CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

Community Assessment 2021

How can Champlain Valley Head Start ensure that the correct services are provided to the appropriate population?

Updated April 2, 2021

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I. Contents

II. Executive Summary

The CVHS/CVOEO service region is home to approximately 30% of Vermont's total population and just over 40% of its children. CVHS strives to serve the most vulnerable families in these communities. Many families in the CVHS service area struggle to meet their basic needs like housing, food, child care, and/or internet access. This increases stress, which can challenge their ability to effectively care for themselves and their children.

Children Living in Poverty

In the CVHS service region, there are approximately 12,240 children of which 1,354 are estimated to be living at or below the Federal Poverty Level (100% FPL). Currently, 100% FPL is only $26,500 for a family of 4 and 200% FPL is just $53,000 for a family of 4.

36% of children in Vermont live in households with income below 200% FPL, 13% of children under 18 and 11.5% of all families live below 100% FPL, and 5% of children under age 18 live in families in extreme poverty with incomes below 50% FPL in Vermont, with disproportionately high poverty rates in the most rural counties. 26% of Vermont's children under 18 live in single-parent families. And, Vermont's children under 5 with single mothers experience poverty at almost 4 times the rate of all families (40.1% vs. 11.5%).

Recent data from the U.S. Census Bureau indicates that the total number of children ages 0 – 5 living at or below FPL in the CVHS service area is as follows:

County	Number of children ages 0-5 at or below 100% FPL in the CVHS Service Region
Addison	204
Chittenden	896
Franklin	243
Grand Isle	11
Total	**1,354**

Children in Foster Care or Experiencing Homelessness

Children in foster care and families experiencing homelessness are automatically eligible for Head Start services. In Vermont there were 1,004 unique cases of child abuse and neglect in 2019. 50% of children birth to five that enter the system come from homes where there is opioid abuse in the family (the number rose from 268 in 2012 to 481 in 2019). During the 2019-2020 school year, there were 373 children under 9 in Vermont who met the McKinney-Vento definition of homelessness. The majority of homeless students are doubled-up/sharing the housing of others (62.6%) or staying in motels/hotels (22%).

Rural Geography

Vermont is predominantly rural as defined by the criteria established by the U.S. Census Bureau. Vermont is the second least populated state and has the highest percentage of rural residents, with 75.5% of the population residing in rural areas, compared to only 14% nationwide. Residents with low incomes in rural counties encounter poorer health outcomes for all ages and subpopulations.

Vermont's mountainous geography, the limited availability of many kinds of services in small, geographically remote communities, lack of access to public transportation, and difficult winter driving conditions exacerbate the barriers vulnerable populations encounter in accessing services and support. There are isolated pockets of rural poverty and families struggle with extremely limited access to transportation and many other kinds of services. These conditions compound and contextualize many risk factors.

Diversity

Due to the nature of its large geographic service area, CVHS's target population has a diverse range of needs and experiences. While Addison, Franklin, and Grand Isle counties are very rural and predominantly white, in Chittenden County, there is a significant New American (refugee and immigrant) community and 9.1% of residents in this country speak a language other than English at home. The majority of families that resettle in this area are income eligible for Head Start as they have little or no income. Although the vast majority of Vermont's population identify as white, the state is growing more racially diverse, especially in young children. 8.8% of Vermont's children under 10 identify as non-white, compared to 5.7% of the population as a whole. Meanwhile, in 2019, approximately 40% of the families CVHS served identified as non-white.

Child Care Availability & Affordability

Despite the adoption of universal pre-kindergarten, Vermont still does not have enough child care openings to serve young children and their families. Currently, 67% of all children under age 5 who are likely to need child care will not have access to a high-quality (4 and 5 STARS), regulated program, and 39% have no access to regulated programs at all. The unmet need for infant care (infant is defined here as children between 1.5 and 23 months) is even greater, with 84% of infants who need care not having access to a high-quality, regulated program and 65% not having access to any regulated program at all. As children become toddlers (24 to 35 months), the need becomes less acute.

Not only is the lack of availability of high quality child care a significant challenge, the cost is prohibitive for many families. The average family of four invests one fifth of their income on child care and even with financial assistance, many Vermont families can spend almost 30% of their annual income on child care.

Housing Affordability

26% of Vermont's children live in households where more than 30% of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

Food Insecurity

In 2018 in Vermont, 17,550, or more than 1 in 7 children under 18, live in households that are food insecure. Of the children living in food insecure households, approximately 7,700 (45%) are not eligible for SNAP due to their households having incomes above the 185% federal poverty level. And, food insecurity for children under 18 years has risen in every county in the pandemic; Chittenden County increased from 12.3% in 2018 to 19.3% in 2020.

Employment

Vermont's total labor force as of February 2020 was about 340,000 workers. Assuming that all recorded unemployment claims are valid, around 21% of Vermont's workforce has been impacted by the Covid-19 pandemic. This is unprecedented, given that the highest annual unemployment rate experienced in Vermont in the past 44 years was nearly 9% in 1976.

Technology & Communication

4.7% of Vermont households do not have a computer. Of the households with a computer, 87.2% had a broadband internet subscription. Demographically, those without internet subscriptions have lower educational attainment levels and higher levels of unemployment.

III. Program Overview

CVHS serves 116 Early Head Start (EHS) pregnant women, infants, and toddlers and 180 Head Start children.

- Center-based EHS services are offered to 24 children, 6 hours per day, 230 days per year for a total of 1,380 planned contact hours.
- Home-based EHS services are offered to 58 children. Families participate in 46, 90-minute home visits and 22 socializations.
- Head Start full day services (1,020 planned contact hours annually) are available for 105 children. A part-day program (448-560 planned contact hours) is also offered to 52 children.

The target populations for the program include pregnant women, children receiving services in the child welfare system, families experiencing homelessness, children with disabilities, New American families (refugees and immigrants), and children from families with low incomes.

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CVHS Program Options & Funded Enrollment

Program Option	County	Funded Enrollment (#)		
		HS	EHS	EHS-CCP
Addison ELC	Addison	15	8	
Riverside ELC	Chittenden	15	8	
Franklin Square ELC	Chittenden	15		
Winooski ELC Th/Fri (JFK ELC AM)	Chittenden	15		
Winooski ELC Mon/Tu (JFK ELC PM)	Chittenden	15		
WECP Mon/Tu (JFK AM)	Chittenden	11		
WECP Th/Fri (JFK PM)	Chittenden	11		
King Street Center	Chittenden	15		8
Milton Elementary School (PDEG)	Chittenden	15		
Sara Holbrook Community Center	Chittenden	15	8	
St. Albans ELC	Franklin	15		
Otter Creek Children's Center	Chittenden			8
Burlington Children's Space	Chittenden			10
Milton Family Center	Chittenden			8
Home Visiting (including 4 pregnant women slots in EHS)	Chittenden	11	20	
	Addison	3	16	
	Franklin/Grand Isle	9	22	
Total Funded Enrollment	**296**	**180**	**82**	**34**

IV. GEOGRAPHY

Details basic geographic, economic, and demographic features, including required data on the number of eligible children and expectant mothers, children experiencing homelessness, children in foster care, and children with disabilities.

VERMONT

Vermont is predominantly rural as defined by the criteria established by the U.S. Census Bureau, with no municipality in the state having a population greater than 50,000 residents. Vermont is the second least populated state and has the highest percentage of rural residents, with 75.5% of the population residing in rural areas, compared to only 14% nationwide.

Residents of rural counties who have low incomes encounter poorer health outcomes for all ages and subpopulations. In rural Vermont, conditions for women and families with low incomes can be obscured by state and county-level data because of their small proportion of the population. Vermont's mountainous geography, the limited availability of many kinds of services in small, geographically remote communities, lack of access to public transportation, and difficult winter driving conditions exacerbate the barriers vulnerable populations encounter in accessing services and support. These conditions compound and contextualize many risk factors.

The most populated area is Chittenden County, home to the city of Burlington on the eastern shore of Lake Champlain. Two institutions of higher education - the University of Vermont and Champlain College – are in Burlington.

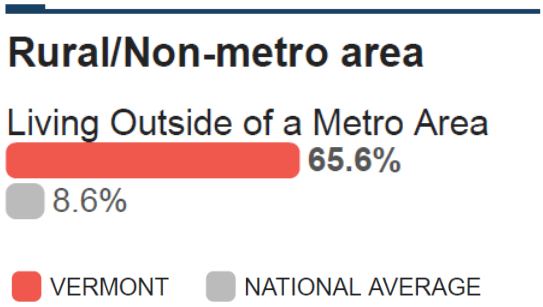
Only the northwest region of the state that includes Chittenden, Franklin, and Grand Isle counties is identified as a metropolitan area, with roughly one-third of the state's population residing in these counties. There are an estimated 36,818 children ages 0 to 5 in Vermont, comprising about 6% of the state's total population of 623,989. The four county service area is home to 258,056 people of whom 36,818 (5.9%) are children birth to five years old.

CHAMPLAIN VALLEY

CVHS serves children and families in northwest Vermont living in Franklin (692 sq. mi), Grand Isle (195 sq. mi), Chittenden (619 sq. mi) and Addison (808 sq. mi) Counties.

As few as 9.5 people per square mile live in some of Vermont's most remote communities. Many towns lack grocery stores, healthcare facilities, and community organizations of any kind. Cell phone coverage is limited, and fully one-third of all addresses in the region do not have access to basic internet service. For rural families earning low incomes, these barriers paired with limited or no public transportation, exacerbate limited access to early care and education services.

Source: Vermont Early Childhood Needs Assessment 2020



Source: S:\Community Assessment\CA 2021\Data\The State of Vermont's Babies Yearbook 2020.pdf

Addison County

Addison County is the third largest county in Vermont by total area. It is bordered by the Adirondacks to the west and the Green Mountains to the east. Addison County is very rural and predominantly white.

Current Status

CHILD POPULATION (2018)

2,901 children under 9

Decreased by 4% from (3,007 in 2013)

CHILDREN LIVING IN POVERTY (2018)

34.0% children under 6 (632)

Decreased by 23% from (44.0% - 872 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

45 children under 9

Increased by 80% from (25 in 2014)

Chittenden County

The Chittenden region is home to 25% of children under 9. In Chittenden County, there is a significant New American (refugee and immigrant) community and 9.1% of residents in this country speak a language other than English at home. The majority of families that resettle in this area are income eligible for Head Start as they have little or no income. Although the vast majority of Vermont's population identify as white, the state is growing more racially diverse, especially in young children. 8.8% of Vermont's children under 10 identify as non-white, compared to 5.7% of the population as a whole. Meanwhile, in 2019, approximately 40% of the families CVHS served identified as non-white.

Current Status

CHILD POPULATION (2018)

13,842 children under 9

Decreased by 3% from (14,215 in 2013)

CHILDREN LIVING IN POVERTY (2018)

28.2% children under 6 (2,617)

Consistent with 28.2% from (2,658 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

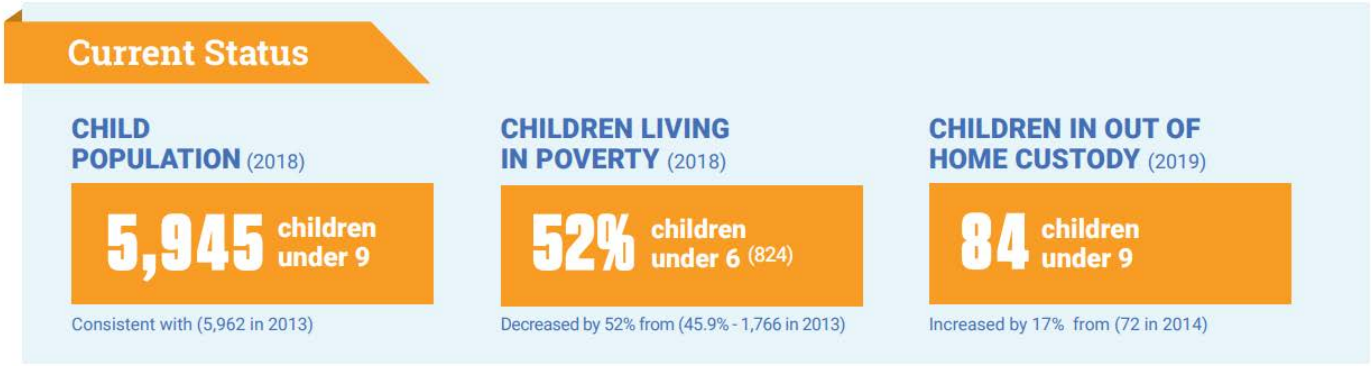
88 children under 9

Increased by 16% from (76 in 2014)

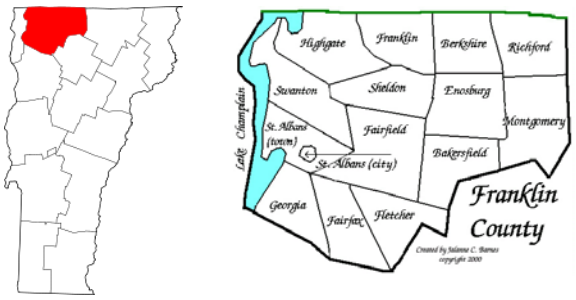
Franklin & Grand Isle Counties

Franklin and Grand Isle Counties are comprised of several small, low population towns. The Counties are often grouped together for planning purposes due to their shared geographic location along the Canadian border and due to the size of Grand Isle County (which has a total population of just over 7,000). For example, there is no high school in Grand Isle County; students from Grand Isle County often attend high school in Franklin County.

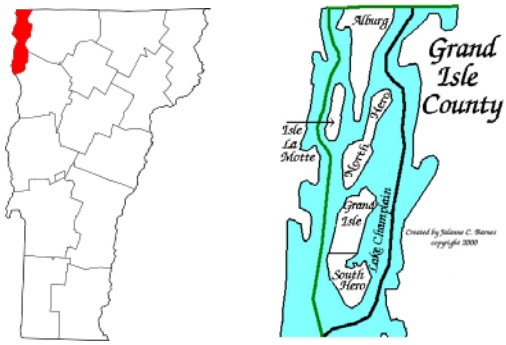
The Franklin County seat is St. Albans City with an estimated population of 6,824. St. Albans City is currently home to one Head Start classroom of 15 children. The St. Albans Head Start classroom typically enrolls children from St. Albans, Swanton (total population of 6,530), Georgia (total population slightly under 5,000), Fairfax (total population slightly under 5,000), Sheldon (population just over 2,000) and Fairfield (population under 2,000).



Franklin County



Grand Isle County



V. DEMOGRAPHICS

KEY COUNTY DEMOGRAPHICS AT-A-GLANCE

Key County Demographics, 2013 - 2017					
	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area
Total population	36,825	160,985	48,816	6,950	
Poverty rate of families with children <18 years	8.2%	10.7%	8.0%	9.2%	
Poverty rate of families with children <5 years	10.2%	8.4%	10.1%	6.6%	
Estimated # of children <5 years in poverty	215	938	394	19	1,566
Estimated # of EHS income eligible children	129	563	236	11	939
Estimated # of HS income eligible children	86	375	158	8	627
Families with children <4 on TANF (2018 data)	82	512	268	27	889

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. TANF data is from January 2018, Vermont Department for Children and Families Reach Up program.

Key County Demographics, 2015 - 2019					
	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area
Total population	36,777	163,774	49,402	7,235	
Poverty rate of families with children <18 years	7.9%	10.2%	7.8%	7.8%	
Poverty rate of families with children <5 years	6.5%	6.9%	12.8%	1.8%	
Estimated # of children <5 years in poverty	157	906	303	11	1,377
Estimated # of EHS income eligible children	94	544	182	7	827
Estimated # of HS income eligible children	63	362	121	4	550

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates.
Source: ACS Table S1701

POPULATION

Total Population

	Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Population	36,973	164,572	49,421	7,090	623,989

0-18 Population

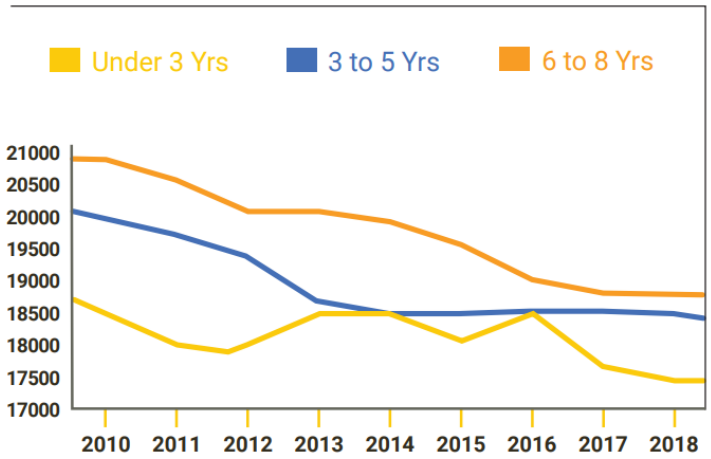
		Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Population		36,973	164,572	49,421	7,090	623,989
Child Population (<18)	#	6,235	28,538	10,949	1,278	114,005
	%	17.5%	18.2%	22.7%	18.4%	19%

0-9 Population

The number of children under the age of 9 is in decline.

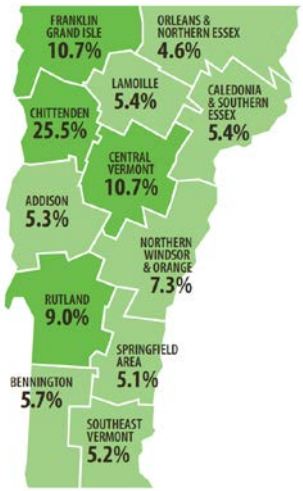
In 2018, there were 54, 622 children under 9 compared with 57,079 in 2013, a 4.3% decrease over 5 years.

Figure 5[3] Estimated No. of Children *(by Age Group 2010-2018)*



Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

There are large differences in the number of children living in Vermont regions. Over 50% of Vermont's children are concentrated in the four regions with the largest population centers: Chittenden, Franklin, Washington, and Rutland. The Chittenden region is home to 25% of children under 9.



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0-5 Population

There are an estimated 36,818 children ages 0 to 5 in Vermont, comprising about 6% of the state's total population of 623,989.

		Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Vermont Population		36,973	164,572	49,421	7,090	623,989
Child Population (0-5)	#	1,960	9,501	3,646	394	36,818
	%	5.3%	5.7%	7.3%	5.5%	5.9%
Infant	0	306	1,629	619	67	6,051
	1	330	1,639	599	62	6,111
Toddler	2	331	1,591	596	61	6,187
Pre-K	3	338	1,569	622	63	6,039
	4	321	1,540	624	80	6,253
Pre-K/K	5	334	1,533	586	61	6,177

Source: Child Care and Prekindergarten Capacity Baseline Report, November 2018, https://www.voicesforvtkids.org/kidscount, https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=47&loct=2#detailed/2/47/false/1729,37,871,870,573,869,36,868,867,133/39,40,41/416,417

Based on snapshots of Medicaid and SNAP program enrollments, the 0–5 age group in Vermont families at or below 100% of the Federal Poverty Limit (FPL) is approximately 20%.

Vermont's 0–5 Age Group in Families by Federal Poverty Limit (2016)

Age	0-5 Population	0% to 100% FPL	101% to 237% FPL	238% to 317% FPL	Over 317% FPL
Addison	1,960	13%	22%	3%	62%
Chittenden	9,501	16%	12%	2%	70%
Franklin	3,646	21%	11%	2%	66%
Grand Isle	394	25%	10%	3%	62%
Vermont	36,818	20%	15%	5%	60%

Source: Child Care and Prekindergarten Capacity Baseline Report, November 2018

0-5 Age Population Trends

Single Age	Data Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<1	Number	6,118	6,072	6,089	5,991	6,126	6,003	5,843	5,806	5,537	5,579
1	Number	6,130	6,136	6,046	6,075	6,005	6,186	6,022	5,885	5,882	5,558
2	Number	6,457	6,185	6,141	6,116	6,119	6,044	6,199	6,020	5,946	5,922
3	Number	6,660	6,506	6,192	6,229	6,171	6,119	6,044	6,219	6,026	5,935
4	Number	6,591	6,675	6,516	6,210	6,188	6,187	6,126	6,074	6,234	6,049
5	Number	6,732	6,615	6,682	6,517	6,197	6,209	6,184	6,156	6,065	6,230

Source: https://datacenter.kidscount.org/data/tables/100-child-population-by-single-age?loc=47&loct=2#detailed/2/47/false/1729,37,871,870,573,869,36,868,867,133/42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61/418

PREGNANT WOMEN, BIRTHS, & INFANTS

Estimate of Eligible Pregnant Women in the CVHS Service Area

	Women in poverty who gave birth in the past 12 months	Pregnant women in receipt of public assistance
Addison	95	70
Chittenden	207	142
Franklin	54	22
Grand Isle	7	0
Total	**363**	**234**

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Birth Rate

The number of children born in Vermont has been declining since the 1980's with 5,432 babies born in 2018.

