On April 7, 2024, a weekly family share of $0 was extended to families up to 175% FPL. In addition, income guidelines increased to 400% FPL and were updated to the 2024 Federal Poverty Levels.
- On June 30, 2024, CCFAP benefits were extended to families with children previously excluded from the program due to documentation or citizenship status.
- On October 7, 2024, CCFAP income guidelines increased to 575% FPL.

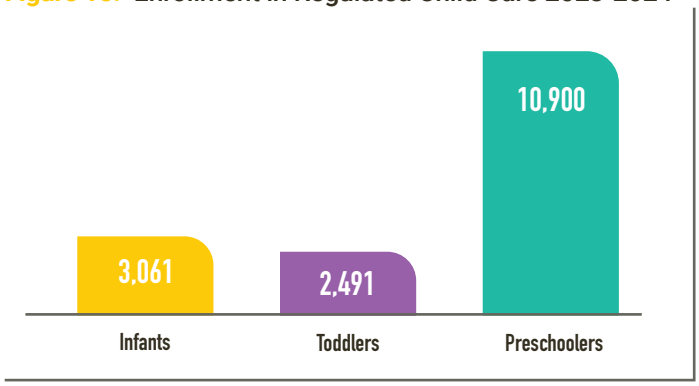
The reimbursement rates paid to programs increased in December 2023 by 35% above the July 2023 rates. Beginning June 30, 2024, family child care programs received an additional reimbursement rate increase of 50% of the difference between registered family child care and licensed family child care program state rates.

Beginning July 1, 2024, the payroll tax established by Act 76 to support investments in Vermont's early childhood system went into effect.

The Prekindergarten Education Implementation Committee met and delivered a report to the legislature, including recommendations about Vermont's Universal Prekindergarten Education system.

Child Care Enrollment: In December 2023, there were 16,779 children up to age 5 (and not yet in kindergarten) enrolled in regulated child care, with an additional 3,684 school-aged children enrolled.[2] As can be seen in Figure 15, 19% were infants (under 2), 15% were toddlers (age 2) and 66% were preschoolers (ages 3–4). The vast majority of children were enrolled in center-based child care programs (85.5%), followed by registered family child care homes (12.5%) and licensed family child care homes (2%).[2] This includes children enrolled in private Universal Prekindergarten Education (UPK) programs through Act 166 but does not include those enrolled in school-based UPK programs.

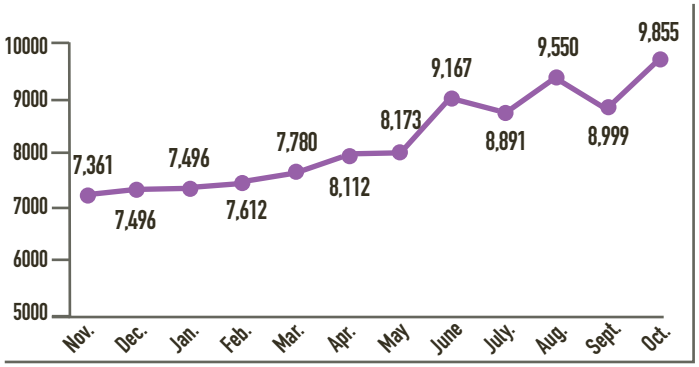
Figure 15: Enrollment in Regulated Child Care 2023-2024[2]



Child Care Financial Assistance: In October 2024, **there were 9,855 children whose families received support through the Child Care Financial Assistance Program (CCFAP), with 6,392 children (65%) being under the age of 5.** As can be seen in Figure 16, there has been an increase of almost 3,000 children from the previous year. There were no children receiving CCFAP in out-of-state care in New Hampshire, Massachusetts, or New York.[3]

In December 2022, there were 7,288 individuals working in regulated child care settings in positions working directly with children, a 1.9% increase from 2020.[4]

Figure 16: Child Care Financial Assistance Program Enrollment November 2023 - October 2024[3]



VECAP GOAL 3 :
Access to High-Quality Early Childhood Services and Supports

In December 2022, there were 7,288 individuals working in regulated child care settings in positions working directly with children, a 1.9% increase from 2020.[4]

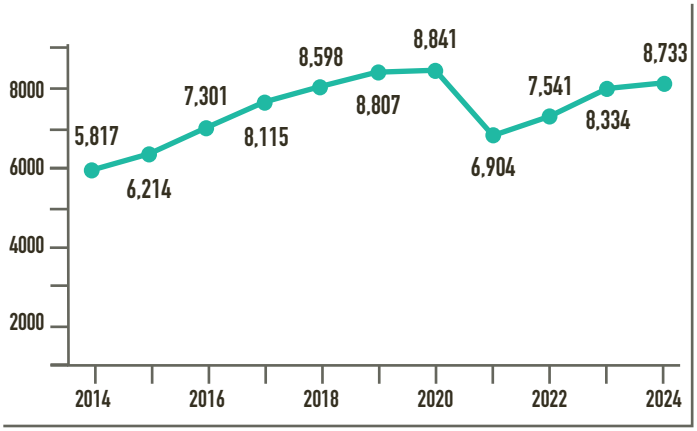
Head Start and Early Head Start

Head Start and Early Head Start (HS/EHS) are comprehensive early education programs for children from birth to age 5 from low-income and vulnerable families. 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 2023 to August 2024, **Vermont Head Start (HS) served 709 children from ages 3 to 5, and Early Head Start (EHS) served 540 infants and toddlers and 42 prenatal birthing parents, for a total of 1,201 individuals.**[5] For program year 2024, there were 587staff in HS/EHS programs. Of all staff, 14.5% (85) left during the program year, with 19 vacancies remaining unfilled for a period of three months or longer.[5] While these high turnover and vacancy rates make it difficult to provide consistent and high-quality services to particularly vulnerable children and families, staff recruitment and retention is improving.

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 pre-K 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.[6] In September 2024, there was a licensed preschool capacity of 9,419 slots in 393 UPK programs. The 241 center-based and family child care home programs held 5,362 slots (57%), and the 152 school-based programs held 4,057 (43%).[7] **As can be seen in Figure 17, UPK enrollment dropped to 6,904 during the 2020–2021 school year but has now reached pre-pandemic levels, with 8,733 students enrolled during the 2023–2024 school year.**[8]

Figure 17: Universal Prekindergarten Education Spring Enrollment 2014-2024[8]



Exclusionary Discipline (Suspension and Expulsion)

Students who are suspended "are at a significantly higher risk of falling behind academically, dropping out of school, and coming into contact with the juvenile justice system."[9] Act 35 of 2021 prohibits exclusionary discipline (broadly defined as suspension and expulsion) for children under age 8 in public schools except when the student "poses an imminent threat of harm or danger to others." Act 166 of 2022 expanded the restrictions to students attending independent schools and private prequalified Universal Prekindergarten Education programs.[10]

Between October 2023 and September 2024, there were 46 reported exclusionary discipline incidents (suspensions and expulsions) for children enrolled in UPK, 47% of which involved children on an Individualized Education Plan (IEP). These reported events happened across 25 programs in both school-based programs (13 incidents) and private programs (33 incidents).[11] During the same time period, restraints and seclusions were also reported. Across the country, exclusions impact certain groups of students disproportionately. Black or African American students are suspended at 2.5 times and expelled at 3.2 times their rate of enrollment. Students receiving special education services through an IEP are suspended at 1.8 times and expelled at 2.6 times their rate of enrollment.[12] The Agency of Education and the Child Development Division are actively partnering to improve and streamline the identification of incidents and to support programs in reducing exclusionary discipline and providing more equitable access to inclusive early childhood education opportunities.

Afterschool, Summer, and Out-of-School Time Care

Afterschool and out-of-school time care has been shown to help close achievement gaps, improve academic performance, and decrease risky behaviors in a safe and stimulating environment.[13] **There were a total of 2,937 afterschool slots, 2,237 summer slots and 16,940**

year round slots for a total of 22,113 unduplicated slots according to the 2024 summer and afterschool landscape report.[14] When compared with the total number of children 5–11, there was a gap of 25,235 slots for universal coverage, and 16,318 slots for children likely to need care.[14] Of note, one slot may serve multiple children based on full-time or part-time schedules.

The density of programming and capacity to serve young people varies by county, age, and time of year. During the school year, the supply of afterschool slots ranged from meeting 15% of universal coverage in Bennington to 73% in Addison for children between 5–11 years old. During the summer, supply ranged from 18% in Bennington County to 73% in Addison County.[14]

While there are limitations to this data (see page 43 for a full list of limitations to data in the report), the work of the Afterschool and Summer Learning Advisory Committee on the Afterschool Data Initiative has, for the first time, established a baseline and methodology for tracking changes in the landscape.

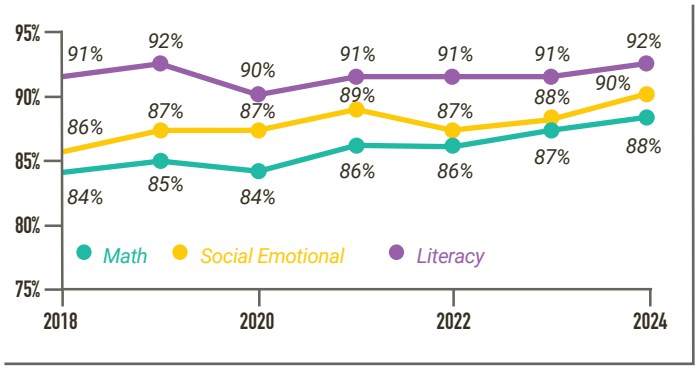
Educational Assessments

Three key assessments are currently used to measure Vermont children's knowledge, skills, and behaviors: Teaching Strategies Gold (TSGold), conducted in the fall and spring for UPK students; the Agency of Education's Ready for Kindergarten! Survey (R4K!S), conducted in the fall for kindergarteners; and third grade math and reading assessments through the Vermont Comprehensive Assessment Program (VTCAP), conducted in the fall for third graders. Data at the supervisory union/school district level can be found in the regional profiles starting on page 30.

Pre-K Assessments (Teaching Strategies Gold)

Teaching Strategies Gold (TSGold) is Vermont's approved assessment tool for reporting progress on students in Universal Prekindergarten Education programs. Students are observed by trained teachers over the course of the fall and the spring across 3 domains. As can be seen in Figure 18, between 2018 and 2024, there has been an increasing trend for 4-year-olds meeting or exceeding expectations for math and social emotional development in the spring of each year, while literacy has remained relatively steady over the same time period.[15]

Figure 18: 4-Year-Olds Meeting/Exceeding Expectations for Social, Emotional, Literacy & Math Assessments[15]



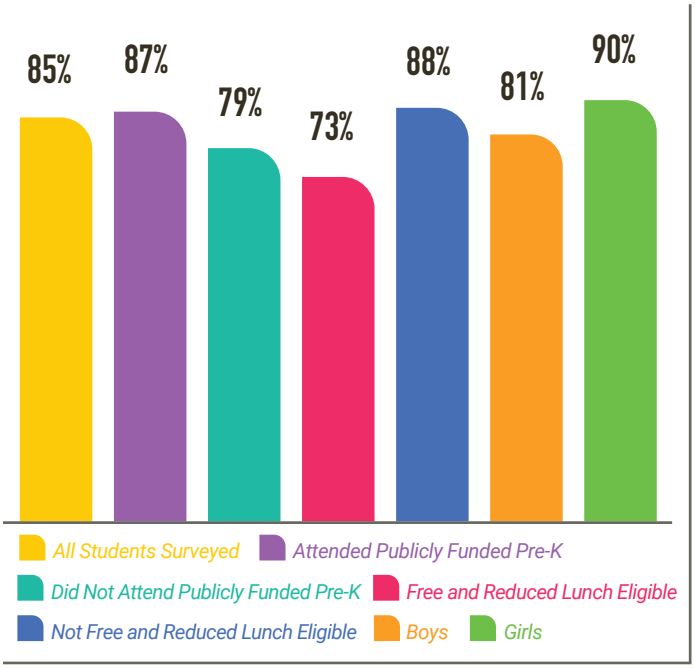
Ready for Kindergarten

The Vermont Agency of Education's Ready for Kindergarten! Survey (R4K!S) assesses 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. As can be seen in Figure 19, **in the fall of 2023, 85% of students were identified as ready for kindergarten.** Additionally, children living in households that were income-eligible for free and reduced lunch were less likely to be identified as ready for kindergarten (73%) compared to children from higher-income households (88%). Furthermore, children who attended a publicly funded pre-K were more likely to be ready (87%) than those who did not (79%). Since 2016, the percentage of children ready for kindergarten has remained stable or increased across all categories.[16]

In addition, according to the National Survey of Children's Health, **Vermont students ages 3–5 have the highest rate of school readiness in the country, with 75.3% of children "on track" for school readiness compared to 64.6% for the country as a whole.**[17]

Third Grade Math and Language Arts Assessments

Figure 19: Percent of Students Ready for Kindergarten by Student Characteristics, 2024[16]