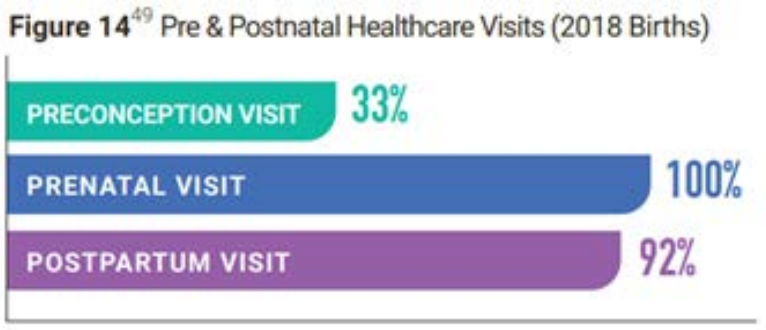
	Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Vermont Population	36,973	164,572	49,421	7,090	623,989
Number of Births	329	1,550	549	47	5,432

Source: https://datacenter.kidscount.org/ (2018)

Prenatal Healthcare

Women Receiving Prenatal Healthcare

For the 5,432 Vermont babies born in 2018, 79% of women had a visit with a healthcare provider in the year before pregnancy. However only 33% of women discussed getting pregnant at this time. 34% of births resulted from unintended pregnancies. A bright spot is almost all women had at least one prenatal visit and 92% of women had a postpartum visit.



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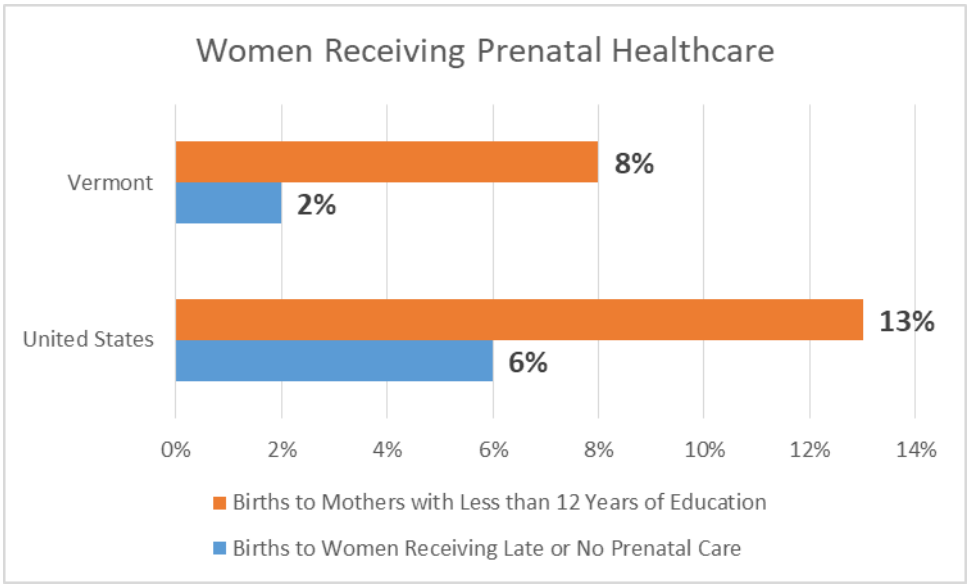


Source: https://datacenter.kidscount.org/ (2018)

Barriers Preventing Individuals from Accessing Pre-Pregnancy or Pregnancy-related Care & Perinatal/Infant Care

The *Access to Health and Wellness Survey* asked respondents to identify barriers that they or a family member had encountered, for three focus populations (pre-pregnancy/pregnancy, perinatal/infant, and children and youth under 21 including those with special health needs). Survey respondents identified the following barriers to care:

For ***pre-pregnancy/ pregnancy-related care***, language barriers (69.6%), transportation (67.4%), feeling embarrassed (61.8%) and lack of insurance (61.7%) were the most commonly identified barriers. Respondents were the least likely to identify a lack of services as a barrier to their care (32.0%).

For ***perinatal/infant care***, language barriers (65.2%), transportation (64.0%), and complicated application forms (58.2%) were the most commonly identified barriers. Respondents were the least likely to identify a lack of services available as a barrier to their care (32.0%).

In addition to the gaps and barriers identified through the survey, in focus groups nurse home visitors noted needs for more access to family support funds (small amounts to address immediate needs such as a minor car repair, a heating bill, or another unexpected expense) as a persistent need.

Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_SFVT_MIECHV%20Needs%20Assessment.pdf

Pregnant Women Receiving Dental Services

One in three women who needed to see a dentist for an oral health problem during pregnancy did not receive treatment.

Those who did not receive care tended to be younger, have less than a high school education, have a low income, be unmarried, and a WIC or Medicaid recipient. 44% of pregnant women who were <100%FPL received a dental cleaning, compared to 79% for those who were >200+ FPL.

Source: https://www.healthvermont.gov/sites/default/files/burden_of_oral_disease.pdf

59% of women in Vermont had a preventive dental visit during pregnancy.

Source: Vermont Health Department https://www.healthvermont.gov/scorecard-maternal-infant-health, 2017

Prenatal Substance Use in Vermont

Working to reduce women's use of harmful substances during pregnancy has been one of Vermont's key public health initiatives in recent years. This includes reducing the number of women using tobacco, alcohol, marijuana, illicit opioids, and other harmful substances during pregnancy. A substance-free pregnancy is important for the health of a baby.

Prenatal Opioid Use in Vermont

Substance use and dependence during pregnancy is a significant problem in Vermont, where the rate of substance use during pregnancy (28.2 per 1,000 births) is four times higher than the U.S. rate (6.8 per 1,000 births). The incidence rate of infants born with a diagnosis of drug withdrawal syndrome peaked in 2014 at 35.3 per 1,000 live births in 2014, and was 29.5 in 2017.27 The incidence remains more than double the 2007 rate of 12.8 cases per 1,000 live births, suggesting that substance use treatment intervention for pregnant women continues to be a high priority concern. Quality improvement data and national studies have shown that most women delivering an infant with neonatal abstinence syndrome (NAS) are on Medication-Assisted Treatment (MAT). Among women who delivered an infant with NAS, 81% were insured under Medicaid.

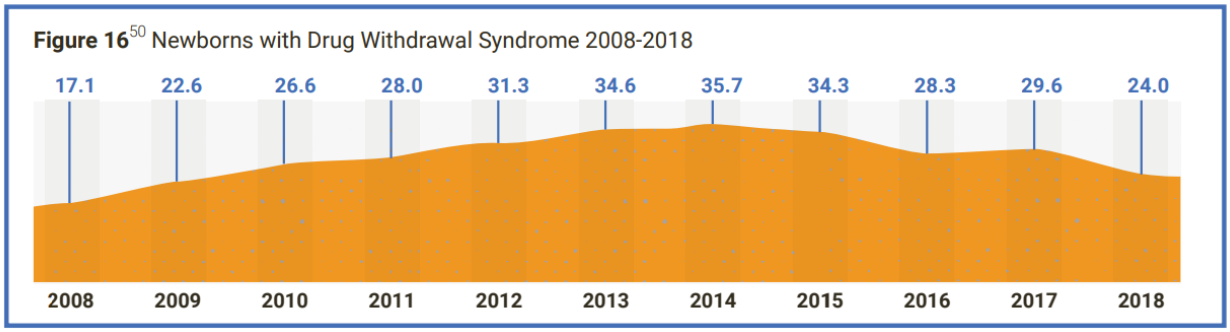
Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_SFVT_MIECHV%20Needs%20Assessment.pdf

The rate of newborns with a drug withdrawal syndrome diagnosis in Vermont hit a peak incidence rate of 35.3 per 1,000 live births in 2014, but has since fallen to 29.5.

Source: https://datacenter.kidscount.org/ 2018

Vermont's commitment to the recognition, diagnosis, and treatment of opioid use disorder in pregnancy is correlated with a smaller proportion of newborns with a diagnosis of Drug Withdrawal Syndrome, shorter hospital stays, and lower charges. Medication Assisted Treatment (MAT) is the treatment recommended by the American College of Obstetricians and Gynecologists.

Figure 16 shows the rate of infants born with a diagnosis of drug withdrawal syndrome. **In 2014, Vermont hit a peak rate of 35.7 per 1,000 live births, but has since dropped below the 2010 rates to 24 per 1,000 live births.**[50] Vermont is committed to ongoing systems of care for screening and diagnosis of substance use disorder in pregnancy and communities are working together to provide treatment and supportive care for these disorders.



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Births to Women on Medically Assisted Treatment (MAT)

Vermont has had high rates of births to women with SUDs, which are partially attributed to high rates of screening and an integrated, system-wide response to the state's opioid epidemic. The rate of births to women on MAT was 55.4 per 1,000 births statewide. According to the 2018 PRAMS survey, 4% of women used methadone, Suboxone®, or another maintenance treatment drug during the 12 months before pregnancy; 4% received MAT during pregnancy; and 4% used MAT after their baby was born.

Improving Care for Opioid-exposed Newborns (ICON)

ICON is a partnership of the Vermont Department of Health (VDH) and the Vermont Child Health Improvement Program (VCHIP) to respond to the rising number of infants born to mothers receiving MAT began in 2017, connecting data across 10 hospitals and Department for Children and Families (DCF). In the first six-months of Vermont's the use of Plans of Safe Care (POSC), DCF Family Services received over 100 de-identified notifications for the following criteria:

- 46% were mothers receiving Medication Assisted Treatment (MAT)
- 42% were mothers who used marijuana during their pregnancy
- 13% were mothers who were receiving MAT and used marijuana during their pregnancy

Of this high-risk group of mothers:

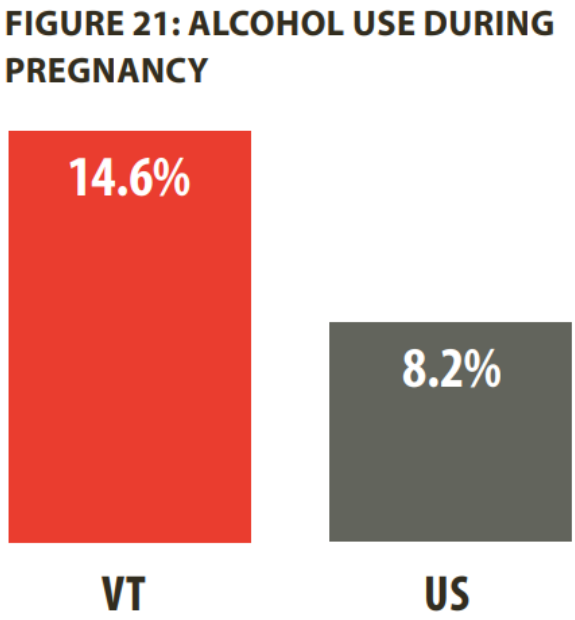
- 86% agreed to create a Plan of Safe Care which was provided to the infant's primary care provider.
- 58% were receiving services prior to delivery.
- 25% received additional referrals before hospital discharge.

Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_SFVT_MIECHV%20Needs%20Assessment.pdf

Prenatal Alcohol Use in Vermont

Alcohol use during pregnancy continues to be higher in Vermont, even with concerted efforts.

While opioids have received significant attention, it is actually prenatal alcohol use that is one of Vermont's leading preventable causes of birth defects.



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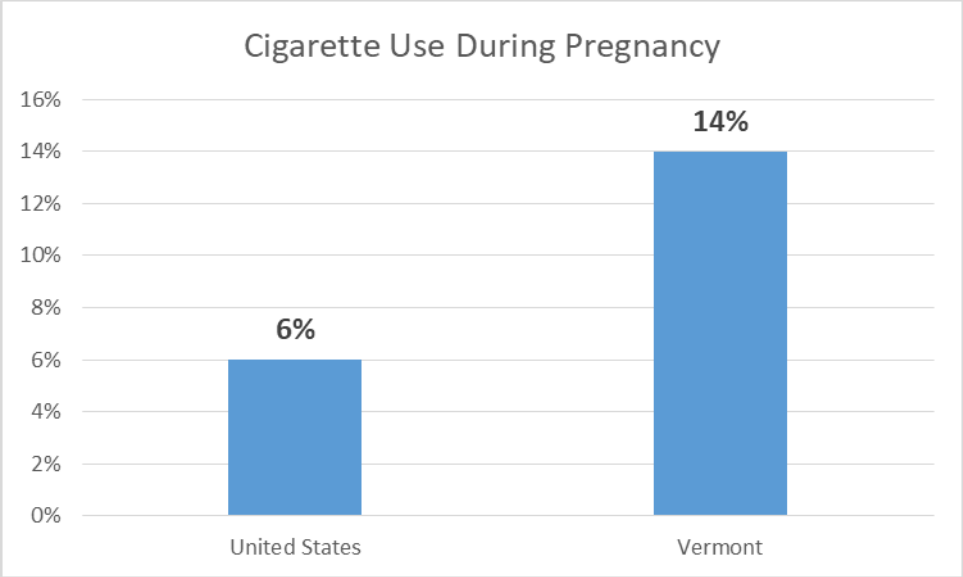
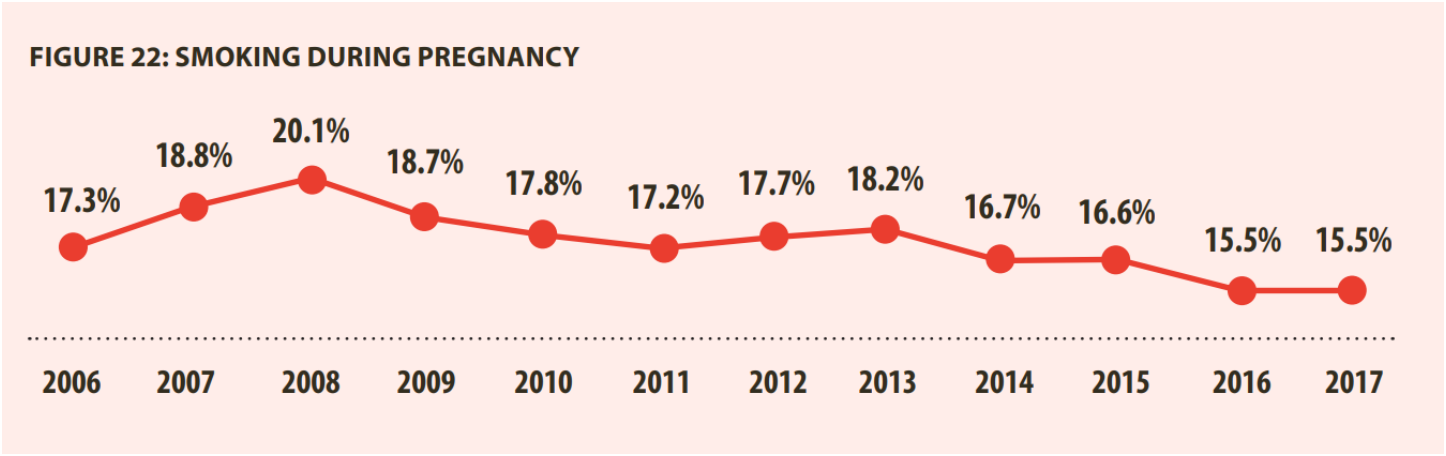
Prenatal Cigarette Use in Vermont

Prenatal cigarette use is higher in Vermont than the national average.



Source: https://datacenter.kidscount.org/ 2018



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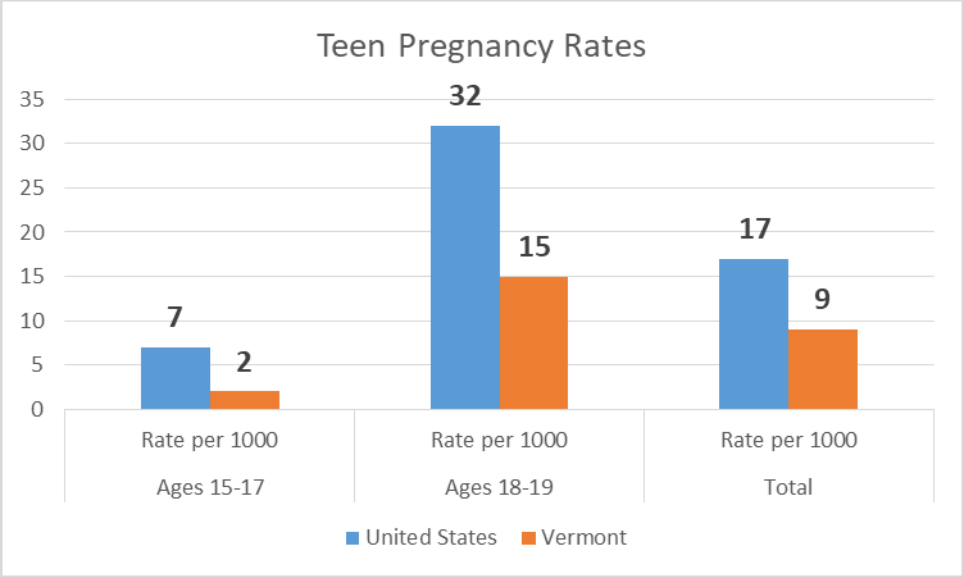
Teen Pregnancy

Teen Pregnancy Rates in Vermont

Between 2013 and 2018 the fertility rate (births per 1000 females by age) of teen females has fallen from 14.7 to 8.8.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf



Source: https://datacenter.kidscount.org/ (2018)

Teen Pregnancy Rates in the CVHS Service Area

		Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Vermont Population		36,973	164,572	49,421	7,090	623,989
Births		329	1,550	549	47	5,756
Teen births	#	14	54	42	4	351
	%	8.7%	7.6%	27.1%	21.2%	15.9%

Source: https://datacenter.kidscount.org/ (2018)

Birth Outcomes

Birth Outcomes in Vermont

Babies born with a low birth-weight have a high probability of experiencing developmental problems and short- and long-term disabilities and are at greater risk of dying within the first year of life. Smoking, poor nutrition, poverty, stress, infections and violence can increase the risk of a baby being born with a low birthweight.

Location	Pre-Term Births *Babies born with a gestational age of less than 37 completed weeks.*	Low Birth-weight *Less than 5.5 pounds*	Very Low Birth-weight *Less than 3.4 pounds*
United States	12%	8.3%	1.4%
Vermont	10%	7.0%	1.1%

Source: https://datacenter.kidscount.org/ (2018)

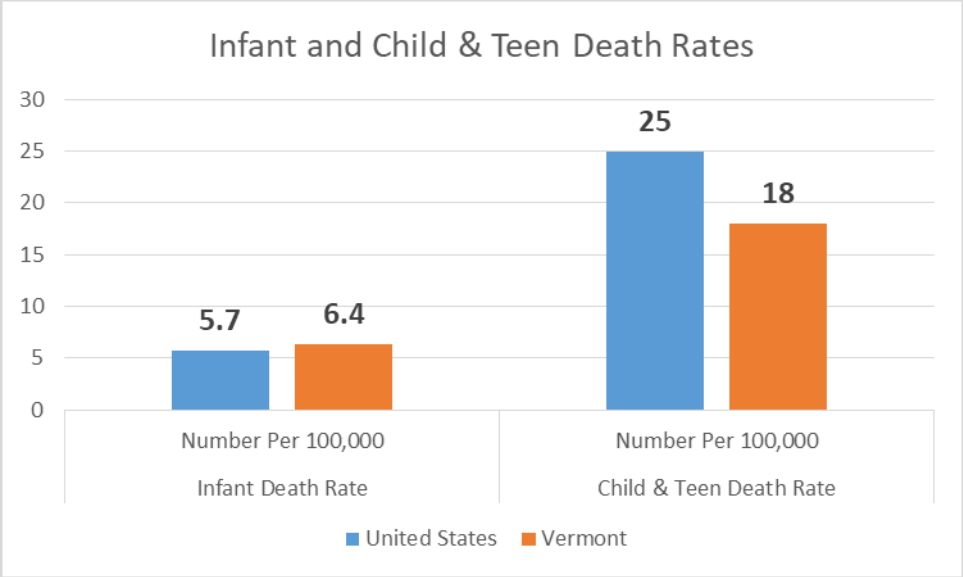
Birth Outcomes in the CVHS Service Area

		Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Vermont Population		36,973	164,572	49,421	7,090	623,989
Births		329	1,550	549	47	5,756
Low birth weight babies	#	21	105	38	4	404
	%	6.6%	5.7%	6.5%	6.3%	6.8%

Source: https://www.voicesforvtkids.org/kidscount

Infant & Child Death Rates

The child & teen death rates reflect many factors: physical health, mental health, access to health care, safety practices and adult supervision.