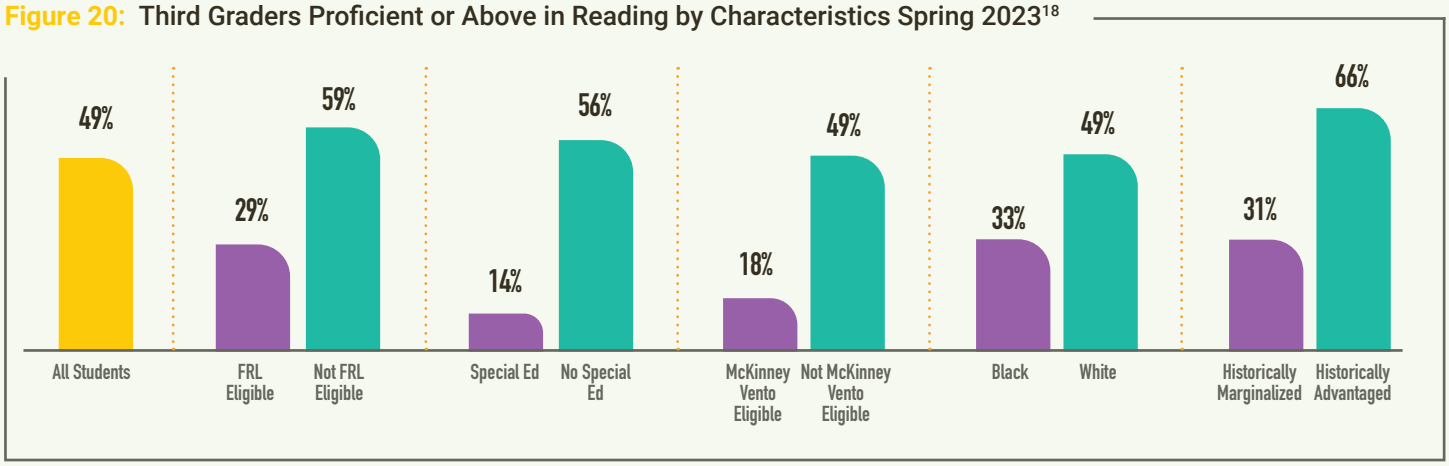
At the end of third grade, Vermont students are assessed on their proficiency in reading and math. The Vermont Comprehensive Assessment Program for Third Grade Language Arts (reading) and Math was first conducted in school year 2022–2023, and results are presented below for all students, collectively and also broken up by various student characteristics. Previous years of data are available at Vermont's Early Childhood Data and Policy Center. Impacts from the pandemic and changes in the assessment itself mean that **Vermont will have a four-year period (2020-2023) without consistent data to monitor and assess change over time in math and reading proficiency.**

As can be seen in Figure 20, proficiency rates from the 2022–2023 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, 31.4% are proficient or above in reading, compared to 65.8% for "historically advantaged" students.[18]

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 25.8% in Rutland City School District to a high of 70.7% in the Montpelier Roxbury School District.**[18]

Only 31.4% of historically marginalized third grade students score as proficient or above in reading compared to 65.8% of historically advantaged students.

Figure 20: Third Graders Proficient or Above in Reading by Characteristics Spring 2023[18]



[1] *Historically Marginalized: Historically Marginalized Students are those students who have been historically underserved by educational institutions for any one, or more than one, characteristic including ethnic and racial minorities, English Learners, students with Free and Reduced Lunch, students with disabilities, and students who are migrant, foster, or homeless. Historically Privileged Students are those students who have none of the characteristics that are associated with being underserved.*[19]

Introduction to Regional Profiles

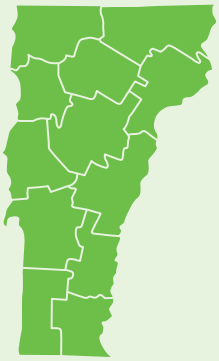
The following regional profiles offer a snapshot of selected indicators of child and family well-being for each of Vermont's 12 regions, which line up with the Agency of Human Services Districts. Each indicator represents the most high-quality, up-to-date data that is available at the regional level and includes comparison data when possible.

This report draws from multiple sources of Vermont data, not all of which use the same geographic boundaries. Several indicators are only available at the county or supervisory union/school district level. When necessary, multiple areas are included to provide a more inclusive picture of the region.

CHILD POPULATION[1] *(2023)*

58,996 children under 10

Decreased from 60,953 in 2018



CHILDREN LIVING IN POVERTY[2] *(2023)*

27.9% children under 12 (20,838)

Decreased from 32.4% in 2018 (23,920

PRE-TAX ANNUAL FAMILY BUDGET[3]

$136,599 ($32.84/hr)

State of Vermont

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

449 children under 9

Decreased from 659 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

1,652 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

75.8% for children by age 2

**Under 185% of the Federal Poverty Level*

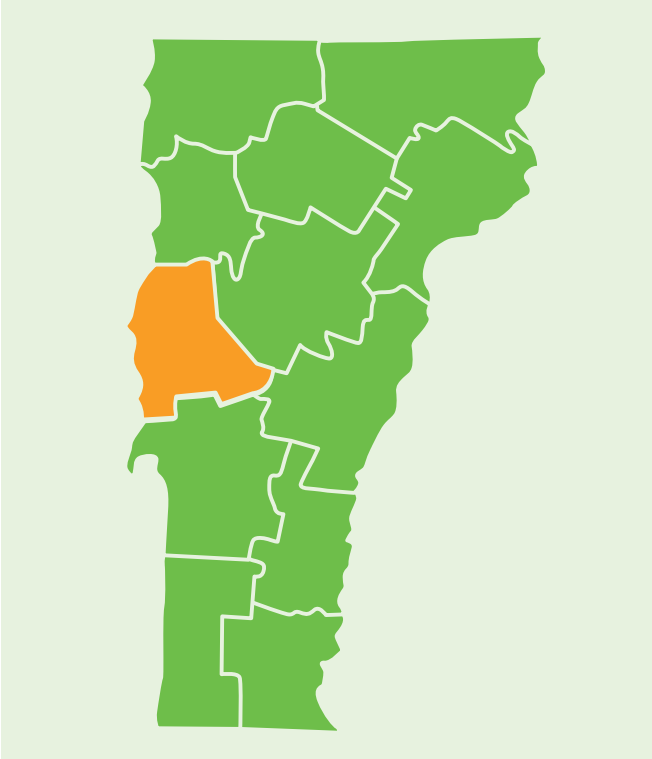
Proficiency

Pre-K Literacy *(Spring 2024)*[7]	**91.9%**
Ready for Kindergarden *(Fall 2023)*[8]	**85%**
Third Grade Reading *(Spring 2023)*[9]	**48.9%**

Addison

REGIONAL PRIORITIES:

- Child and family mental health.
- Quality and capacity of early childhood education and services.



CHILD POPULATION[1] *(2023)*

3,119 children under 10

Decreased from 3,247 in 2018

CHILDREN LIVING IN POVERTY[2] *(2023)*

25% children under 12 (980)

Decreased from 26.8% in 2018 (1,068)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$120,589 ($28.99/hr)

Addison County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

18 children under 9

Decreased from 45 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

34 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

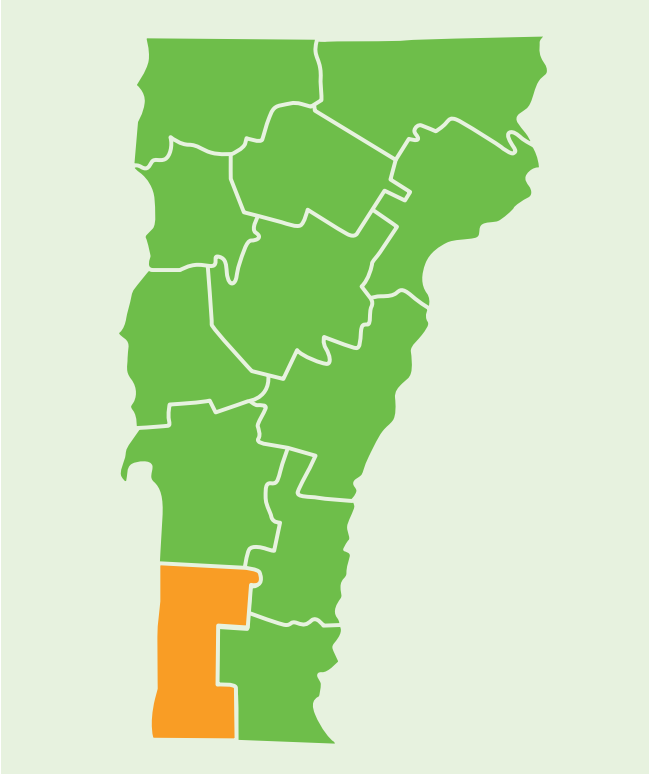
82.5% for children by age 2

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Addison Central SD	88%	86%	54.5%
Addison Northwest SU	90%	88%	Not Available
Mount Abraham Union SD	100%	78%	48.2%
Slate Valley Unified Union SD	86.7%	88%	34.9%

Bennington



REGIONAL PRIORITIES:

- Child and family mental health.
- Quality and capacity of early childhood education and services.

CHILD POPULATION[1] *(2023)*

3,389 children under 10

Decreased from 3,470 in 2018[2]

CHILDREN LIVING IN POVERTY[2] *(2023)*

31.5% children under 12 (1,360)

Decreased from 44.3% in 2018 (1,876)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$114,436 ($27.51/hr)

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

50 children under 9

Decreased from 64 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

142 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

71.3% for children by age 2

**Under 185% of the Federal Poverty Level*

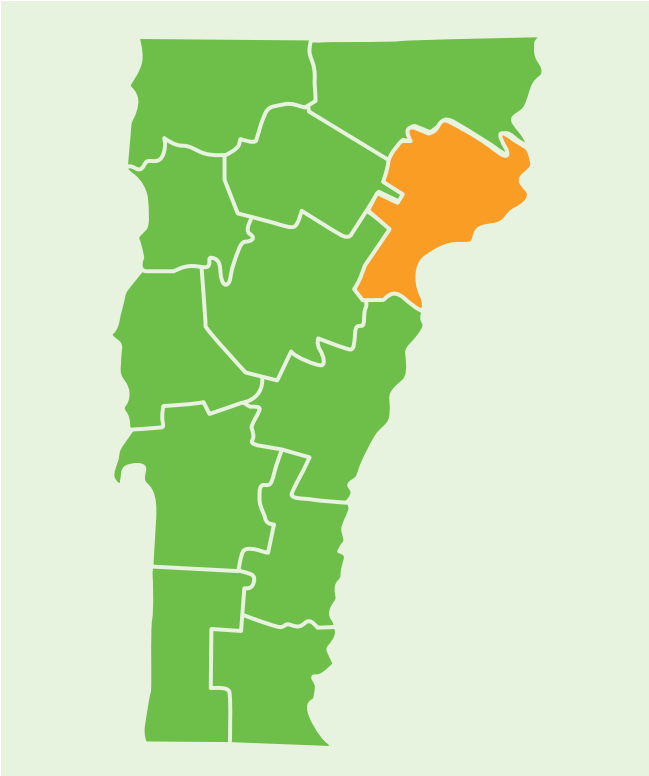
Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Bennington Rutland SU	94.2%	74%	52.1%
Southwest Vermont SU	86.5%	82%	26.9%
Windham Southwest SU	100%	83%	51%

Caledonia & Southern Essex

REGIONAL PRIORITIES:

- Child and family mental health.
- Building resilience in children, families, and communities.



CHILD POPULATION[1] *(2023)*

3,103 children under 10

Decreased from 3,311 in 2018

CHILDREN LIVING IN POVERTY[2] *(2023)*

40.8% children under 12 (1,494)

Increased from 37.7% in 2018 (1,521)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$109,933 ($26.43/hr) Caledonia County
$103,919 ($24.98/hr) Essex County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

18 children under 9

Decreased from 27 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

93 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

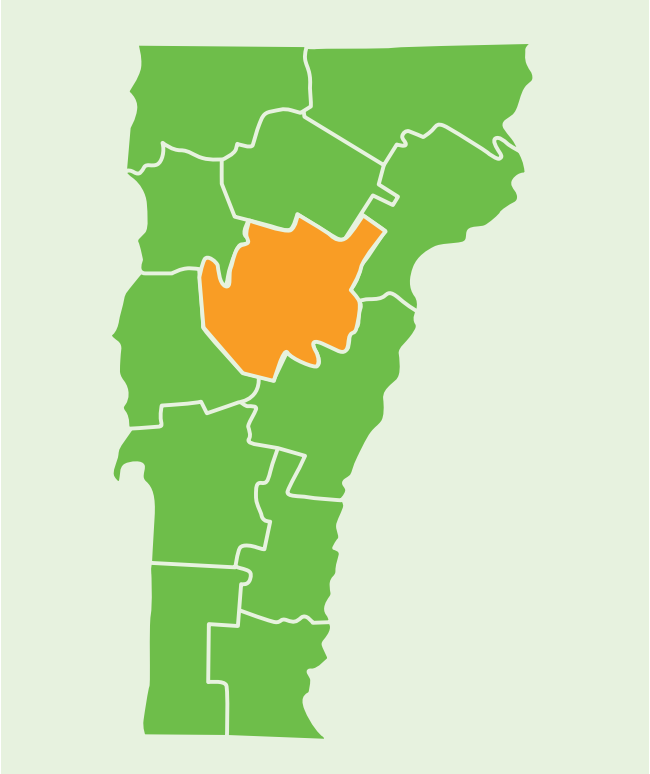
67.4% Caledonia County
45.5% Essex County

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Caledonia Central SU	96%	86%	Not Available
Kingdom East	97%	88%	41.8%
Orange East SU	87.7%	87%	42.4%
St. Johnsbury SD	91.8%	85%	45.3%

Central Vermont



REGIONAL PRIORITIES:

- Access to basic needs.
- Building resilience in children, families, and communities.