Source: https://datacenter.kidscount.org/ (2018)

Breastfeeding

While Vermont has high rates of initiation (89.3% in 2015), breastfeeding is sustained at a much lower rate (38%).

Exclusive breastfeeding for the first six months of an infant's life has significant health benefits for both mother and child. Breastfeeding helps prevent obesity and diabetes in children, and puts mothers at lower risk for breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease. While Vermont has high rates of initiation **(89.3% in 2015)**, breastfeeding is sustained at a much lower rate **(38.0%)**.[25] Disparities in breastfeeding persist by education, marital status, age, and WIC participation. Vermont continues to work to reduce barriers to breastfeeding and support the needs of all parents to engage in behaviors that work toward the optimal health, development, and well-being of their children.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/BBF-2019-HAVYCF-REPORT-SinglePgs.pdf

Grand Isle County was found to have the lowest rate of breastfeeding initiation in the state.

Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_SFVT_MIECHV%20Needs%20Assessment.pdf

RACE & ETHNICITY

Race & Ethnicity of Vermont's Children

5% of children (under 18) speak a language other than English at home and 9% (under 18) are immigrants.

Although Vermont's population is older and less racially diverse than most of the nation, the children are more racially diverse than the population as a whole with 8.5% of children under 10 identifying as non-white compared with 5.5% of the population as a whole. Vermont welcomed 7,956 refugees from 1989 through 2019, the majority of whom reside in Chittenden County.

Source: Vermont Early Childhood Needs Assessment 2020

Although the vast majority of Vermont's population identify as white, the state is growing more racially diverse, especially in young children. ***Table 1*** **shows the percentage of the population under 10 who identify as two or more races or multiracial (4.3%), is more than twice that of the Vermont population as a whole (1.9%). Similarly, 2.7% of children under 10 identify as Hispanic or Latino compared with 1.9% of the population as a whole.**[20]

Table 1[20] Distribution of Children Under 10 Years & Total Population by Race & Ethnicity (2018)

Racial Distribution	Children Under 10	Population
American Indian or Alaska Native	0.2%	0.3%
Asian	1.6%	1.7%
Black or African American	2%	1.3%
Other Race	0.7%	0.4%
Two or More Races	4.3%	1.9%
White	91.2%	94.3%
Hispanic or Latino	2.7%	1.9%

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Race & Ethnicity by CVHS Service Area

CVHS serves a more diverse population than the population as a whole.

	Addison	Chittenden	Franklin	Grand Isle	State of Vermont	*CVHS 2019 PIR Children*
White persons	94.5%	90.3%	95.0%	94.0%	94.2%	*59.8%*
Black persons	1.3%	2.5%	0.7%	0.9%	1.4%	*18.6%*
American Indian and Alaska Native persons	0.3%	0.2%	1.0%	1.5%	0.4%	*0.3%*
Asian persons	1.8%	4.6%	0.8%	0.6%	1.9%	*11.3%*
Native Hawaiian and Other Pacific Islander	0.1%	-	-	-	-	*0.0%*
Persons reporting two or more races	2.0%	2.3%	2.4%	3.0%	2.0%	*8.8%*
Persons of Hispanic or Latino origin	2.3%	2.5%	1.7%	2.1%	2.0%	*3.4%*

Source: ACS5-Year 2015-2019 Estimates, CVHS 2019 PIR

26.9% of Black women in Vermont are living in poverty. This is over twice the rate of white women in poverty, and higher than the national average for Black women.

Source: https://women.vermont.gov/sites/women/files/pdf/VCW_COVID19_Dashboard_June_24.pdf

Languages Spoken at Home

There is very little language diversity in Addison, Franklin and Grand Isle Counties, but approximately 9.1% of Chittenden County residents speak a language other than English at home, which is the highest percentage in the state of Vermont.

The Burlington area has been a designated Refugee Resettlement Area since 1989. Refugees resettled in the area in the last five years are mainly from Bhutan, Somalia, Burma, the Democratic Republic of Congo and Iraq. The most prevalent languages spoken by these refugees are Bhutanese or Nepali, Somali, Burmese or Karen, Swahili or French, and Arabic. The majority of families that resettle in this area are income eligible for Head Start as they have little or no income.

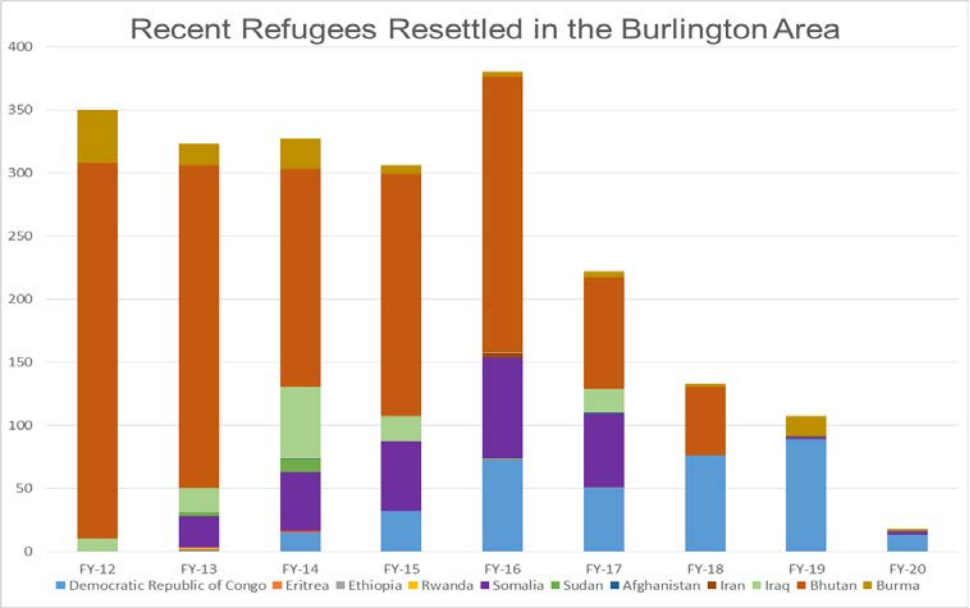
	Addison	Chittenden	Franklin	Grand Isle	State of Vermont	*CVHS 2019 PIR*
English Only	94.0%	89.7%	96.4%	94.7%	94.5%	*72.4%*
Spanish	1.7%	1.3%	.6%	1.5%	1.2%	*1.3%*
Other Indo-European languages	2.4%	6.0%	2.6%	3.1%	3.1%	*2.3%*
Asian and Pacific Islander languages	1.6%	1.8%	.2%	.4%	.7%	*12.4%*
Other languages	.4%	1.1%	.1%	.2%	.5%	*11.6%*

Source: Data Profiles, 2019 ACS 5-year Estimates, CVHS 2019 PIR

Refugee Resettlement in the CVHS Service Area

There has been a significant decrease in the number of refugees arriving in Vermont (and the US).

Based on current information from *U.S. Committee for Refugees and Immigrants* (USCRI), the number of individuals arriving decreased by almost 42% between Fiscal Years 2016 and 2017 and by 38% between Fiscal Years 2017 and 2018. The total decrease from Fiscal Year 2016 to 2018 is 65%. Funding for USCRI—Vermont is based on the number of individuals received each year. If the trend of decreased arrivals continues, it is likely to have a negative impact on the capacity of USCRI—Vermont to provide services to those who have recently arrived in the community.



Vermont Arrivals in FY20

Country of Origin	Addison	Chittenden	Franklin	Grand Isle	CVHS	State of Vermont
Dem. Rep. of Congo	0	14	0	0	0	14
Eritrea	0	0	0	0	0	0
Ethiopia	0	0	0	0	0	0
Rwanda	0	0	0	0	0	0
Somalia	0	5	0	0	0	5
Sudan	0	0	0	0	0	0
Afghanistan	0	0	0	0	0	0
Iran	0	0	0	0	0	0
Iraq	0	0	0	0	0	0
Bhutan	0	0	0	0	0	0
Burma	0	4	0	0	0	4

Source: Dept. of State FY'20 Arrivals by Placement State and Nationality, https://www.wrapsnet.org/archives/

INCOME & EMPLOYMENT

Livable Wage

The 2020 Vermont Livable Wage is $13.39 per hour. In 2018, it was $13.34. The Vermont Livable Wage is defined in statute as the hourly wage required for a full-time worker to pay for one-half of the basic needs budget for a two-person household with no children and employer-sponsored health insurance, averaged for both urban and rural areas.

2020 Basic Needs Budget Wages[4]

Family Type	Urban	Rural
Single Person	$18.49	$15.72
Single Person, Shared Housing	$14.97	$12.89
Single Parent, One Child	$32.58	$26.43
Single Parent, Two Children	$41.78	$33.75
Two Adults, No Children	$14.02	$12.76
Two Adults, Two Children (one wage earner)	$34.47	$30.12
Two Adults, Two Children (two wage earners)	$23.81	$20.54

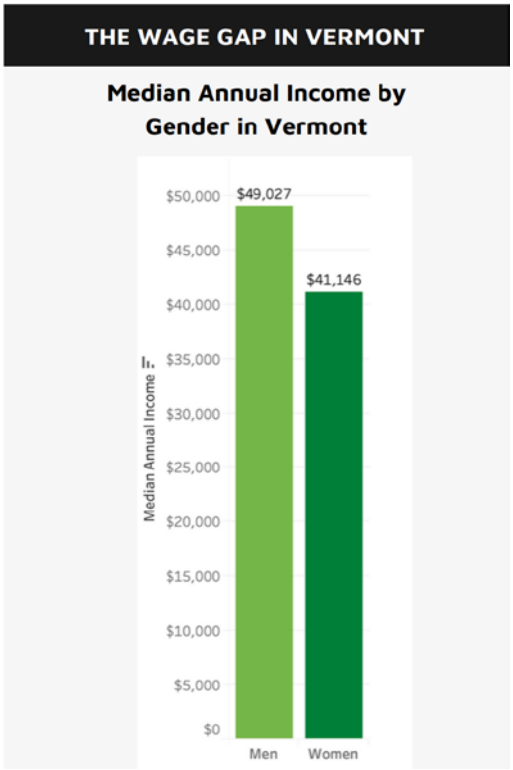
Source: https://ljfo.vermont.gov/assets/Subjects/Basic-Needs-Budgets/1defd5222f/2021-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-16-2021.pdf

Median Income

The median income of households in Vermont was $60,076. An estimated 4.8% of households had income below $10,000 a year and 5.5% had income over $200,000 or more.

	Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Median Income Level (2014-2018)	$65,093	$69,896	$64,258	$69,583	$60,076
Median Income Level Among Households with Children	$80,172	$93,955	$84,478	$84,097	$75,981

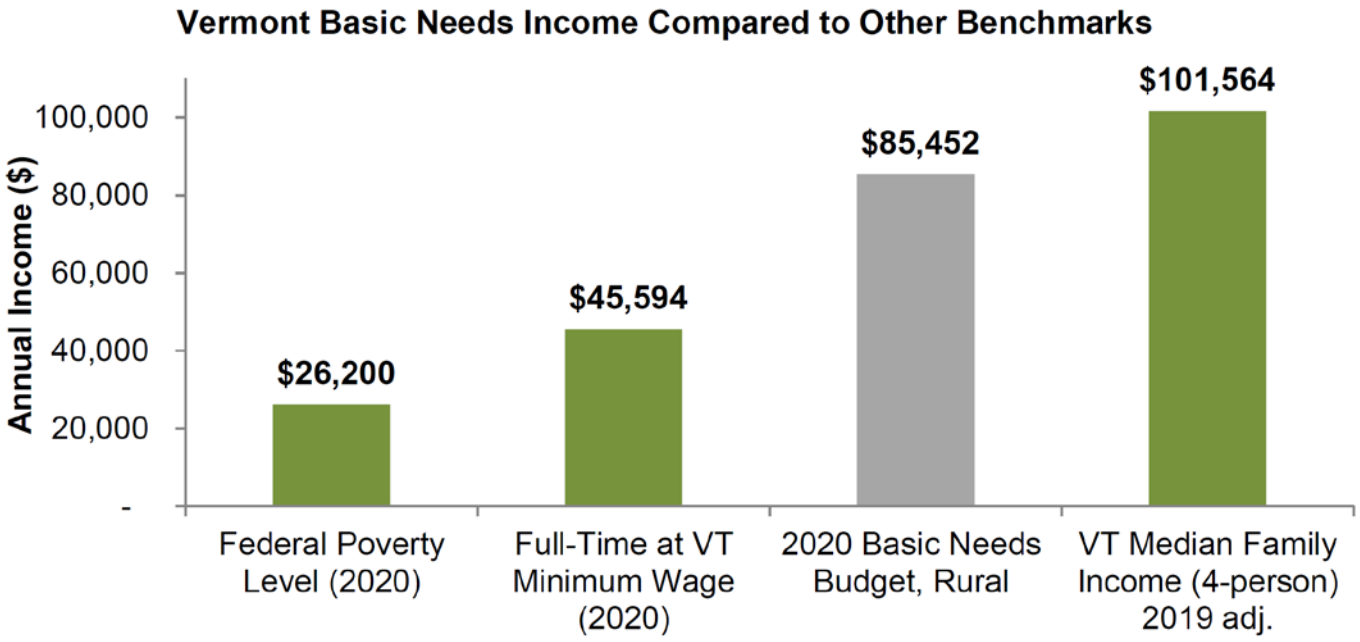
Source: https://www.voicesforvtkids.org/kidscount
Source: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2019/report.php?geotype=state&state=50



Source: https://women.vermont.gov/sites/women/files/pdf/VCW_COVID19_Dashboard_June_24.pdf

Vermont Basic Needs Budget

The 2020 Basic Needs Budget calculates that a two-adult, two-child household with both adults working would need to make $101,564 to meet their household needs. This is more than double the income of 2 adults making minimum wage ($10.78 in Vermont), and almost four times higher than the Federal Poverty Level.



Source: https://ljfo.vermont.gov/assets/Subjects/Basic-Needs-Budgets/1defd5222f/2021-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-16-2021.pdf

Children Living in Poverty

Poverty in Vermont

11.5% of Vermonters are living in poverty.

An estimated 13% of children under 18 were below the poverty level, compared with 7.6% of people 65 years old and over. An estimated 11.3% of people 18 to 64 years were below the poverty level.

The reality is that the Federal Povery Level (FPL) is not a measure of family economic well-being. Many Vermonters earning well above the FPL struggle to cover the basic needs such as housing, transportation, and healthcare.

Source: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2019/report.php?geotype=state&state=50

Estimated Number of Children <5 Years in Poverty in the Champlain Valley

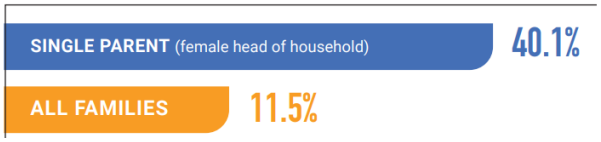
	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area
Number of children <5 years	1,521	7,587	2,839	2,770	12,244
Estimated children <5 years in poverty	204	896	243	11	1,354

Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates

11.5% of Vermont's children 0 to 5 live in households with incomes below 100% of the Federal Poverty Level with disproportionately high poverty rates in the most rural counties.

The Federal Poverty Level (FPL) is a national guideline used to determine eligibility for programs and services. For example, to be eligible for 3SquaresVT (SNAP) the household income must be less than 185% of the FPL.[21] In 2018, the FPL for a family of four was $25,100.[22] Since 2012, Vermont's families with young children have seen a reduction in poverty, but, as shown in ***Figure 6,*** **children under five with single mothers experience poverty at almost four times the rate of all families (40.1% vs. 11.5%).**[23]

Figure 6[23] Children Under 5 Years Living in Households with Incomes Below the Federal Poverty Level (2018)



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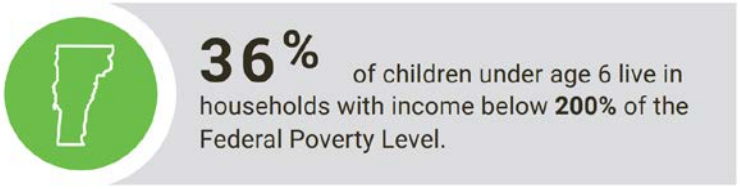
5% of children under age 18 live in families in extreme poverty with incomes below 50% of the Federal Poverty Level.

The state has high rates of high school completion and health insurance coverage. For children and families earning low incomes in rural communities, financial, transportation, geographic, and practical barriers limit access to many kinds of support.

Source: Vermont Early Childhood Needs Assessment 2020



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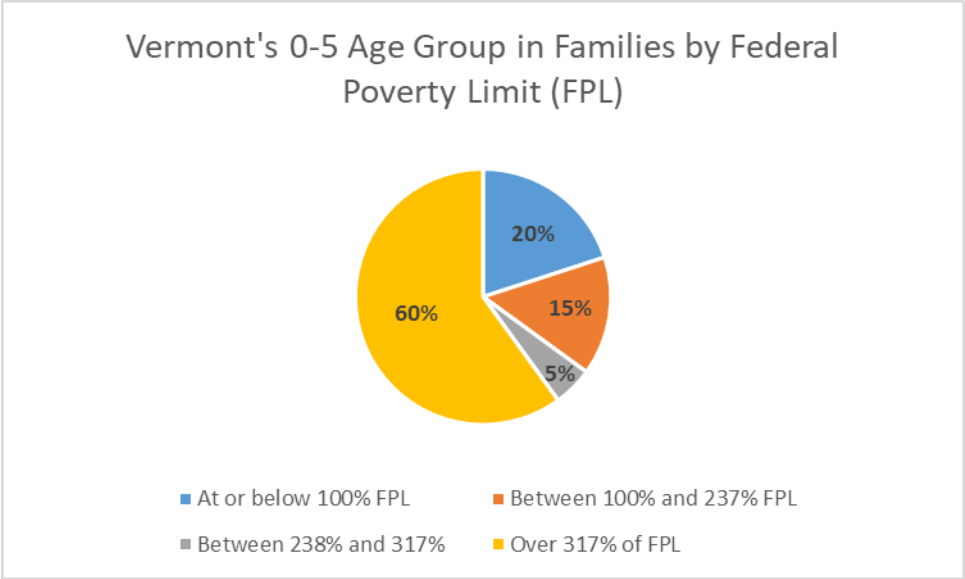
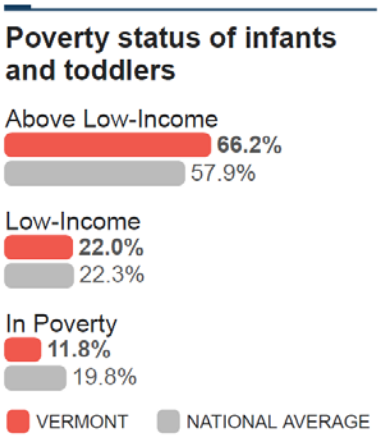
Based on snapshots of Medicaid and SNAP program enrollments, the 0–5 age group in Vermont families at or below 100% of the Federal Poverty Limit (FPL) is approximately 20%.