CHILD POPULATION[1] *(2023)*

6,159 children under 10

Decreased from 6,489 in 2018

CHILDREN LIVING IN POVERTY[2] *(2023)*

28.2% children under 12 (2,120)

Decreased from 33.2% in 2018 (2,512)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$114,853 ($27.61/hr) Orange County
$115,598 ($27.79/hr) Washington County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

44 children under 9

Decreased from 59 in 2019

CHILDREN UNDER 13 RECEIVING HOMELESSNESS SUPPORTS[5]

98 Orange & Windsor North Counties
320 Washington County

From Coordinated Entry

FULL IMMUNIZATION COVERAGE BY AGE 2[6] *(2023)*

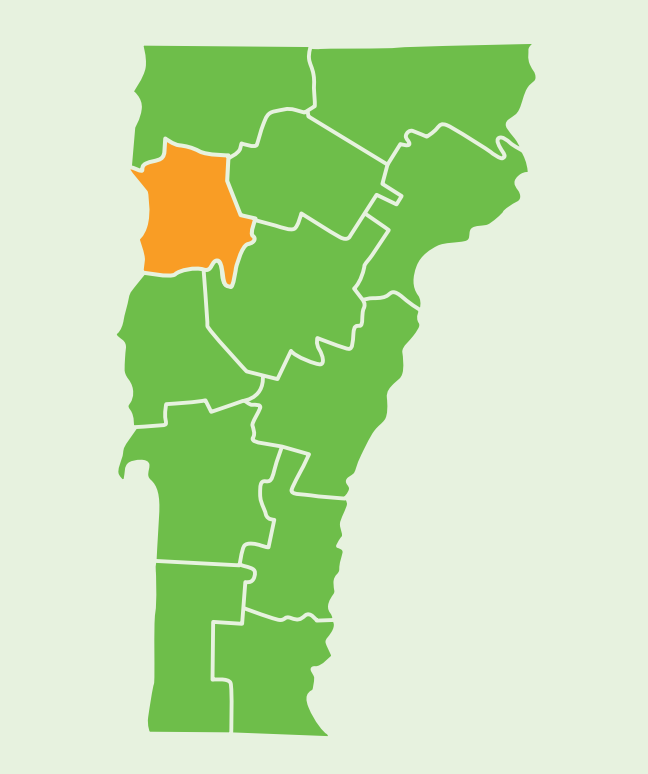
77.5% Orange County
78.6% Washington County

[*]Under 185% of the Federal Poverty Level

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Barre SU	83.6%	76%	Not Available
Caledonia Central SU	96%	86%	Not Available
Central Vermont SU	92.2%	75%	44.9%
Harwood Unified Union SD	93.5%	94%	64%
Montpelier Roxbury SD	82.9%	90%	70.7%
Orange Southwest SU	81.5%	90%	Not Available
Washington Central SU	89.3%	86%	63.3%

Chittenden



REGIONAL PRIORITIES:

- Access to basic needs.
- The impact of substance misuse on children and families.

CHILD POPULATION[1] *(2023)*

14,972 children under 10

Decreased from 15,429 in 2018

CHILDREN LIVING IN POVERTY[2] *(2023)*

20.4% children under 12 (3,746)

Decreased from 27.4% in 2018 (4,998)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$136,599 ($32.84/hr)

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

70 children under 9

Decreased from 88 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

186 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

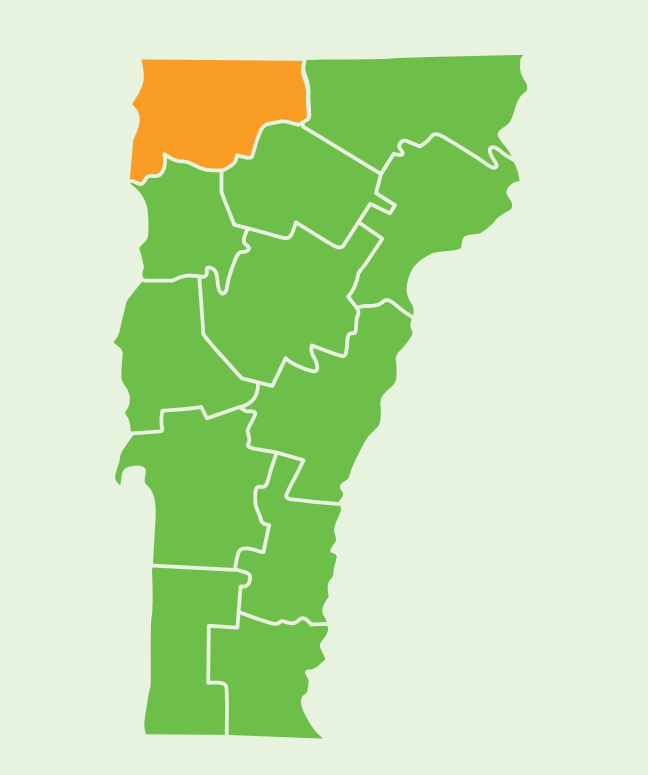
76.9% by age 2

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Burlington SD	87.8%	82%	Not Available
Champlain Valley SD	95.1%	94%	69.8%
Colchester SD	94.7%	86%	64%
Essex Westford SD	95.2%	95%	64.1%
Milton SD	90.1%	85%	Not Available
Mount Mansfield Unified Union SD	97.8%	96%	56.4%
South Burlington SD	96.2%	86%	64.7%
Winooski SD	83%	78%	37%

Franklin & Grand Isle



REGIONAL PRIORITIES:

- Access to basic needs.
- Quality and capacity of early childhood education and services.

CHILD POPULATION[1] *(2023)*

6,495 children under 10

Decreased from 6,609 in 2018

CHILDREN LIVING IN POVERTY[2] *(2023)*

25.8% children under 12 (1,917)

Increased from 23.2% in 2018 (1,852)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$126,690 ($30.45/hr) Franklin County
$125,702 ($30.22/hr) Grand Isle County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

65 children under 9

Decreased from 84 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

101 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE BY AGE 2[6] *(2023)*

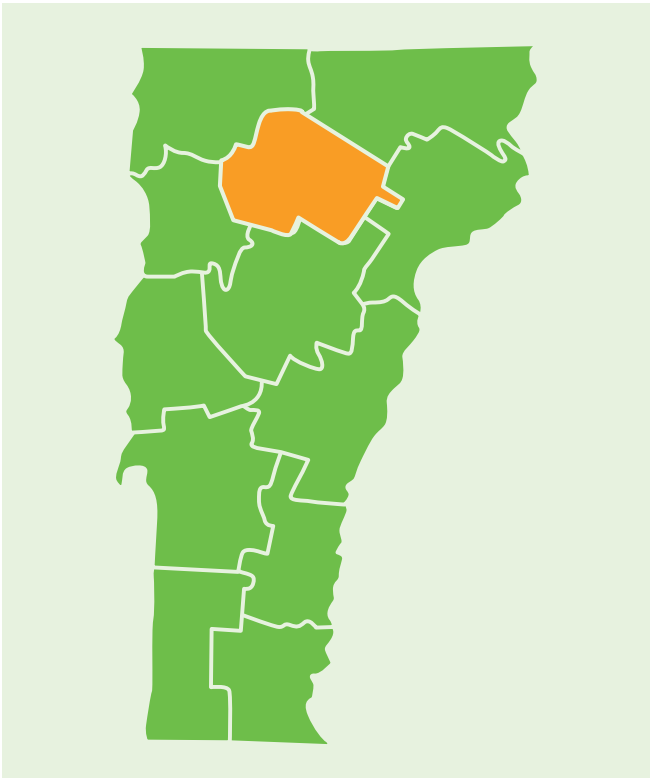
81.7% Franklin County
70.3% Grand Isle County

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Franklin Northeast SU	91.4%	87%	33.1%
Franklin West SU	98%	85%	47.7%
Grand Isle SU	95%	86%	41.7%
Maple Run SD	86.5%	85%	Not Available
Missisquoi Valley SD	90.9%	85%	Not Available

Lamoille Valley



REGIONAL PRIORITIES:

- Child and family mental health.
- Family engagement and support.

CHILD POPULATION[1] *(2023)*

3,130 children under 10

Decreased from 3,305 in 2018

CHILDREN LIVING IN POVERTY[2] *(2023)*

26.2% children under 12 (968)

Decreased from 39.8% in 2018 (1,662)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$116,211 ($27.94/hr)

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

25 children under 9

Increased from 24 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

164 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

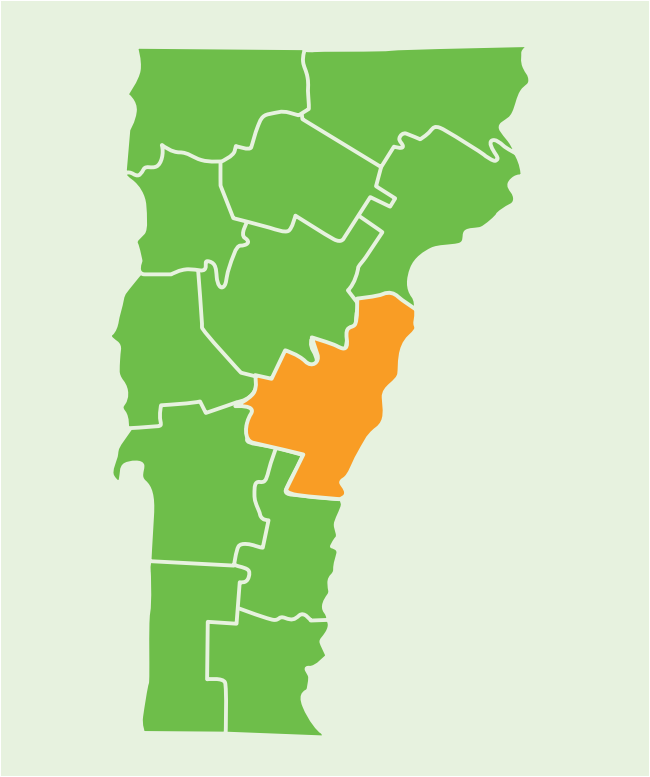
73% by age 2

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Lamoille North SU	95.4%	85%	33.9%
Lamoille South SU	92.5%	87%	63.3%
Orleans Southwest SU	86.8%	100%	30.7%

Northern Windsor & Orange



REGIONAL PRIORITIES:

- Child and family mental health.
- Building resilience in children, families, and communities.

CHILD POPULATION[1] *(2023)*

4,408 children under 10

Decreased from 4,527 in 2018

CHILDREN LIVING IN POVERTY* *(2023)*

29.7% children under 12 (1,702)

Decreased from 32.4% in 2018 (1,821)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$114,853 ($27.61/hr) Orange County
$115,668 ($27.80/hr) Windsor County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

24 children under 9

Decreased from 33 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

98 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE BY AGE 2[6] *(2023)*

77.5% Orange County
68.8% Windsor County

**Under 185% of the Federal Poverty Level*

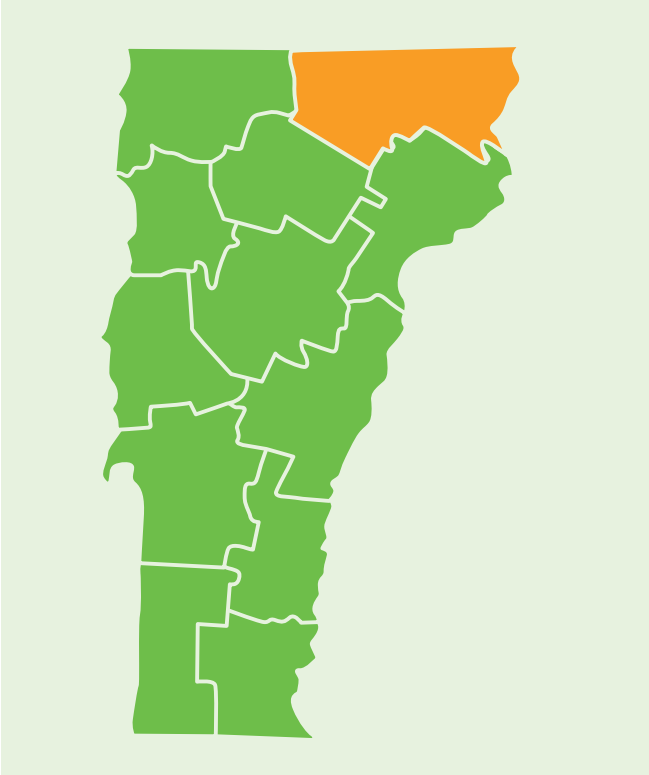
Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Hartford SD	91.4%	80%	Not Available
Mountain Views SU	98.4%	94%	57.5%
Orange East SU	87.7%	87%	42.4%
Orange Southwest SU	81.5%	90%	Not Available
SAU 70	Not Available	98%	Not Available
White River Valley SU	95.6%	91%	53.7%
Windsor Southeast SU	92.1%	90%	44%

Orleans & Northern Essex

REGIONAL PRIORITIES:

- Quality and capacity of early childhood education and services.
- Access to basic needs.