Vermont's 0–5 Age Group in Families by Federal Poverty Limit (2016)					
Age	0-5 Population	0% to 100% FPL	101% to 237% FPL	238% to 317% FPL	Over 317% FPL
Addison	1,960	13%	22%	3%	62%
Chittenden	9,501	16%	12%	2%	70%
Franklin	3,646	21%	11%	2%	66%
Grand Isle	394	25%	10%	3%	62%
Vermont	36,818	20%	15%	5%	60%



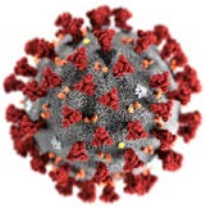
Source: Child Care and Prekindergarten Capacity Baseline Report, November 2018

Poverty Status of Infants and Toddlers in Vermont



Source: S:\Community Assessment\CA 2021\Data\The State of Vermont's Babies Yearbook 2020.pdf

COVID-19 Implications for Children Living in Poverty



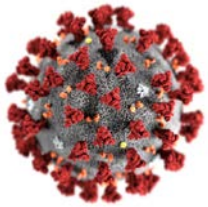
The pandemic will surely have an impact on the number of children in poverty – how large that impact is remains unknown. The 2016-2020 ACS data will be available in December 2021, at which point the impact of the pandemic will be more obvious. It is important to note that with the exception of Chittenden County, the counties served by CVHS are small in population size and thus only the 5-year ACS data is available. The single year ACS data provides a more accurate, point-in-time assessment whereas the 5-year data shows a larger trend over time number. The single year estimates are especially important in 2021 as they are the truest measure of the impact of the pandemic. However, that estimate will only be available for Chittenden County (single year estimates are not available for populations under 65,000).

Employment

27% of children under 18 live in households where all parents lacked secure employment.

Source: Vermont Early Childhood Needs Assessment 2020

COVID-19 Implications for Employment



21% of Vermont's workforce has been impacted by the pandemic.

Vermont's total labor force as of February 2020 was about 340,000 workers. Assuming that all recorded claims are valid, around 21% of Vermont's workforce has been impacted by the pandemic. This is unprecedented, given that the highest annual unemployment rate experienced in Vermont in the past 44 years was nearly 9% in 1976. However, this data is difficult to compare to past economic crises, given that new categories of workers are eligible for unemployment benefits for the first time, such as self-employed workers or people who are temporarily left without childcare.

Source: https://www.vhfa.org/news/blog/economic-impact-coronavirus-outbreak-vermont-housing

Typical Work, School, or Training Schedules

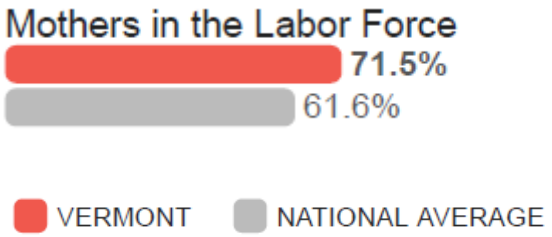
	Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Children under age 6 with all available parents in the labor force by county in Vermont	74.7%	70.8%	77.2%	64.5%	71.5%

Source: KidsCount Data Book, Annie E. Casey, https://datacenter.kidscount.org/data/tables/8503-children-under-age-6-with-all-available-parents-in-the-labor-force-by-county?loc=47&loct=5#detailed/5/6798,6801,6803-6804/false/1692,880/any/17161

Based on the 2019 CVHS family survey data, 33 out of 76 families responded that they need full-time child care (Monday to Friday for 7 or more hours per day), and 43 said they did not need this care. 44 families out of 73 responded that a school day classroom (Monday – Friday 6 hour per day) would work with their schedule, 16 families said this would work if there was before or after school care available, and 13 families said they did not need this care.

Working Mothers

71.5% of Vermont's mothers are in the labor force, compared to 61.6% of mothers nationally.

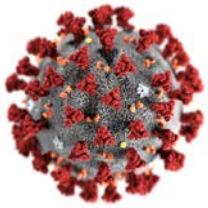


Source: S:\Community Assessment\CA 2021\Data\The State of Vermont's Babies Yearbook 2020.pdf

Even before the pandemic, mothers were 40% more likely than fathers to report that they had personally felt the negative impact of child care issues on their careers; 3 times as likely as men to report that at some point they quit a job so that they could care for family; 7 times more likely to cite childcare problems as a reason for working part-time; and 4 times more likely than men to take time off work when children are sick.

Source: https://women.vermont.gov/COVID-19_Women_Child_Care_Education

COVID-19 Implications on Working Mothers



Data from the Census Household Pulse survey, conducted in late April and early May, found that over 80% of U.S. adults who weren't working because they had to care for their children who were not in school or daycare were women.

Source: https://women.vermont.gov/COVID-19_Women_Child_Care_Education

An April 2020 nationally-representative poll found that 45% of men reported doing the majority of work supporting children with remote learning, while only 3% of women agreed that their partners did the majority of this work.

Source: https://women.vermont.gov/sites/women/files/pdf/VCW_COVID19_Dashboard_June_24.pdf

By many measures, women are more likely to have their work impacted by the pandemic in Vermont, and are more likely to be delivering services deemed "essential" during this time. Women make up 81% of the state's tipped wage earners, the highest rate in the country. 91% of nurses in Vermont are women and 82% of personal care workers, including child care professionals are women. Women in Vermont are more likely than men to be in part-time positions and make up a disproportionate share of those earning less than $11 an hour. This makes them less likely to qualify for benefits like paid leave or health insurance.

Source: https://women.vermont.gov/sites/women/files/pdf/VCW_COVID19_Dashboard_June_24.pdf

Data on unemployment claims from the U.S. Department of Labor suggests that Vermont women are facing unemployment during this time at higher rates than men. In April 2020, the height of unemployment claims in the state, over 46% of claims were attributed to women, 40% to men, and 14% were cases in which data on gender was not available. This can be compared to the same period in April 2019, during which men were over twice as likely to file unemployment claims as women in Vermont.

Source: https://women.vermont.gov/sites/women/files/pdf/VCW_COVID19_Dashboard_June_24.pdf

SAFETY

Child Abuse & Neglect

Calls to the Child Protection Hotline

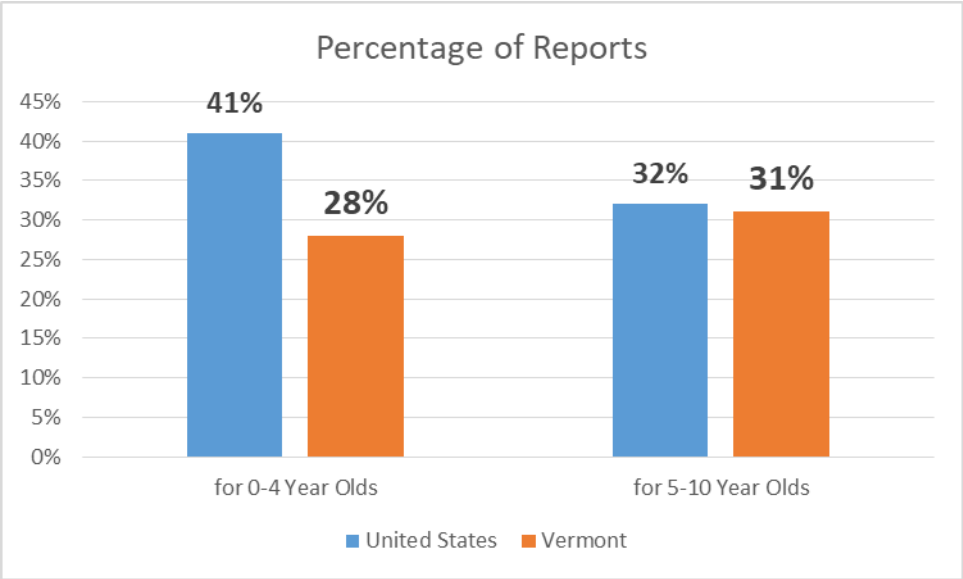
Another indicator of the adversity faced by Vermont's young children is the rate of children in protective custody. When a child's safety is threatened, the DCF-Family Services Division becomes involved. In 2019, 20,498 child abuse and neglect intakes (calls to the child protection hotline) resulted in 2,682 assessments and 3,405 investigations.[40] The result of these interventions may include ongoing DCF involvement in one of the following types of cases: DCF custody, family support, or conditional custody, as seen in ***Table 2***.

Table 2[40] Caseload by Type Of DCF Involvement

	CASES IN 2019
DCF Protective Custody: The child is placed with a relative or foster family	1,239
Family Support: DCF provides support to families without court involvement	481
Conditional Custody: The child is in the custody of a parent or relative with DCF supervision & services to ensure the child's safety	754

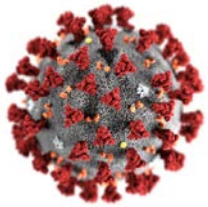
Data Note: Custody Cases and Conditional Custody cases are reflective of a child count, whereas the Family Support Cases is a family count. Includes children of all ages.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf



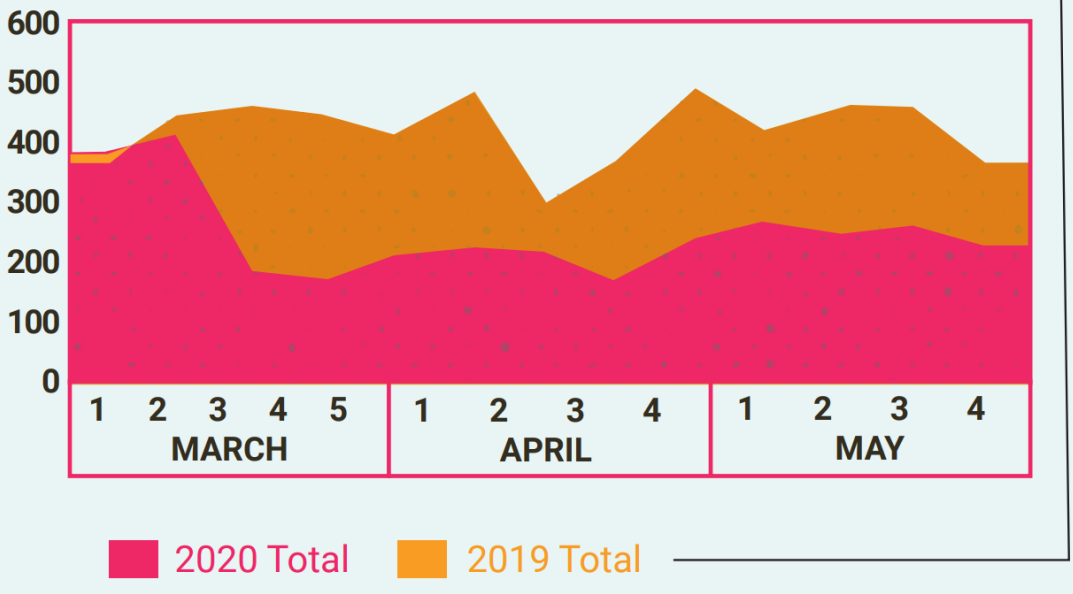
Source: https://datacenter.kidscount.org/, 2018

COVID-19 Implications for Calls to the Child Protection Hotline



The number of children under 9 in out-of-home custody fell from 659 in 2019 to 541 in 2020 as of the September 30th point in time count.[12] As can be seen in ***Figure 3***, the number of calls to the Child Protection Hotline fell month over month during the stay home stay safe order.[13] Anecdotally, with many children not participating in their traditional care and community settings, mandated reporters may not have had contact or 'eyes on' children to monitor their safety or to report potential abuse or neglect.

Figure 3[13] Number of Calls to the Child Protection Hotline 2019 vs 2020 Weekly Comparison



Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Cases of Child Abuse & Neglect

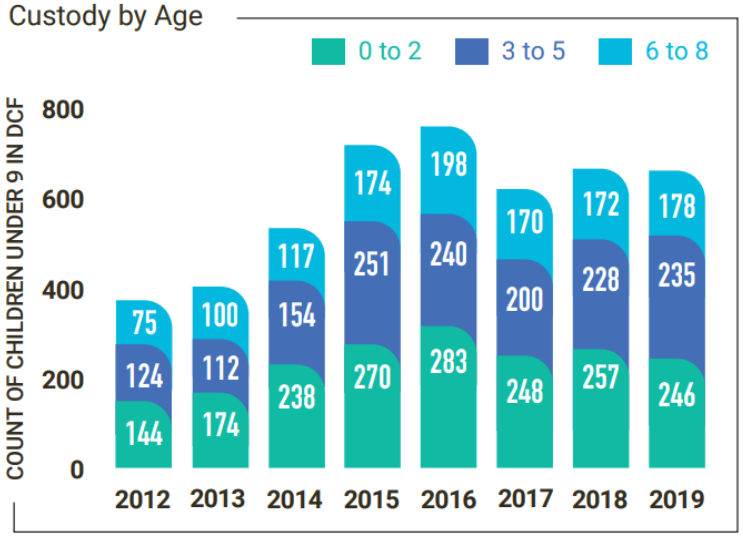
Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Children in Protective Custody

The number of children ages 0 to 5 in the Department for Children and Families (DCF) custody rose from under 268 in 2012 to 481 in 2019 in part due to the rise of the opioid epidemic.

As can be seen in ***Figure 11***, after increasing from 2012 to 2016, the number of children in custody has remained relatively steady for children under age 9 from 2017 to 2019 ranging from a total of 618 to 659. According to DCF, "The number of children, aged 0-5, in DCF custody remains high as a result of the opioid crisis. Based on data collected from Family Services

Figure 11[40] Count of Children in DCF Protective Custody by Age



Division (FSD) staff between 2014 and 2017, about 50% of the children from this age group came into custody because of opioid abuse in their families. This number decreased to 41% in 2018 and 40% in 2019, which is an encouraging trend."[40] *2020 child protection data can be found in the COVID-19 Data Spotlight starting on page 12.*

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Domestic Violence

Another indicator of child safety is the number of Vermont children exposed to domestic violence. According to the Vermont Network Against Domestic and Sexual Violence, in 2019 **1,376 children and youth connected with an advocate for help with abuse toward a family member or toward themselves.**[41]

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Domestic violence is more likely to turn deadly with a gun in the home. 75% of Vermont's intimate partner homicides involve a gun. An abusive partner's access to a firearm increases the risk of homicide eight-fold for women in physically abusive relationships.

Source: https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-State-of-Gun-Violence-in-Vermont-2020.pdf, https://violence.chop.edu/types-violence/gun-violence/gun-violence-facts-and-statistics

Gun Violence

Nationally, among younger children (ages 0-12 years) who are killed by a firearm, 85% are killed in their own home.

There are more than 393 million guns in circulation in the United States — approximately 120.5 guns for every 100 people. An estimated 50.5% of Vermont adults have funs in their homes, compared to just under 30% of adults nationally.

In 2018, 4,775 young people ages 10-24 were victims of homicide - an average of 13 each day. Gun injuries are the second-leading cause of death among U.S. children and teens and the leading cause of death of among high school students. Between 2014 and 2018, more than 15,000 children (ages 19 and under) died due to firearms, and at least 13,000 sustained unintentional firearm-related injury or death.

Source: https://www.cbsnews.com/pictures/gun-ownership-rates-by-state/36/
Source: https://violence.chop.edu/types-violence/gun-violence/gun-violence-facts-and-statistics

In 2019, 67 people in Vermont died by gun violence, an average of more than one person every week. Suicides were 85% of the gun deaths. Vermont ranked number 19 for retail gun sales per person in America in 2018. There were 79.4 sales per 1,000 adults in 2018, marking a 59.2% increase since 2009. Vermont also had a relatively high rate of gun-related suicide, ranking 16th overall.

Source: https://efsgv.org/state/vermont/#:~:text=In%202019%2C%2067%20people%20in,85%25%20of%20the%20gun%20deaths, https://www.security.org/resources/gun-ownership-statistics/

Every day in America, 32 children and teens are injured and seven are killed by gunfire, according to the CDC. From 2008 to 2017, 83 people under age 25 were killed with a gun in Vermont. Someone is killed with a gun every five days in Vermont. That's 70 people a year.

Source: https://violence.chop.edu/types-violence-involving-youth/gun-violence, https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-State-of-Gun-Violence-in-Vermont-2020.pdf

Nationally, 1 out of 3 homes with kids have guns. And in approximately 1 out of 3 of those homes, guns are kept loaded and unlocked (1.7 million children live with unlocked, loaded guns).

Most parents don't think their child knows where their gun is stored, but when researchers ask children directly, 40% of these same children are able to correctly identify the location of the gun. Parents also often incorrectly believe their child has never handled their gun, when in reality, 36% of children say they have.

The U.S. General Accounting Office estimated that 31% of accidental deaths caused by firearms might be prevented with the addition of two devices: a child-proof safety lock and a loading indicator.

Gun owners in a household are more likely to report that their gun is stored unlocked and loaded, compared to the non-owners in those households. This suggests a need for better education of household members regarding safe storage in homes with children.

Source: https://violence.chop.edu/types-violence/gun-violence/gun-violence-facts-and-statistics

Suicide

Vermont's suicide rate is 34% higher than the U.S. average. Firearms are the most lethal means of suicide and are more lethal than every other method combined.

In the first 11 months of 2020, 105 Vermonters died by suicide. That's in line with recent years; on average, 106 people die by suicide in the first 11 months of the year in Vermont. However, the number is higher now than a decade ago, and Vermont's suicide rate is 34% higher than the U.S. average. 45% of those who die by suicide had seen their primary care provider within 30 days before their death. Firearms are the most lethal means of suicide in Vermont and are more lethal than every other method combined.

Source: https://vtdigger.org/2021/02/25/suicide-prevention-legislation-considered/

Nearly 88% of gun deaths in Vermont are suicides, and more than 54% of all suicide deaths in Vermont involve firearms. From 2008 to 2017, 597 people in Vermont died by gun-related suicide.

Nationwide, more than 80% of guns used by youth in suicide attempts were kept in the home of the victim, a relative, or a friend. Suicide rates are much higher in states with higher rates of gun ownership, even after controlling for differences among states for poverty, urbanization, unemployment, mental illness, and alcohol or drug abuse.

Among suicide victims requiring hospital treatment, suicide attempts with a firearm are much more deadly than attempts by jumping or drug poisoning — 90% die compared to 34% and 2% respectively. About 90% of those that survive a suicide attempt do not go on to die by suicide.

Source: https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-State-of-Gun-Violence-in-Vermont-2020.pdf, https://violence.chop.edu/types-violence/gun-violence/gun-violence-facts-and-statistics

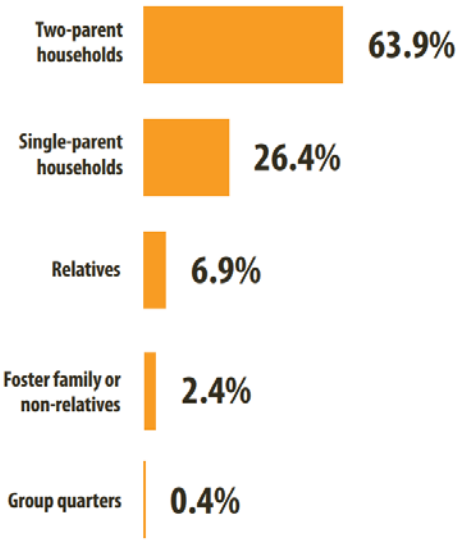
LIVING ARRANGEMENTS

Household Composition

26% of Vermont's children under 18 live in single-parent families, 7% live with relatives, 2.5% live with a foster family, 0.5% live in group quarters.

Source: Vermont Early Childhood Needs Assessment 2020

64% of Vermont's children under age 18 live in two-parent households, with the remaining third living in single parent households (26%), with relatives (7%), in foster homes (2.5%), or in group quarters (0.5%).[19]



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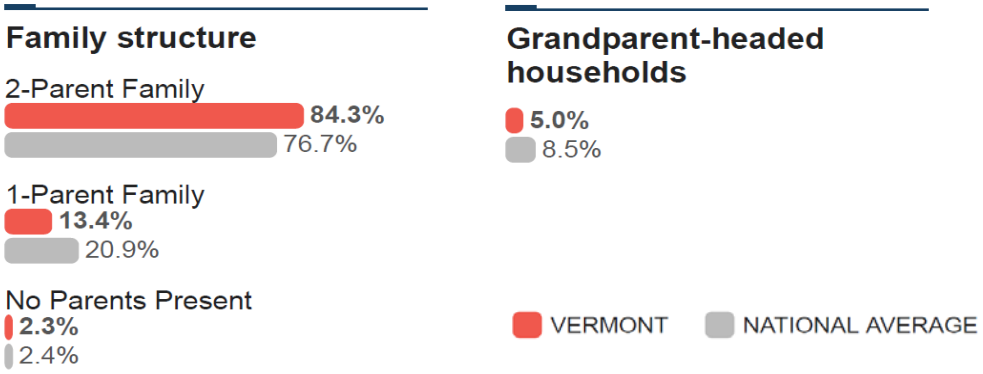
Women are significantly more likely to be navigating this crisis as single parents; 21% of all children in the United States live only with their mother, compared to 4% living with their father only.

Source: https://women.vermont.gov/COVID-19_Women_Child_Care_Education

In Vermont, 8,176 grandparents lived with their grandchildren under 18 years old. Of those grandparents, 34.6% were responsible for the basic needs of their grandchildren.



Source: S:\Community Assessment\CA 2021\Data\The State of Vermont's Babies Yearbook 2020.pdf
Source: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2019/report.php?geotype=state&state=50

Incarceration

1 in 17 children in Vermont have an incarcerated parent.

Source: Vermont Early Childhood Needs Assessment 2020

There are 6,000 Vermont children with an incarcerated parent.

Source: ACLU, Vermont

Children in Foster Care

50% of children birth to five that enter the system come from homes where there is opioid abuse in the family.

According to *How are Vermont's Young Children and Families? 2020 Report,* the rate of children under the age of 9 going into protective custody continues to rise. The rate of children under the age of 3 in protective custody rose from 8.1 (per 1,000) in 2012 to 15.4 (per 1,000) in 2016. A recent report indicates that 50% of children birth to five that enter the system come from homes where there is opioid abuse in the family.

	Addison	Chittenden	Franklin/Grand Isle	State of Vermont
Under age 9	45	88	84	659
0-2	N/A	N/A	N/A	246
3-5	N/A	N/A	N/A	235
CVHS 2019 PIR	1	3	5	N/A

Source: How are Vermont's Young Children and Families, 2020, Building Bright Futures, https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/BBF-2019-HAVYCF-REPORT-SinglePgs.pdf

Children Experiencing Homelessness

Availability & Accuracy of Homelessness Data

Homeless – The Count

Vermont 211 tracks calls from individuals and families seeking emergency housing through the state's General Assistance program. This program typically houses homeless Vermonters in motels and hotels during winter months; however, starting with the pandemic, has extended the program to prevent COVID-19 transmission. Vermont 211 also refers callers experiencing homelessness to available shelter beds. The 211 call/text data provide a partial picture of Vermonters experiencing homelessness issues.

PIT Count

There is no one single source that provides a complete count of all people experiencing homelessness in Vermont. The closest portrayal is an annual "snapshot" conducted on a single night every January for U.S. Housing and Urban Development, using its definition of "literal" homelessness. Called the Point-in-Time Count (PIT), it includes the numbers of people who are unsheltered and those staying in emergency shelters, domestic violence shelters, and motels and hotels. The PIT Count totaled 1,110 unique individuals on January 22, 2020.[1]

That doesn't take into account the numbers of precariously housed Vermonters at risk of becoming homeless; those who are '"doubled up and/or couch surfing." What the PIT Count does provide is a picture of specific trends in homelessness.

Other sources

Other estimates of homelessness suggest a higher count may be more accurate. "In 2017, the number of homeless individuals who received services throughout the calendar year was roughly three times the number counted in the PIT Count."[2]

This is based on data from the Homeless Management Information System (HMIS), administered by the Institute for Community Alliances, which reported that 4,407 people received services that year.[3]

It is estimated that the actual number might be even higher, since that total doesn't include people fleeing domestic violence and sexual violence. That could potentially increase it by 12%. Also not counted in the HMIS data are the number of people served by the General Assistance Emergency Housing Program, which provides motel/hotel stays. That could add an additional 2,289.[4]

Source: https://drive.google.com/file/d/1qsZuSOtdA0hHqy40pU28rGxv57tO0jgM/view

McKinney-Vento Count

Information reported by Vermont's McKinney-Vento program, indicates 1.3% of the student population (pre-K through 12) are homeless. The majority of homeless students are doubled-up /sharing the housing of others (62.6%) or staying in motels/hotels (22%).

Source: National Center for Homeless Education and U.S. Department of Education's EDfacts

During the 2019-2020 school year, there were 373 children under 9 who met the McKinney-Vento Homelessness definition enrolled in school in Vermont.

> When housing challenges become overwhelming, families may become homeless. The McKinney-Vento Homelessness Assistance Act defines homeless as lacking a fixed, regular, and adequate nighttime residence which includes sharing the housing of other persons, living in temporary housing, and places not designed for regular sleeping accommodation.[31]

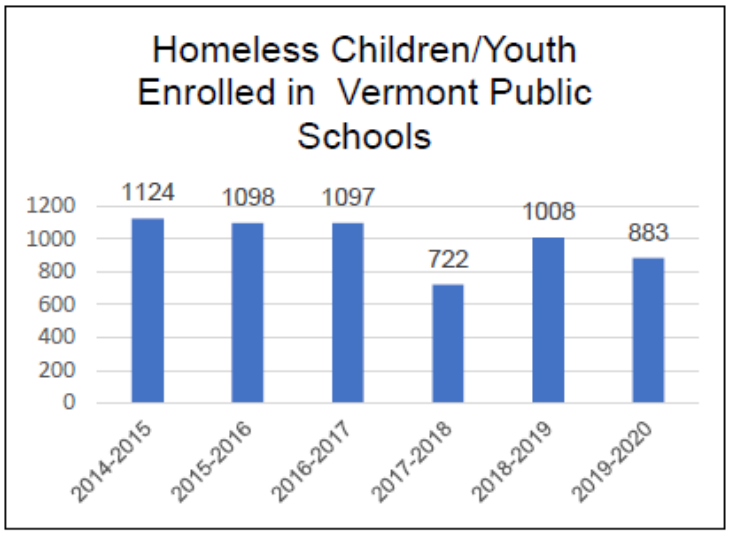
Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Point-In-Time (PIT) Count

According to the Vermont Agency of Education, during the 2019-2020 school year, there were 883 homeless children enrolled in school in Vermont.

	Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Under age 18 P-I-T	20	33	14	0	216

Source: Vermont 2020 Point-in-Time Report https://helpingtohousevt.org/wp-content/uploads/2020/06/2020-PIT-Report-FINAL-1.pdf



Vermont Department of Education website: Retrieved: 2/8/2021 School years. https://education.vermont.gov/student-support/federal-programs/homeless-education

According to the Point-in-Time Count the **estimated of numbers of children** living in families that are experiencing homelessness are 216 children and youth under age 18 and 127 youth ages 18-24. Of the older youth group, 16 were parents with children.

However, review of **Vermont Agency of Education** data show 883 homeless children and youth were enrolled in public school for the school year 2019-20.[5]

Source: https://drive.google.com/file/d/1qsZuSOtdA0hHqy40pU28rGxv57tO0jqM/view

US Department of Department of Education Early Childhood Homelessness Count

According to the US Department of Education's Early Childhood Homeless Count, Head Start/Early Head Start served 44% (304) of the 699 children in Vermont who were experiencing homelessness in 2018.

Early Childhood Homelessness: **Vermont** (2017-2018)

Early childhood experiences with homelessness have long lasting impacts on a child's well-being. Access to educational services can help mitigate some of these negative effects.[1] Federally-funded early childhood education (ECE) programs are only able to serve a small portion of children who experience homelessness. Taking action to mitigate the impacts of early childhood homelessness is critical to ensuring all young children have the opportunity to thrive.

Early Childhood Homelessness

Children under age 6

Total population[2]

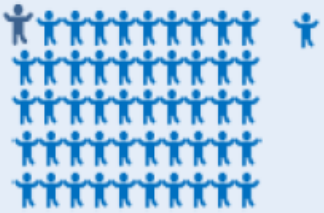
35,769

Estimated number experiencing homelessness[3]

699

or

1 in 51 children

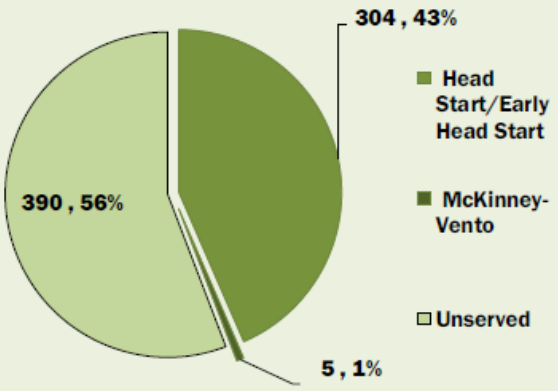


Early Childhood Education for Children Experiencing Homelessness

Children under age 6
experiencing homelessness

44% served by Head Start/Early Head Start or McKinney-Vento funded ECE programs in 2018[5]

Vermont



Source: https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2019.pdf

Children in Vermont's Publicly Funded Homeless Shelters

The number of children under the age of 18 in publicly funded homeless shelters dropped from 1,102 in 2018 to 888 in 2019 attributed in part to decreased capacity in emergency shelters for families.

Source: Vermont Early Childhood Needs Assessment 2020

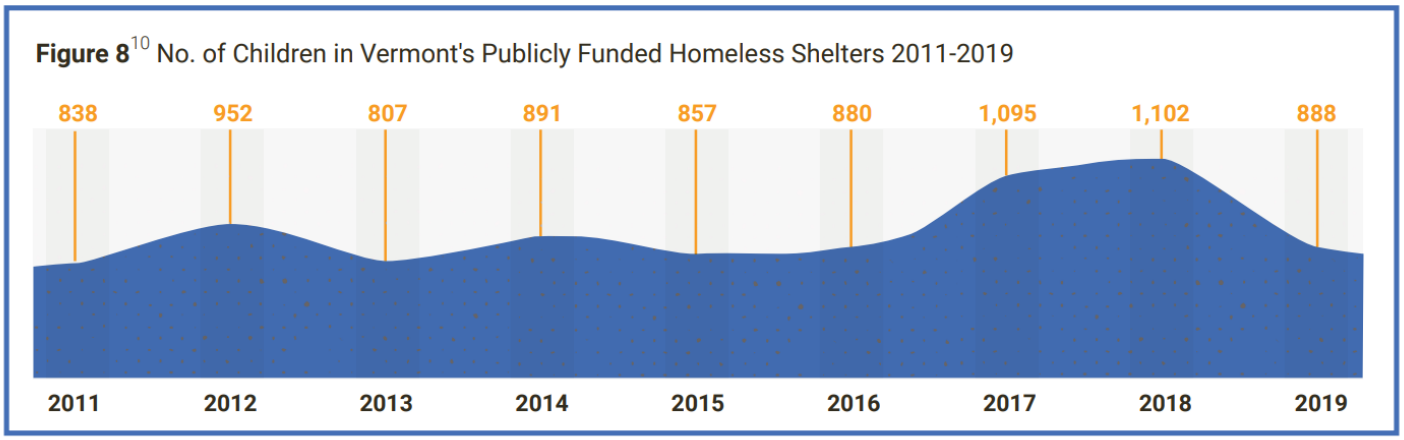
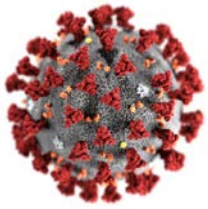


Figure 8[10] No. of Children in Vermont's Publicly Funded Homeless Shelters 2011-2019

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

COVID-19 Implications on Homelessness



To reduce the risk of spreading COVID-19 in congregate settings, Vermont families staying in group shelters were moved to motels. As a result, **the number of children under 18 staying in Vermont's Publicly Funded Homeless Shelters decreased sharply from 1,102 in 2018 to 682 in 2020.**[10]

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

ACCESS TO BASIC NEEDS

Critically Necessary Factors for Women, Children, and Families to Thrive

In many cases, the extent to which families can effectively address children's and adolescents' health needs was viewed as secondary to addressing basic needs. Families that struggle to maintain stable housing or adequate food viewed these concerns as the most significant issues they face. According to individuals who responded to the *Access to Health and Wellness Survey*, housing, food, and accessible and affordable healthcare were the three most "critically necessary factors for women, children, and families to thrive."

Table 16. The "most critically necessary factors for women, children, and families to thrive" (n= 329)

	n= "Critically necessary" or "the most critically necessary"	*Percent*
1. Housing	304	94%
2. Food	301	93%
3. Accessible and affordable healthcare	299	92%
4. Mental well-being	296	91%
5. Childcare	286	89%
6. Financial security	285	88%

Survey respondents were the least likely to view support for breastfeeding (56%), culturally relevant support and services (56%), and help navigating systems (63%) as critically necessary. Community members who responded to the survey frequently commented on a need to address "social isolation" and "connectedness" as critical factors in their health and well-being. The frequency of open-ended responses which named needs for interpersonal support, and those which described positive relationships as a significant factor contributing to health and wellness suggest that there are additional opportunities to strengthen approaches that nurture the interpersonal connections that promote health.

Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_SFVT_MIECHV%20Needs%20Assessment.pdf

Housing

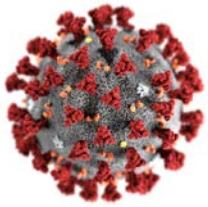
26% of children live in households where more than 30% of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

Source: Vermont Early Childhood Needs Assessment 2020

Stable housing is a key support to provide children with a positive environment to learn and grow. However, the cost and availability of housing is another significant challenge Vermont families face when trying to meet their basic needs. **47% of family households who rent and 30% of households who own report paying more than 30% of their income toward rent or a mortgage,** a common metric of affordability.[29] The average Vermont renter makes $13.81 an hour and can afford to spend $718 per month on rent, but the average two bedroom apartment averages $1,215 per month.[30]

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

COVID-19 Implications for Housing Affordability



An increase in unemployment will strain many already struggling Vermont renters and homeowners. An estimated 17,905 renter and 21,245 owner households – accounting for 16% of all Vermont households – are severely cost-burdened, paying more than half of their income towards housing expenses including rent, mortgages and utilities. This put these households at high risk for eviction or foreclosure, even before this crisis.

Source: https://www.vhfa.org/news/blog/economic-impact-coronavirus-outbreak-vermont-housing

Child Care Affordability

The average family of four invests one fifth of their income on child care.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

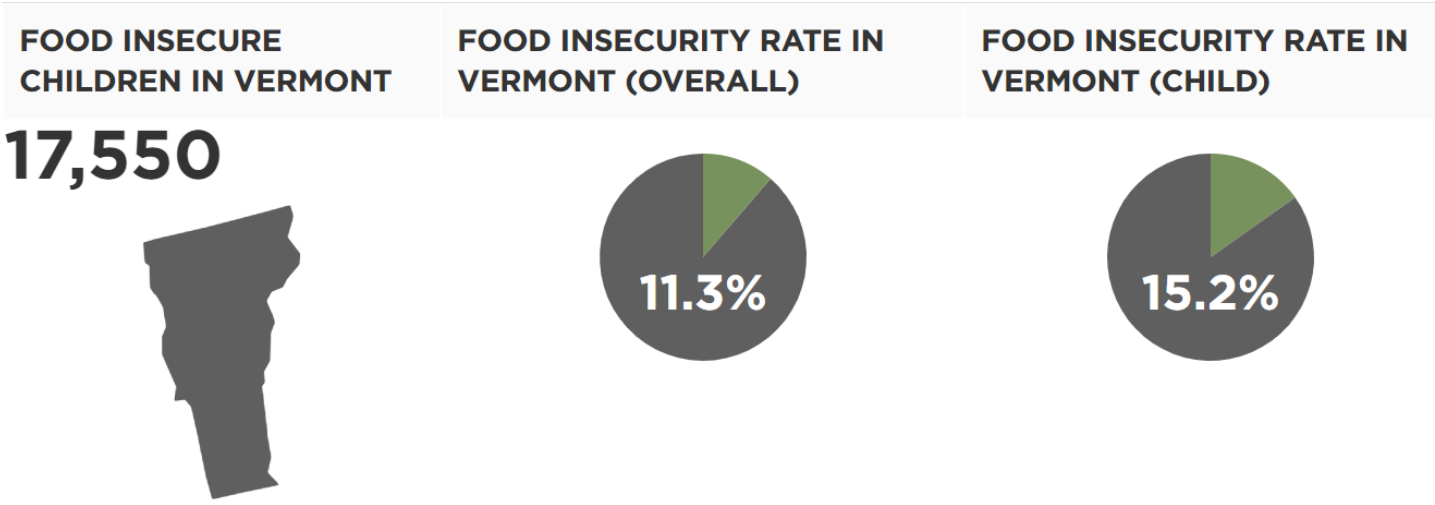
Even with financial assistance, Vermont families can spend almost 30% of their annual income on child care. In contrast, the U.S. Agency of Health and Human Services, Department for Children and Families recommends that families spend no more than 7% of their annual income on child care. That leaves a significant gap between what the federal government considers to be affordable and what families are actually paying for child care in Vermont.

Source: https://letsgrowkids.org/client_media/files/pdf/StalledatStart2020.pdf

Food Insecurity

Food Insecurity in Vermont and the CVHS Service Area

In 2018 in Vermont, 17,550, or more than 1 in 7 children under 18, live in households that are food insecure.



		Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Total Population		36,973	164,572	49,421	7,090	623,989
Overall Food Insecurity	#	3,500	15,720	4,450	590	70,580
	%	9.5%	9.7%	9.1%	8.4%	11.3%
Child Food Insecurity	#	850	3,640	1,320	160	17,550
	%	13.1%	12.3%	11.8%	12.6%	15.2%

Source: Feeding America, https://map.feedingamerica.org/county/2018/overall/vermont

Efforts to Address Food Security in Vermont

FOOD SECURITY

One way to examine the ability of Vermonters to meet their basic needs is through the lens of food security. Food insecurity is defined as an economic and social condition of limited or uncertain access to adequate food.[25] Children who live with food insecurity may struggle to pay attention and be successful in school and learning environments. They may also face immediate and long-term risks to their physical and mental health, including chronic disease, depression, suicide, nutritional deficiencies, and obesity. When families have to choose between competing needs, families often choose to reduce or "stretch" their food budget in order to pay rent, the electric bill, or other less flexible expenses.

In 2018 in Vermont, 17,550, or more than 1 in 7 children under 18, live in households that are food insecure. While Vermont has typically fared better than the nation as a whole on measures of food insecurity, this is no longer the case as the rate for the US has dropped from 17% in 2017 to 15% in 2018 while Vermont has only dropped from 16% to 15%.[25] ***COVID-19 specific food security data can be found in the COVID-19 Data Spotlight on page 12.***

1 in 7 children under 18 live in households that are food insecure, 44% of whom are likely ineligible for federal nutrition programs.