CHILD POPULATION[1] *(2023)*

2,784 children under 10

Increased from 2,812 in 2018

CHILDREN LIVING IN POVERTY* *(2023)*

41.5% children under 12 (1,474)

Increased from 37.6% in 2018 (1,285)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$103,919 ($24.98/hr) Essex County
$111,832 ($26.88/hr) Orleans County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

27 children under 9

Decreased from 50 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

83 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE BY AGE 2[6] *(2023)*

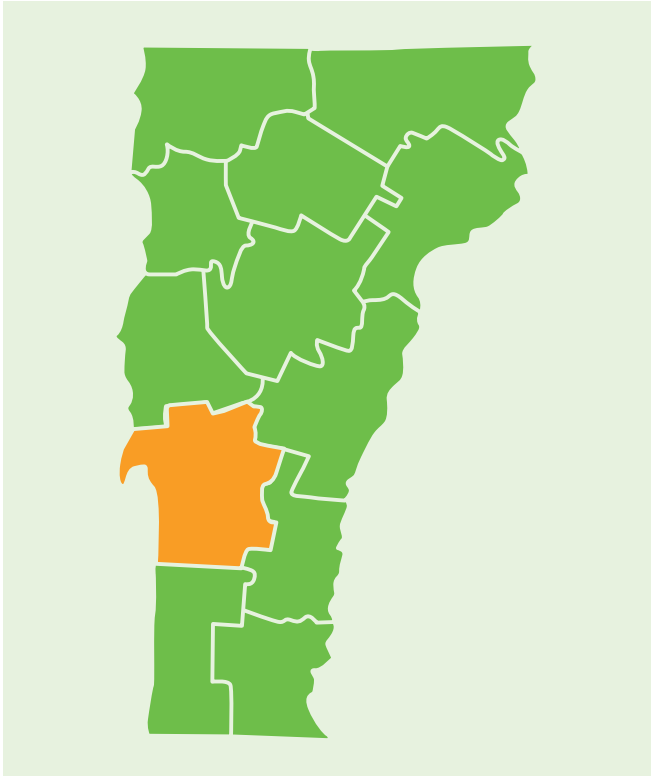
45.5% Essex County
77.2% Orleans County

*Under 185% of the Federal Poverty Level

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Essex North SU	Not Available	Not Available	Not Available
North Country SU	88.1%	82%	28.8%
Orleans Central SU	97.8%	80%	Not Available

Rutland



REGIONAL PRIORITIES:

- Child and family mental health.
- Quality and capacity of child care and early childhood services.

CHILD POPULATION[1] *(2023)*

5,299 children under 10

Decreased from 5,489 from 2018

CHILDREN LIVING IN POVERTY* *(2023)*

29.3% children under 12 (1,913)

Decreased from 30.4% in 2018 (2,007)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$113,652 ($27.32/hr)

Rutland County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

59 children under 9

Decreased from 73 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

194 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

80.2% by age 2

**Under 185% of the Federal Poverty Level*

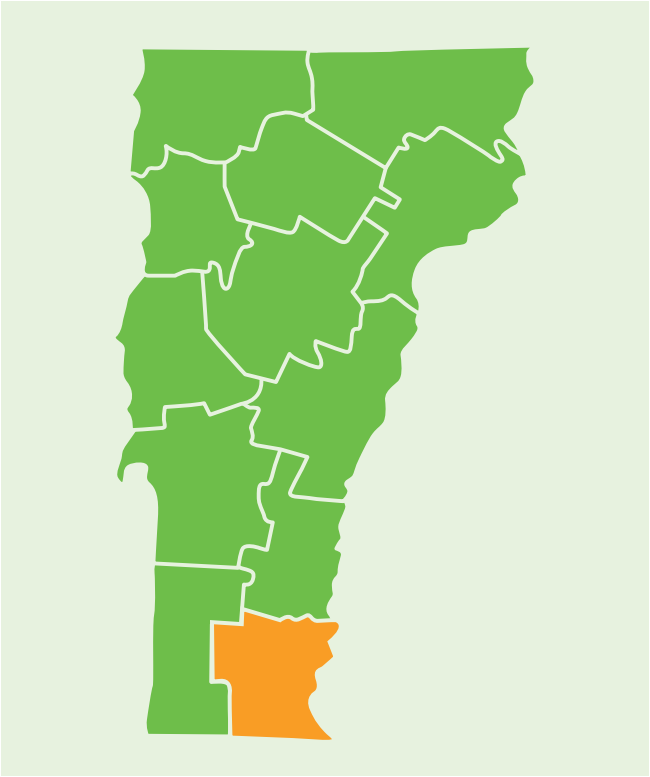
Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Bennington Rutland SU	94.2%	74%	52.1%
Greater Rutland County SU	94.8%	80%	44.9%
Mill River Unified Union SD	92.1%	82%	32.1%
Mountain View SU	98.4%	94%	57.5%
Rutland City SD	83.8%	78%	25.8%
Rutland Northeast SU	84.8%	81%	37.8%
Slate Valley Unified Union SD	86.7%	88%	34.9%
Two Rivers SU	92.9%	88%	53%

Southeast Vermont

REGIONAL PRIORITIES:

- Building resilience in children, families, and communities.
- Quality and capacity of early childhood education and services.



CHILD POPULATION[1] *(2023)*

3,131 children under 10

Decreased from 3,140 in 2018

CHILDREN LIVING IN POVERTY* *(2023)*

35.5% children under 12 (1,326)

Decreased from 37.9% in 2018 (1,483)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$124,163 ($29.85/hr)