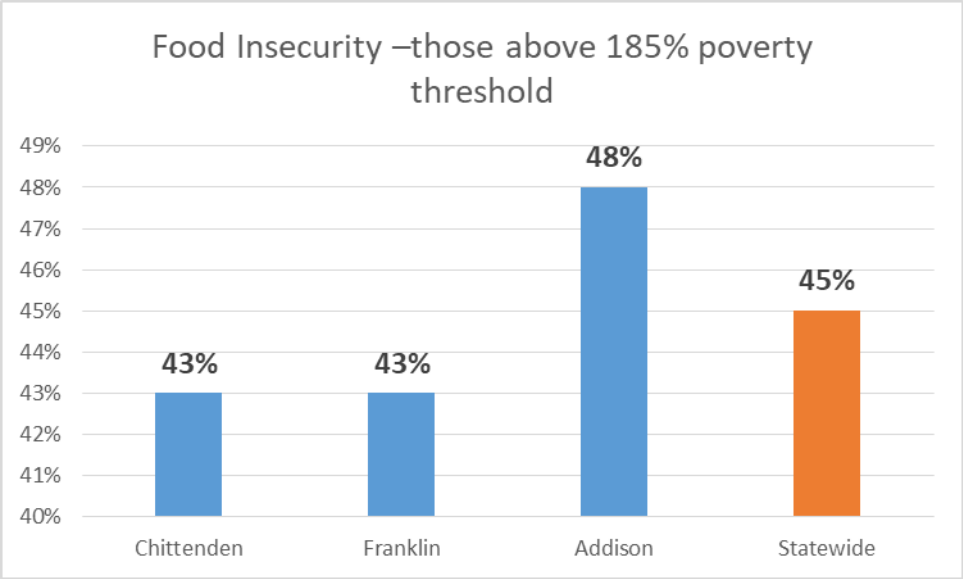
Of the 15% of children living in food insecure households, approximately 7,700 (44%) are not eligible for federal nutrition programs due to their households having incomes above 185% of the federal poverty level.[25] Vermont has worked to address this gap through school and out-of-school-time meal programs including covering the cost of reduced price meal eligible children, beginning the 'Breakfast after the Bell' program, and expanding universal meal programs to many schools.[26]

Other efforts to address food security in Vermont include 3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP), which served 21,815 children under 18 in 11,140 households with an average benefit of $363 in December of 2019.[27] **The federal WIC program served 11,300 pregnant women, infants, and children in 2019,** constituting approximately 62.4% of eligible participants. There are approximately 6,700 additional people who are eligible for WIC, but are not enrolled.[28] Vermont has prioritized increasing enrollment. ***See page 42 for a promising pilot in the Springfield Area region.***

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Estimated Program Eligibility among Food Insecure Children in Vermont

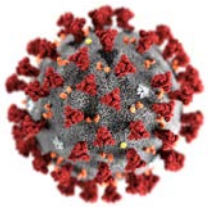
Of the 15.2% of children living in food insecure households, approximately 7,700 (45%) are not eligible for federal nutrition programs due to their households having incomes above the 185% federal poverty level.



Source: Feeding America, https://map.feedingamerica.org/county/2018/overall/vermont

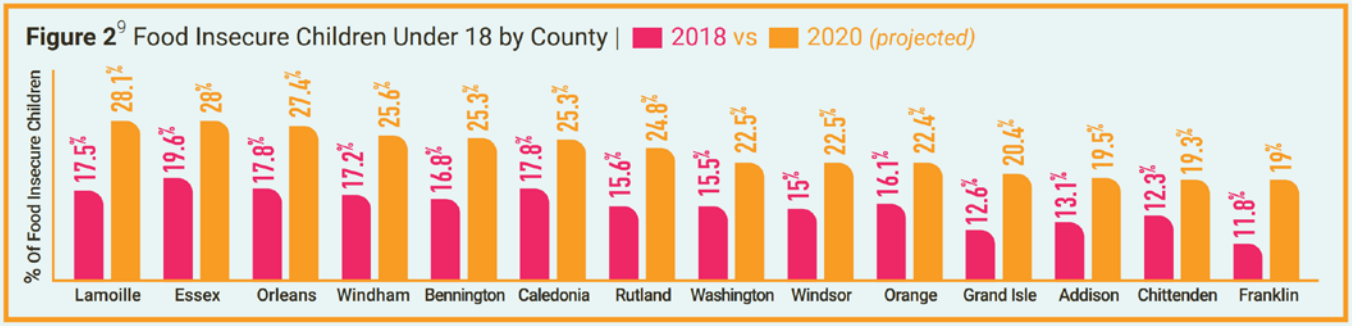
CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

COVID-19 Implications on Food Security



The percent of food insecure children under 18 has risen in every Vermont County due to the pandemic.

As can be seen in ***Figure 2***, the percent of food insecure children under 18 has risen from 2018 in every Vermont County due to the COVID-19 pandemic.[9] Vermont has been quick to act in adapting school meal programs to meet the needs of all children under 18 regardless of income or school enrollment in accordance with the USDA out of school time meal program guidelines from the start of the pandemic in March 2020 through June 2021.



Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Free and Reduced Meal Eligibility in CVHS Service Area

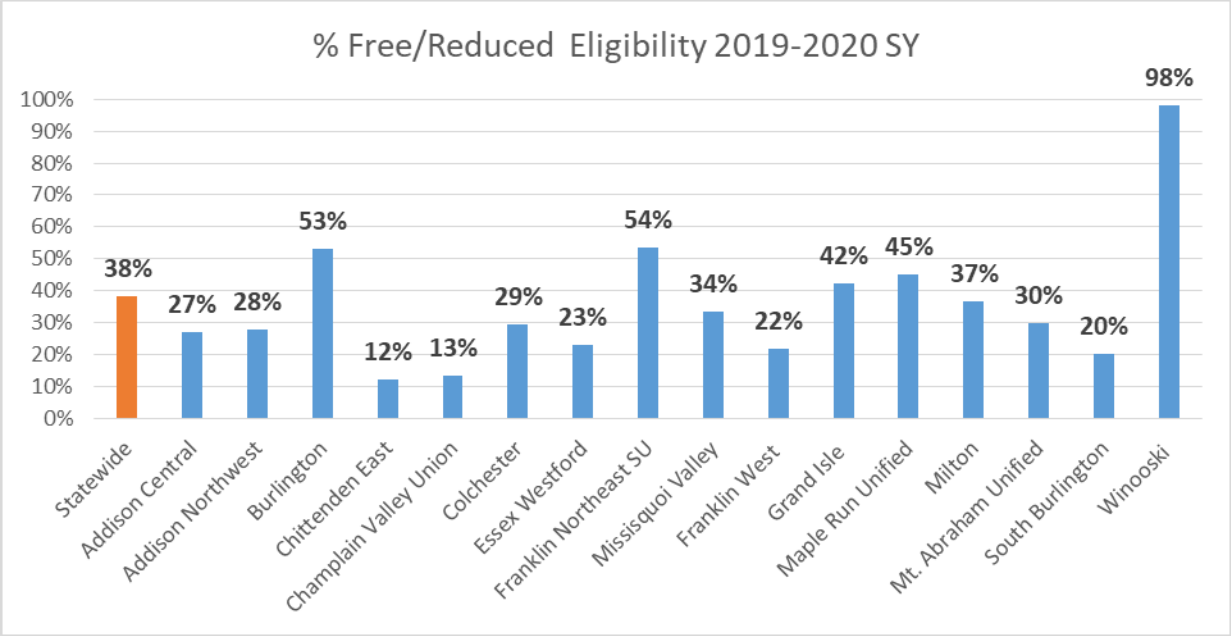
Children living in households who are income eligible for free and reduced lunch are less likely to be ready for kindergarten (76%) compared to children from higher income households (89%).

Percent of Children "Ready" for Kindergarten in Vermont 2019-2020 School Year	
Vermont	84%
Boys	80%
Girls	89%
Free and Reduced Lunch Eligible	76%
Not Free and Reduced Lunch Eligible	89%
Attended Publicly Funded PreK	85%
Did Not Attend Publicly Funded PreK	83%
Percent of Students Surveyed	82%

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Children Eligible for Free/Reduced Meals in the CVHS Service Area

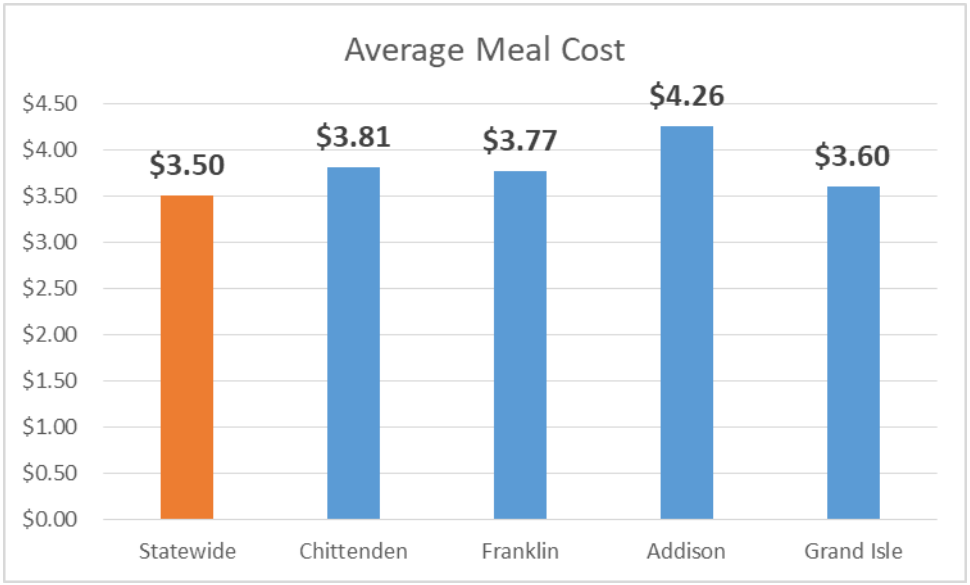
Statewide, 38% of children are eligible for free/reduced lunch.



Source:https://education.vermont.gov/sites/aoe/files/documents/edu-nutrition-2020-free-and-reduced-eligibility-report.pdf

Average Meal Cost in Vermont and the CVHS Service Area

The average meal cost in Vermont is $3.50.



Source: Feeding America, https://map.feedingamerica.org/county/2018/overall/vermont

Overall Recipients of Public Assistance

25.1% of Vermont's households with children (<18) receive some sort of public assistance.

		Addison	Chittenden	Franklin	Grand Isle	State of Vermont
Population		36,973	164,572	49,421	7,090	623,989
Receipt of Public Assistance for Households with Children (<18)	#	1,368	6,128	2,714	326	29,940
	%	20.8%	20.7%	24.3%	26.6%	25.1%

Source: https://www.voicesforvtkids.org/kidscount, Vermont Insights, Receipt of Public Assistance 2013-2017, https://vermontinsights.org/receipt-of-public-assistance-by-household-type/?f=menu&i=7

Reach Up (TANF)

In March 2020, Reach Up served 3,886 families in Vermont; 9,488 total recipients, 6,714 of whom were children under 19.

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	Vermont
Families on Reach Up	153	753	350	42	1,298	3,886
Children under 19 on Reach Up	236	1,323	599	74	2,232	6,714

Source: https://dcf.vermont.gov/sites/dcf/files/ESD/Report/RU%20County.pdf

3SquaresVT (SNAP)

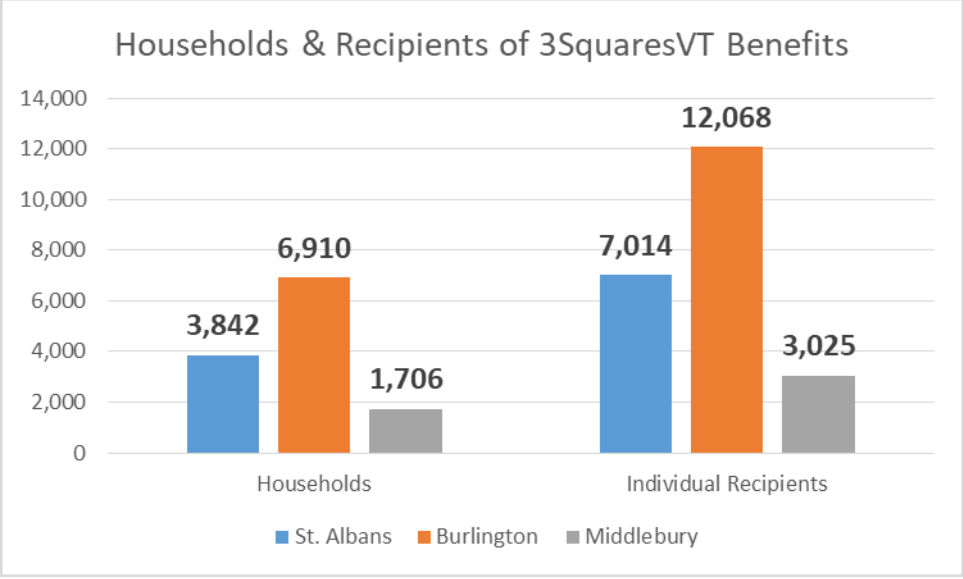
19% of children under age 18 live in households that receive 3SquaresVT benefits.

To be eligible for 3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP), the household income must be less than 185% of the FPL. In 2018, the FPL for a family of four was $25,100. More than 1 in 7, or 15% of children under age 18 live in households where there was an uncertainty of having, or an inability to acquire, enough food because of insufficient money or other resources (2018).

In 2015-2019, 11.3% of households received 3SquaresVT. An estimated 36.4% of households that received 3SquaresVT had children under 18, and 39.4% of households that received 3SquaresVT had one or more people 60 years and over. An estimated 22.7% of all households receiving 3SquaresVT were families with a female householder and no husband present. An estimated 26.5% of households receiving 3SquaresVT had two or more workers in the past 12 months.
Source: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2019/report.php?geotype=state&state=50

3SquaresVT Participation and Benefits				
State Fiscal Year	Individuals	Households	Avg Benefit / Individual	Avg Benefit / Household
2010	83,846	41,466	$121.00	$244.00
2015	86,384	45,430	$120.00	$229.00
2016	80,852	43,403	$122.00	$227.00
2017	74,793	41,391	$127.00	$229.00
2018	74,038	41,264	$122.00	$220.00
2019	70,335	39,843	$121.00	$213.00
2020	67,610	38,843	$120.00	$209.00

Source: Vermont Department of Children and Families, https://dcf.vermont.gov/sites/dcf/files/ESD/Report/3SVTPartic%26Benefits1983-2020.pdf



Source: Vermont Department of Children and Families, March 2020, https://dcf.vermont.gov/sites/dcf/files/ESD/Report/RU%20District.pdf

Women, Infants and Children (WIC)

WIC served 11,300 pregnant women, infants, and children in Vermont in 2019.

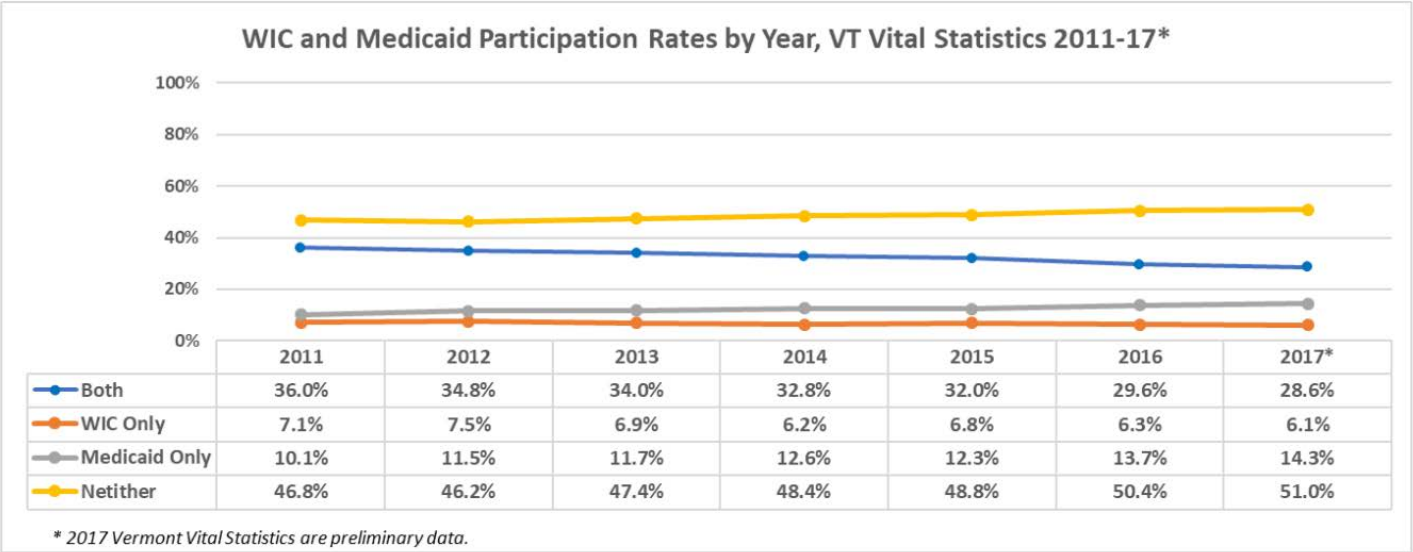
Statewide, 40.4% of Vermont infants and 35% of Vermont children participate in the WIC program. There is some regional variation on this statewide coverage as shown in the table below.

		Addison	Chittenden	Franklin & Grand Isle	State of Vermont
WIC Recipients	Infants %	43.3%	29%	39.4%	40.4%
	Children %	39.3%	24.4%	33.5%	35%

Source: Vermont Early Childhood Needs Assessment 2020

In 2017, 65.3% of eligible infants were not enrolled in WIC at the time of birth in Vermont.

In 2017, 34.7% of infants were born to Vermont women participating in WIC at the time of birth. This rate has been decreasing over time; in 2011 this rate was 43.1%. Though they would be eligible for WIC, 14.3% of infants are on Medicaid but not WIC at the time of birth. 6.1% of infants were born to women participating in WIC but not Medicaid at the time of birth.



	2011	2012	2013	2014	2015	2016	2017*
Both	36.0%	34.8%	34.0%	32.8%	32.0%	29.6%	28.6%
WIC Only	7.1%	7.5%	6.9%	6.2%	6.8%	6.3%	6.1%
Medicaid Only	10.1%	11.5%	11.7%	12.6%	12.3%	13.7%	14.3%
Netither	46.8%	46.2%	47.4%	48.4%	48.8%	50.4%	51.0%

** 2017 Vermont Vital Statistics are preliminary data.*

Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_WIC_Who_WIC_Serves2019FinalFinal.pdf

Supplemental Security Income (SSI) Recipients

More than 5,000 people in the CVHS Service Area received Supplemental Security Income in 2019.

Vermont

Number of recipients in state (by eligibility category, age, and receipt of OASDI benefits) and amount of payments, by county, December 2019

County	ANSI Code	Total	Category		Age			SSI recipients also receiving OASDI	Amount of payments (thousands of dollars)
			Aged	Blind and disabled	Under 18	18–64	65 or older		
Total, Vermont	50	15,009	912	14,097	1,356	10,962	2,691	6,128	$8,674
Addison	50001	534	34	500	42	381	111	228	$321
Chittenden	50007	3,118	322	2,796	297	2,143	678	1,090	$1,861
Franklin	50011	1,251	64	1,187	132	891	228	516	$713
Grand Isle	50013	131	(X)	(X)	10	100	21	53	$73

SOURCES: Social Security Administration, Master Beneficiary Record and Supplemental Security Record, 100 percent data; and U.S. Postal Service geographic data.

NOTES: ANSI = American National Standards Institute; (X) = suppressed to avoid disclosing information about particular individuals.

Source: https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/

Table 4.
Number of persons receiving federally administered optional state supplementation, December 2019

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adult	Child
All recipients, Vermont		14,973	908	77	12,649	1,339

Source: https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/

Child Care Financial Assistance Program (CCFAP or "Subsidy")

In October of 2019, there were 4,941 children receiving financial assistance through CCFAP. With the average family of four investing a fifth of their income on child care, Vermont's investments in CCFAP are aimed at making child care more affordable.

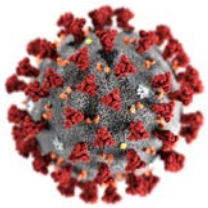
Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

For families using CCFAP, the program makes payments directly to child care providers on behalf of the child. The amount is based on the size and income level of the family, the age of the child or children in care, the type of child care program, the program's quality designation, and the number of hours that care is needed. Families pay a co-payment directly to the provider to make up the difference between the amount of CCFAP and the actual cost of care.

In 2019, the Vermont legislature passed a bill increasing funding of and eligibility for CCFAP. New eligibility rules mean families below the poverty level will receive more benefit and pay less for child care. Also, more families will be eligible under the new rules. The new law better aligns rates of reimbursement with the market rates for child care, so that parents' co-pays are reduced. With the average family of four investing a fifth of their income in child care, the state's investments in CCFAP are aimed at making child care more affordable.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/BBF-2019-HAVYCF-REPORT-SinglePgs.pdf

COVID-19 Implications for CCFAP



Use of child care subsidies was down in 2020, to 78% because many parents were working from home, and as a result, opted not to send their children to child care during the work day.

Source: https://vtdigger.org/2021/01/24/despite-multiple-challenges-vermont-didnt-lose-many-child-care-slots-in-2020/amp/

Medicaid

Access to Medicaid health insurance for both children and adults is a strength in Vermont. In 2017, just 4.6% of Vermont residents were uninsured (www.healthinsurance.org).

56.7% of Vermont children ages 0-18 were enrolled in Medicaid/CHIP (Dr. Dynasaur) according to data from Voices for Vermont's Children from 2015-2017.

Transportation

70% of Vermont's children live in mostly rural counties, which are characterized by mountainous geography, harsh winters with difficult driving conditions, and extremely limited access to many kinds of services.

Although not a physiological need like food or housing, **70% of Vermont's children live in rural areas**[34] making access to reliable transportation a necessity. However, low-income families often rely on older, less-efficient, higher-polluting vehicles with higher maintenance costs and detrimental economic and environmental impacts. For those who need or want to get around without a car, existing fixed-route public transit is not accessible or flexible enough to consistently get rural residents to work, child care, and other services.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Technology & Communication

4.7% of Vermont households do not have a computer. Of the households with a computer, 87.2% had a broadband internet subscription. Demographically, those without internet subscriptions have lower educational attainment levels and higher levels of unemployment.

Source: 2019 1-year estimate of the American Community Survey, TableIDS2802

An estimated 81.2% of households had a desktop or laptop, 71.9% had a smartphone, 57.1% had a tablet or other portable wireless computer, and 2.8% had some other computer.

	Percent
Desktop or laptop	81.2
Smartphone	71.9
Tablet or other portable wireless computer	57.1
Other computer	2.8

Source: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2019/report.php?geotype=state&state=50

Connectivity

Another long-standing challenge for Vermonters is digital connectivity. Connectivity challenges appear in part, due to the rural nature of Vermont, but also because of access and affordability of the internet, and limited capacity and number of devices. While these challenges might have previously been a hardship, now connectivity is a necessity. With many services, resources, and supports moving into a virtual space due to the COVID-19 pandemic, families unable to connect digitally have limited or no access to education, telehealth, and socialization. **Broadband access across the state varies and is largely aligned with population density, with higher density areas having higher levels of access.**[36]

Source: https://477l7snyayj49hh0r38uhcgo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Education

Education Level of Vermonters

92.7% of Vermonters over 25 have at least graduated from high school. 38% have a Bachelor's degree or higher.

The total school enrollment in Vermont was 145,649 in 2015-2019. Nursery school enrollment was 9,325 and kindergarten through 12th grade enrollment was 87,149. College or graduate school enrollment was 49,175.

	Percent
Less than High school diploma	7.3
High school diploma or equivalency	28.8
Some college, no degree	17.1
Associate's degree	8.7
Bachelor's degree	22.5
Graduate or Professional degree	15.5

Source: https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2019/report.php?geotype=state&state=50

Adult Educational Attainment Level

	Addison	Chittenden	Franklin	Grand Isle	State of Vermont
ACS 5-yr Estimate 2014-2018	74.7%	70.8%	77.2%	64.5%	71.5%

Source: ACS 5-yr Estimate 2014-2018, Percentage of people over the age of 25 who have graduated from high school

Percentage of CVHS families by level of education

	Less than HS graduate	High School Graduate (includes equivalency)	Associate degree, vocational school, or some college	Advanced degree or baccalaureate degree
CVHS PIR 2019 HS	23.53%	37.5%	30.88%	7.72%
CVHS 2019 PIR EHS	16.67%	47.62%	35.71%	0%
CVHS 2019 PIR EHS CCP	15.56%	40%	31.11%	13.33%

Source: KidsCount Data Report, Annie E. Casey, https://datacenter.kidscount.org/data/tables/10233-adults-age-25-and-older-who-have-graduated-from-high-school-or-higher?loc=47&loct=5#detailed/5/6798,6801,6803-6804/true/1692,1691,1607,1572,1485,1376,1201,1074,880,815/any/19800, Champlain Valley Head Start, Program Information Reports for Head Start, Early Head Start, and Early Head Start – CCP grants

Education Level by Place of Birth

Vermonters are much more likely to have less than HS graduate if they were born outside of the US. CVHS serves a higher proportion of people born outside the US.

	Less than HS graduate	High School Graduate (includes equivalency)	Some college or associate's degree	Bachelor's degree	Graduate or professional degree
Born in Vermont	8.43%	40.26%	27.37%	16.90%	7.04%
Born in another US state	4.19%	20.38%	24.49%	27.58%	23.36%
Foreign Born	21.16%	19.47%	18.18%	21.99%	19.20%

Source: United States Census, American Community Survey, Table B06009, Percentage of people over the age of 25

Poverty Rate by Educational Attainment

Poverty seems to correlate with lower educational attainment. A significant percentage of CVHS families have less than high school graduate (or equivalency).

	Less than HS graduate	High School Graduate (includes equivalency)	Some college or associate's degree	Bachelor's degree	Graduate or professional degree
Poverty Rate	27.5%	10.3%	9.0%	3.8%	N/A

Source: United States Census, 2019 ACS-1 year estimates, Table S1501, Percentage of people over the age of 25

Functional Literacy Levels

The American Academy of Pediatrics' 2016 report, Poverty and Child Health in the United States, states that one of the key ways to ameliorate the effects of child poverty is by providing access to comprehensive health care. Also included is access to early childhood education. EHS/HS programs address both of these.

Source: https://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339

Health literacy, the ability to get and use basic health information and access services, is critical to good health. 60% of U.S. adults who receive Medicaid would have difficulty with basic health activities such as following directions on prescription medication, or understanding their child's immunization schedule according to a 2003 U.S. Department of Health & Human Services report. Children with parents who have limited literacy skills are more likely to have decreased access to primary preventative care, to have unmet health needs, and to more frequently utilize the emergency room unnecessarily (American Academy of Pediatrics, Sanders, et al, 2009). The Fletcher Allen Health Care Community Health Needs Assessment 2013, also highlights the additional health literacy barrier for new Americans due to language. Community leader interviews noted, "They cannot understand their health care provider, to say nothing of the health care or insurance systems." This same assessment found a high need for transportation for accessing health care services.

HEALTH

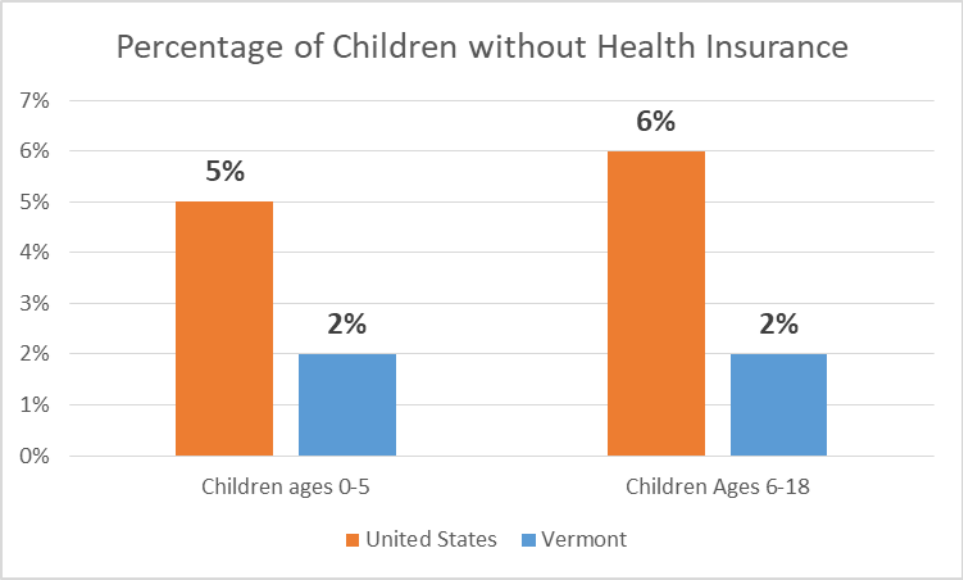
Physical Health

Health Insurance

56.7% of Vermont children ages 0-18 were enrolled in Medicaid/CHIP (Dr. Dynasaur) according to data from Voices for Vermont's Children from 2015-2017. Dr. Dynasaur covers children from families with incomes up to 300% of the Federal Poverty Level (FPL). Participation by eligible children in Dr. Dynasaur was at 98.7% in 2015 based on data from www.insurekidsnow.gov. Approximately 98% of VT children are covered by health insurance, compared to 95% nationally (www.datacenter.kidscount.org). 99.5% of CVHS-enrolled children have Dr. Dynasaur health coverage (2021 CVHS PIR Data). Availability and accessibility of health insurance for children is a significant strength in Vermont.

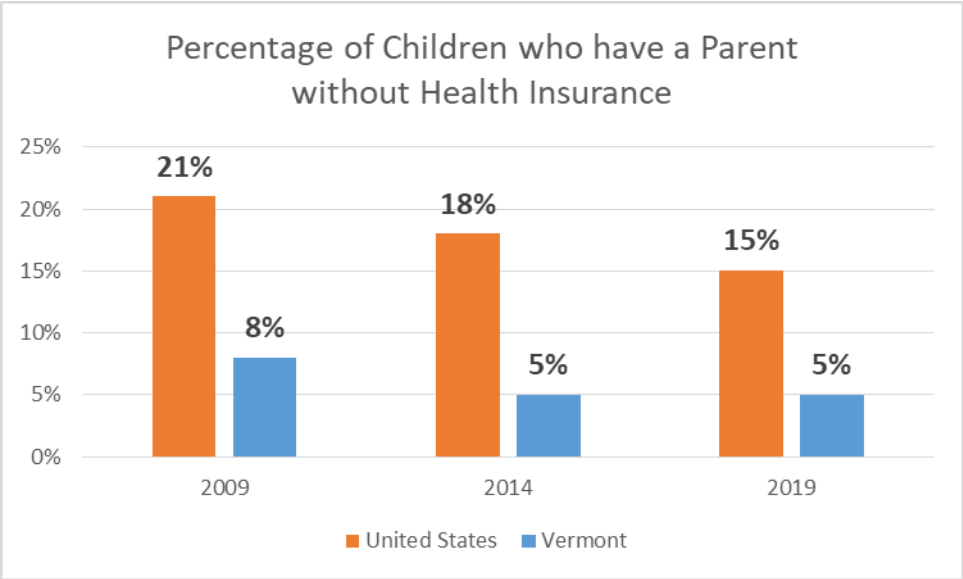
Adults with incomes up to 138% of the FPL are also eligible for Medicaid health insurance, as are pregnant women with incomes up to 208% of the FPL. Pregnant women continue with benefits, including 100% coverage of dental, up to 60 days post-delivery. There has been a 47% reduction in the uninsured rate from 2013 to 2015 in Vermont due to increased coverage from the Affordable Care Act. Prior to ACA implementation, 7.2% of Vermonter's were uninsured. By 2015, the rate was 3.8%, the 2nd lowest uninsured rate in the country. In 2017, 4.6% of Vermont residents were uninsured (www.healthinsurance.org). Access to Medicaid health insurance for adults is also a strength in Vermont.

Children without Health Insurance



Source: https://datacenter.kidscount.org/, 2019

Children Who Have a Parent without Health Insurance



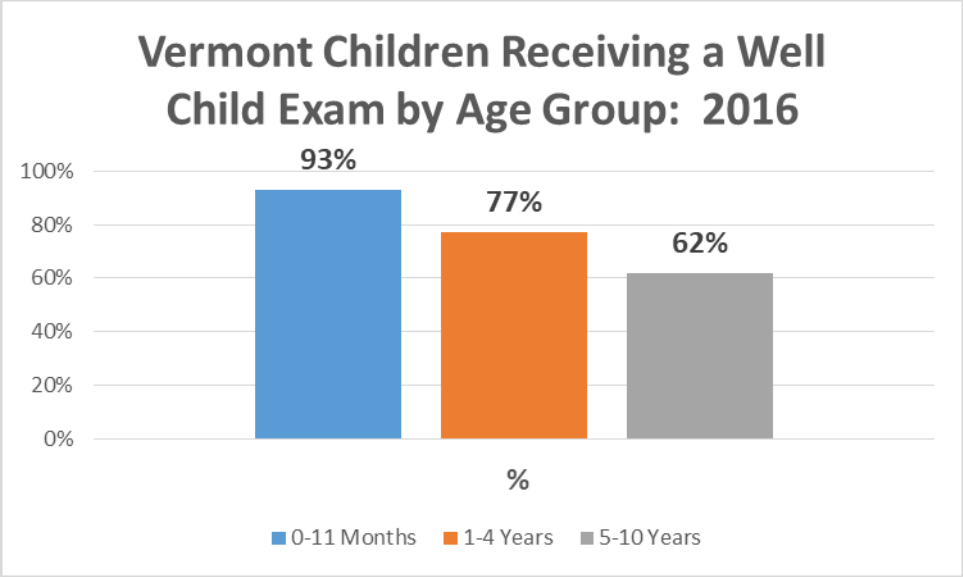
Source: https://datacenter.kidscount.org/, 2019

Well Child Exams

2017 data from the Child Trends Databank show that well child exams track inversely with income, highest level of parental education, and child's age.

82% of children whose parent(s) did not complete high school, or a GED, had a well child exam in the previous year. Completing high school, or a GED, moved that percentage to 88. 89% of children whose parents had some college completed a well child exam, and 95% of children who parents had a 4 year degree had an annual well child exam. Data from 2013 showed that children with a foreign-born parent had lower rates of well child exams: 83% for children of foreign-born parents, versus 92% with no foreign-born parent.

Source: *https://www.childtrends.org/indicators/well-child-visits*

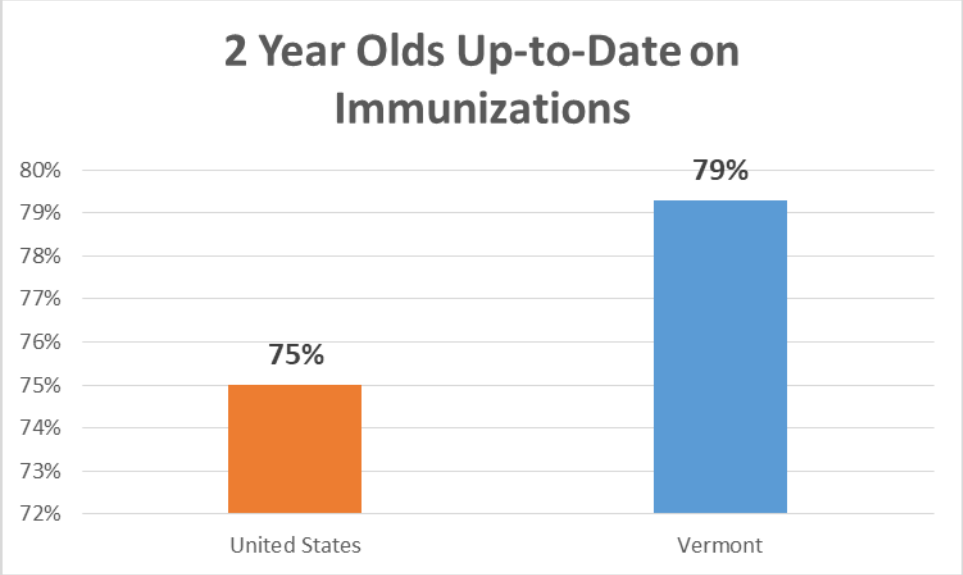


Source: Building Bright Futures - 2018 How are Vermont's Young Children and Families? *https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2019/01/BBF-2018-HAVYCF-FINAL-SINGLES-1.pdf* *(2016)*

Immunizations

2 Year Olds Up-to-Date on Immunizations

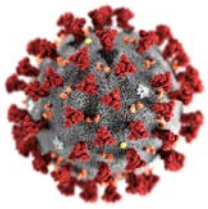
One of Vermont's 3 state health improvement goals is to improve childhood immunization rates. A person who is fully immunized is protected against vaccine preventable disease or severe illness, and helps protect the community from disease outbreaks.



Source: https://datacenter.kidscount.org/, 2018

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

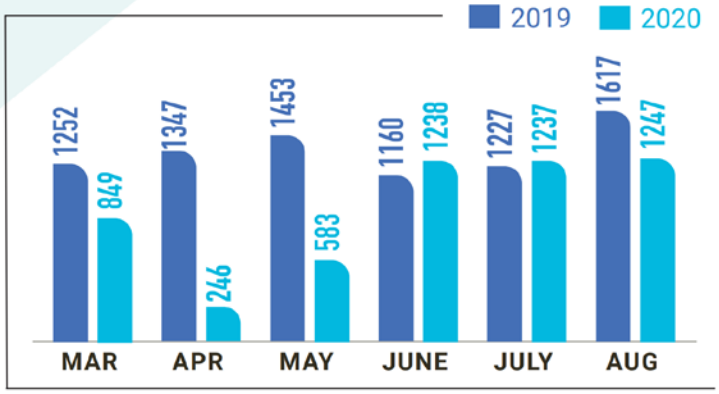
COVID-19 Implications for Immunizations



Immunizations

As can be seen in ***Figure 4***, in March, April, May and August of 2020, there were far fewer vaccine doses given to children between 4 and 6 years than in the corresponding months of 2019.[15] Routine care and immunizations are a key strategy for prevention of disease and promotion of well-being.

Figure 4[15] Vaccine Doses Reported by Month: Children 4-6 Yrs



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Overweight & Obese

Overweight & Obesity in WIC participants- children ages 2-5, by WIC District Office		
District	Overweight (85th - 95th %ile)	Obese (>95th %ile)
Statewide	16.3%	13.5%
Burlington	15.2%	10.4%
Middlebury	15.8%	14.6%
St. Albans	20.1%	15.8%

Source Vermont State WIC, 2019 https://www.healthvermont.gov/sites/default/files/documents/pdf/cyf-WIC-Infant-Child-Weight-2020April-Final.pdf

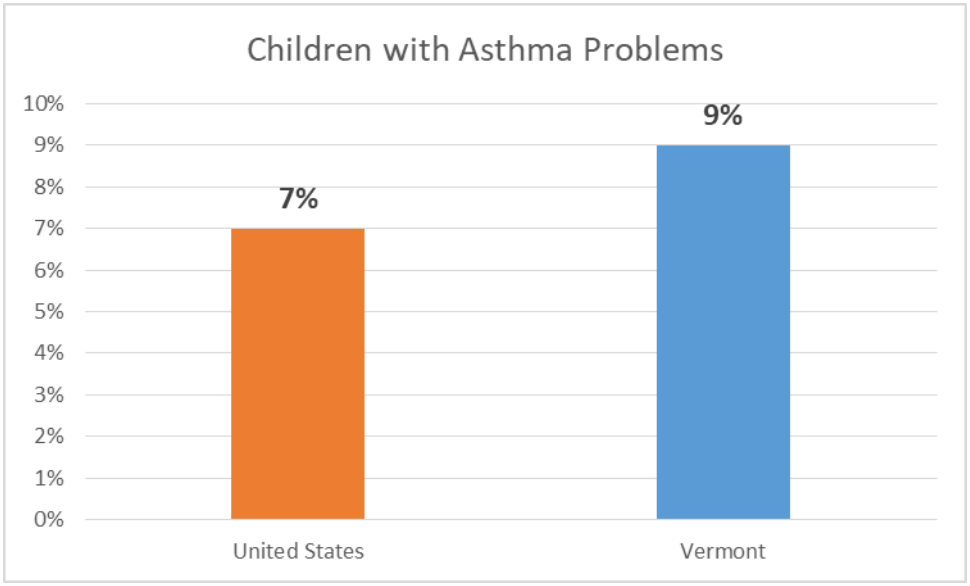
Blood Lead Levels

Although lead levels have dropped since 2006, there is no safe level of lead. High levels of lead may result in learning difficulties, behavioral problems, reduced intelligence and developmental delays. Lead exposure from prenatal to age six poses serious long-term health consequences, such as learning disabilities, behavioral challenges, reduced cognitive abilities and poisoning. Early childhood exposures to lead bring about a degradation in learning potential (Early Childhood Lead Exposure and Academic Achievement: Evidence from Detroit Public Schools, 2008-2010, American Journal of Public Health, March 2013, AJPH). The odds of scoring "less than proficient" on academic achievement tests in 3rd, 5th and 8th grade are twice as high for those with early childhood lead levels above 10 µg/dl compared to those with levels at 1 µg/dl or lower. Increased probability of "less than proficient" scores was also significant at blood lead levels between 5-9 µg/dl. Lead paint and dust from older homes are the primary means of exposure for young children. Housing that was built prior to 1978, the year that a ban on lead paint was implemented, makes up 70% of Vermont's housing stock.