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

31 children under 9

Decreased from 79 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

141 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE[6] *(2023)*

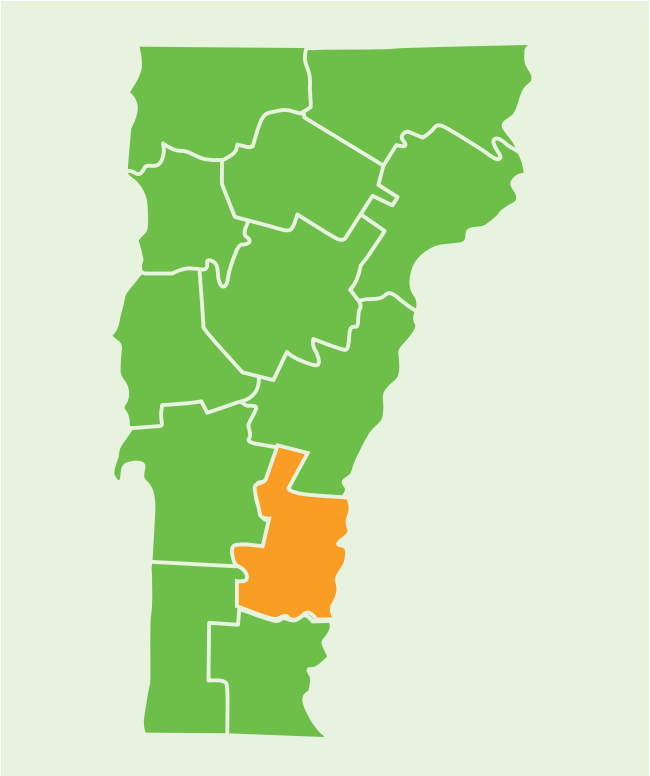
69.7% by age 2

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Windham Central SU	95%	87%	Not Available
Windham Northeast SU	95.4%	79%	Not Available
Windham Southeast SU	94.8%	79%	47.6%
Windham Southwest SU	100%	83%	51%

Springfield Area



REGIONAL PRIORITIES:

- Access to basic needs.
- Building resilience in children, families, and communities.

CHILD POPULATION[1] *(2023)*

3,007 children under 10

Decreased from 3,125 in 2018

CHILDREN LIVING IN POVERTY* *(2023)*

30.5% children under 12 (1,012)

Decreased from 45.2% in 2018 (1,835)

PRE-TAX ANNUAL FAMILY BUDGET[3]

$124,163 ($29.85/hr) Windham County
$115,668 ($27.80/hr) Windsor County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2024)*

18 children under 9

Decreased from 33 in 2019

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

204 children under 13

From Coordinated Entry

FULL IMMUNIZATION COVERAGE BY AGE 2[6] *(2023)*

69.7% Windham County
68.8% Windsor County

**Under 185% of the Federal Poverty Level*

Educational Assessments

Supervisory Union/School District	Pre-K Literacy *(Spring 2024)*[7]	Ready for Kindergarten *(Fall 2023)*[8]	Third Grade Reading *(Spring 2023)*[9]
Bennington Rutland SU	94.2%	74%	52.1%
Springfield SD	98.4%	94%	57.5%
Two Rivers SU	86.7%	71%	30.5%
Windham Central SU	92.9%	88%	53%
Windham Northeast SU	95%	87%	Not Available
Windsor Central SU	95.4%	79%	Not Available
Windsor Southeast SU	92.1%	90%	44%

The State of Vermont's Children: 2024 Year in Review presents the most high-quality, up-to-date data available as of December 2024. The staff at Building Bright Futures strive to put forward the best data possible in the report. However, there are several limitations worth noting.

Age Ranges: Data used in this report focuses on different age ranges that may or may not be comparable across programs. For example, some datasets and programs focus on children from the prenatal period to age 3, while others capture data on children prenatal to age 6 or age 8, and others only have data available for children under 10, 12, or 18.

Gaps in data collection and changes in measurement: The pandemic caused gaps in data collection and challenges with data quality, particularly in 2020 and 2021, which diminishes the ability to analyze trends over time. In addition, several key indicators have changed their measurement, such as third grade assessments and lead blood level testing, which prevents comparisons to previous data collections.

Geography: This report draws from multiple sources of data, not all of which use the same geographic boundaries.

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, regulated child care utilization data is available and reported, but neither the full scope of the demand for these services nor the utilization of unregulated child care is available.

Time frames: The timing of data collection and reporting varies among and sometimes within programs. Data in this report capture a range of indicators from the last three years and include state and federal fiscal years, calendar years, school years, and point-in-time counts. High-quality data often take months or years to be released. Therefore, data in this report may not include or fully explore recent events or policy changes.

Validations: It is not possible for our small team to externally validate data provided to us. We rely on the integrity of the data provided to us by our experienced data partners.

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

ADHD: *Attention Deficit Hyperactivity Disorder*

AHS: *Agency of Human Services*

AOE: *Agency of Education*

ASQ: *Ages and Stages Questionnaire*

BEAD: *Broadband Equity, Access, and Deployment Program*

BBF: *Building Bright Futures*

CAPTA: *The Child Abuse Prevention and Treatment Act*

CACFP: *Child and Adult Care Food Program*

CCFAP: *Child Care Financial Assistance Program*

CCWIS: *Comprehensive Child Welfare Information System*

CEP: *Community Eligibility Provision*

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

CDDIS: *Child Development Division Information System*

CIS: *Children's Integrated Services*

CIS-EI: *Early Intervention*

CFSR: *Child and Family Services Case Review*

COVID-19: *Coronavirus Disease 2019*

DA: *Designated Mental Health Agency*

DAIL: *The Department of Disabilities, Aging, and Independent Living*

DCF: *Department for Children and Families*

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

DMH: *Department of Mental Health*

DULCE: *Developmental Understanding and Legal Collaboration for Everyone*

DVHA: *Department of Vermont Health Access*

ED: *Emergency Department*

ELL: *English Language Learner*

FPL: *Federal Poverty Level*

FRL: *Free and Reduced Lunch*

FSH: *Family Supportive Housing*

FSW: *Family Services Worker*

GA: *General Assistance Emergency Housing*

HS/EHS: *Head Start/Early Head Start*

HUD: *Housing and Urban Development*

IDEA: *Individuals with Disabilities Education Act*

IEP: *Individualized Education Plan*

IHIP: *Immigrant Health Insurance Program*

MESCH: *Maternal Early Childhood Sustained Home-Visiting*

MIT: *Massachusetts Institute of Technology*

MMRP*: Maternal Mortality Review Panel Office of the Child, Youth, and Family Advocate*

PCC: *Parent Child Center*

PMAD: *Perinatal Mood and Anxiety Disorders*

PNMI: *Private Non-Medical Institutions*

PRAMS: *Pregnancy Risk Assessment Monitoring System*

R4K!S: *Ready for Kindergarten Survey*

SAC: *State Advisory Council*

SD/SU: *School District/Supervisory Union*

SFVT: *Strong Families Vermont Home Visiting*

SSA: *Specialized Service Agencies*

TANF: *Temporary Assistance for Needy Families*

TSGOLD: *Teaching Strategies Gold*

UPK: *Universal Prekindergarten Education*

USDA: *U.S. Department of Agriculture*

VCHIP: *Vermont Child Health Improvement Program*

VDH: *Vermont Department of Health*

VECAP: *Vermont's Early Childhood Action Plan*

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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