Year	1 Year Olds Tested	1 Year Olds with Elevated Lead Levels	2 Year Olds Tested	2 Year Olds with Elevated Lead Levels
2006	80%	19%	44%	23%
2016	78%	7%	68%	5%

Source: Vermont State Health Assessment 2018
https://www.healthvermont.gov/sites/default/files/documents/pdf/5%20Child%20%26%20Family%20Health_0.pdf

Asthma



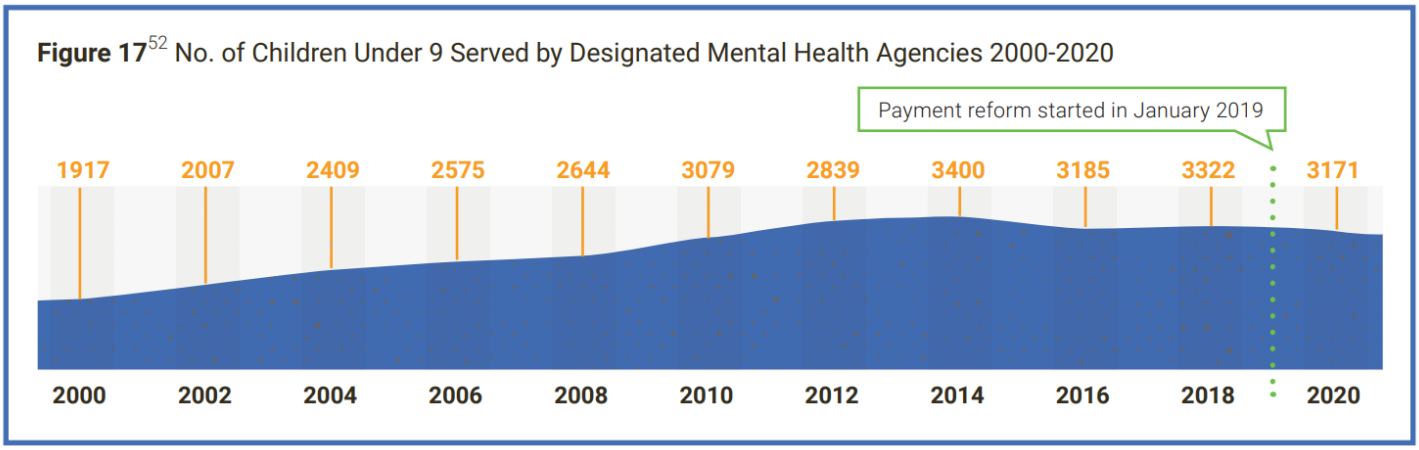
Source: https://datacenter.kidscount.org/, 2017-2018

Mental Health

Vermont's Mental Health System

Vermont's mental health system has multiple levels of intervention for children including: routine outpatient services, crisis services such as short term inpatient care, and longer term residential treatment.

Since 2000, Vermont's mental health system has seen a consistent increase in the number of young children accessing routine services from Designated Mental Health Agencies. In 2020, 3,171 children accessed mental health services from one of Vermont's Designated Agencies.



Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

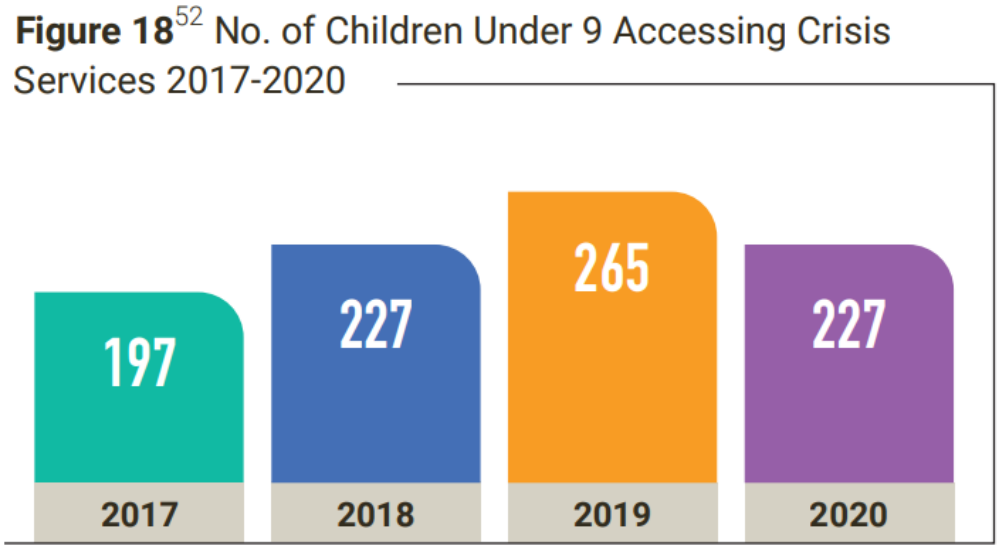
Children's Mental Health Conditions

Children's mental health conditions include depression, anxiety, attention and behavioral concerns; 6% of children under 3, 9% of children 3 to 5, and 20% of children 6 to 8 have a behavioral, emotional or mental health condition.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Children Accessing Crisis Services

While the use of crisis services is not as high as the number of children being served by Designated Agencies, there has been a striking increase since 2017. In 2019, 265 children under the age of 9 used crisis services. Of note, data is not available on the current need for either service; only utilization of services.



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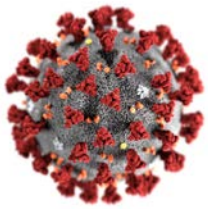
When longer term treatment is warranted, children are placed in the care of licensed residential programs. In 2020, out of 349 children ages 21 and younger in residential care, 22 children were under the age of 9.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

COVID-19 Implications for Children Accessing Crisis Services

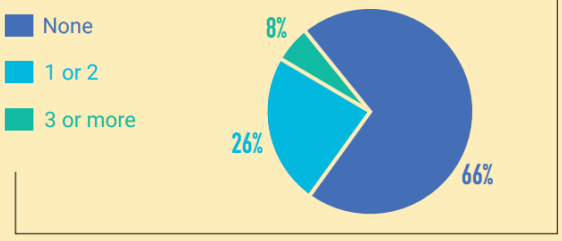


Although presented above 2020 data may be an outlier due to the COVID-19 pandemic.

Children Who Have Experienced ACES

In Vermont, children are exposed to adverse childhood experiences (ACEs) at a similar rate to children nationally with over a third of children under nine experiencing at least one adverse childhood experience. Despite existing efforts, only about half of Vermont's children six months to five years old meet all characteristics of flourishing as defined by the National Survey of Children's Health, and just 20% of older children between the ages of six and eight meet all the defined flourishing characteristics.

Source: Vermont Early Childhood Needs Assessment 2020

> Living in strong families within supportive communities provides the foundation for long-term child health and well-being and the ability to overcome adversity. However, toxic stress can affect anyone, and children are no exception. When children experience trauma and toxic stress in their early years, it can negatively impact their current and long-term physical and mental health if not buffered by nurturing and supportive relationships.
>
> Toxic stress, and resilience; the capacity to thrive, individually and collectively, in the face of adversity - are difficult to measure. Below are three indicators that Vermont is currently using to inform policy and practice.
>
> The **Adverse Childhood Experiences (ACEs)** score is one of the most common indicators used to measure exposure to toxic stress and childhood adversity. In Vermont, **over one quarter of children under 9 experience at least one adverse childhood experience *(see Figure 9)***. *The four most common ACEs in Vermont are living in a home where it is hard to cover basic needs (18%), experiencing the divorce of a parent or guardian (17%), living with someone with substance use disorder (9%), and living with someone who has a serious mental health challenge (6%).*[36] Of note, this measure fails to account for factors which mitigate or exacerbate toxic stress.
>
> The **Flourishing** indicator from the National Survey of Children's Health measures characteristics of children that are associated with resilience. Parents and caregivers are asked whether their young children (6 months to 5 years) 1) are affectionate and tender, 2) if they bounce back quickly when things don't go their way, 3) if they show interest and curiosity in learning new things, and 4) if they smile and laugh a lot. As can be seen in ***Figure 10***, **1 in 3 of Vermont's children six months to 5 years exhibit two or fewer flourishing characteristics.**[37] **For older children (6-8) that number jumps to more than half (54%) of children who meet either one or no flourishing characteristics.**[38]
>
> **Figure 9**[36] Adverse Childhood Experiences for Children Under 9
>
> 
>
>
> **Figure 10**[37] Flourishing Characteristics for Children 6 Months to 5 Yrs
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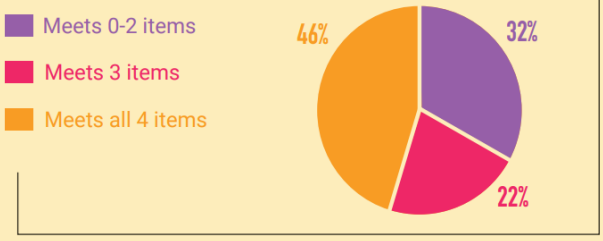
> 
>

The Child and Adolescent Needs and Strengths (CANS) assessment is in use for children involved with DCF and will soon include all children being served by Designated Agencies. Of children assessed in Vermont in 2019, 89% have a history of trauma, 40% report having a connection to their community, and just over half report having a stable caregiver in their lives.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Oral Health

Only 56.2% of Vermont's community water supplies are fluoridated, versus a national average of 72.4%.

Fluoridated community water supplies are considered to be one of the top ten public health achievements in the 20th century, saving $38 in dental costs for every $1 spent on fluoridation. Only 56.2% of Vermont's community water supplies are fluoridated, versus a national average of 72.4%.

Source: *https://www.healthvermont.gov/about/performance/state-health-improvement-plan-2019-2023-scorecard*

Children's oral health needs are affected by many factors: availability of dentists, including pediatric dentists and other specialty providers; insurance coverage; education level of parents; socioeconomic status; community water fluoridation status; and frequency of preventative dental visits. In American Academy of Pediatric Dentists' "The State of Little Teeth", it is noted that by age 3, 5-10% of US children have oral health issues. By the age of 6, about 60% of children have had caries at some point, and 40% will have them when they enter kindergarten. The percent of untreated decay varies inversely with family income, from 9% for children in higher income families, up to 28% for children living in families with the lowest incomes. Children from families with the lowest incomes also miss the most days of school annually due to dental problems, with an average of 14 days missed per 100 children. Children from the highest income category miss an average of less than 1 day per 100 children annually.

Source: *https://www.aapd.org/assets/1/7/State_of_Little_Teeth_Final.pdf*

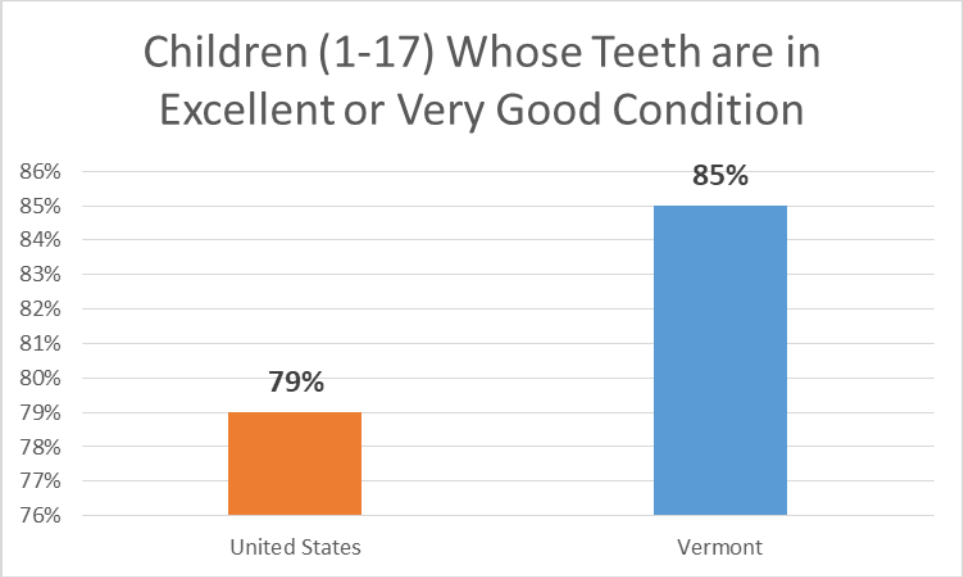
A declining population of dentists in Vermont, along with a limited number of dentists who accept Medicaid patients, creates access problems for families with low income.

The 2017 Vermont Department of Health Dentist Survey – March 2018 (VDHDS) found that there were 299 general and 14 pediatric dentists in the state. 48% of dentists in the state were 55 years old or older. 24% were 65 and older. The same report also indicated that in 2017, only 60% of dentists in Vermont accepted new Medicaid patients, a drop from 69% in 2011. The ratio of dentists per 100,000 population by county ranged from 46.5 in Chittenden County, to 35.1 in Franklin, 34.1 in Addison, and 11.3 in Grand Isle. In addition, Vermont's Office of Oral Health completed a dental practice survey of Medicaid providers and asked at what age they recommended children be seen for the first dental appointment. Survey results showed 44% for age 1, 21% for age 2, 31% for age 3, and 4% for ages 4 or older. Many dental providers will not see 1 year olds.

Source: *https://www.healthvermont.gov/sites/default/files/documents/pdf/dds17bk.pdf*

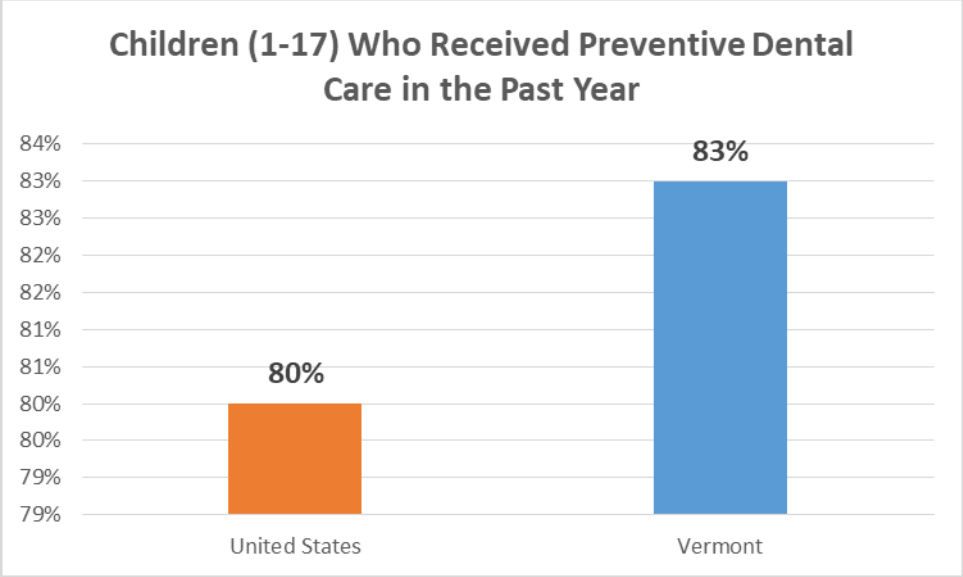
On a positive note, primary cities and towns in the CVHS catchment areas now all have dental providers who will accept 1 year olds with Medicaid/CHIP insurance. Unfortunately, 2 of the 4 primary dental providers for CVHS children are currently understaffed, causing significant delays in routine scheduling. Both providers are actively working to hire additional staff.

Children (1-17) Whose Teeth are in Excellent or Very Good Condition



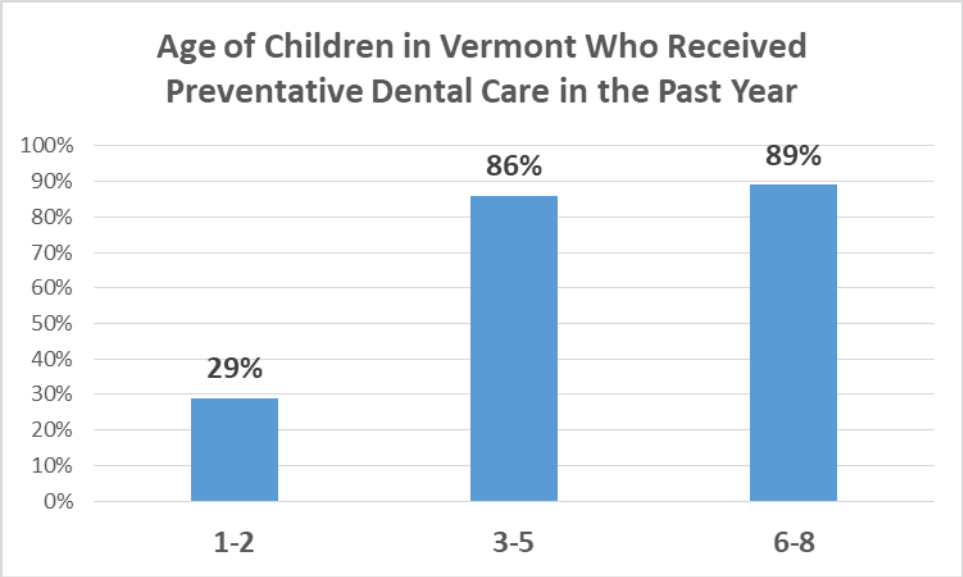
Source: https://datacenter.kidscount.org/, 2017-2018

Children (1-17) Who Received Preventive Dental Care in the Past Year



Source: https://datacenter.kidscount.org/, 2017-2018

Age of Children in Vermont Who Received Preventative Dental Care in the Past Year



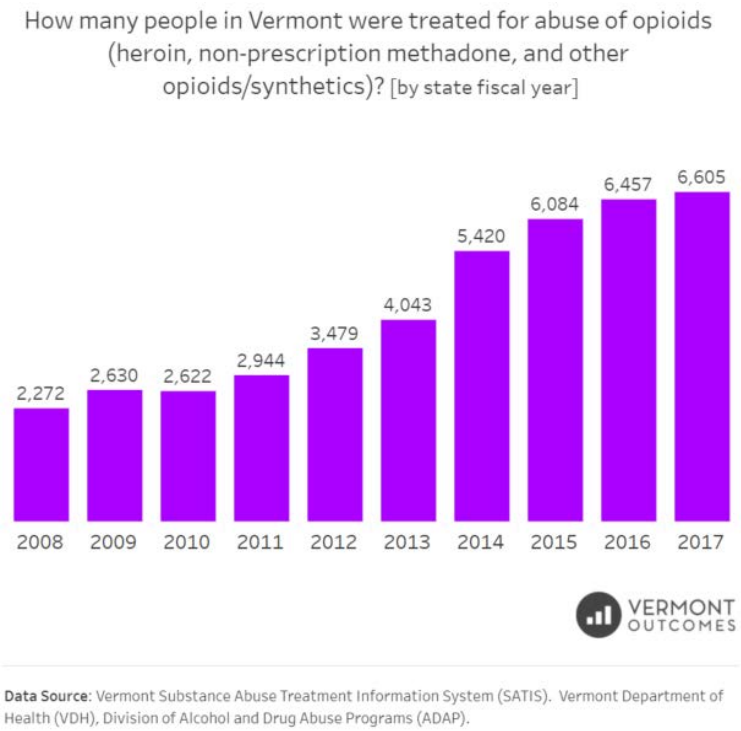
Source: https://vermontinsights.org/19-dental-care/?f=menu&i=2, 2019

Substance Use

Data Source: Vermont Substance Abuse Treatment Information System (SATIS). Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP).

Opioid Abuse

The number of Vermonters who were treated for opioid abuse nearly tripled from 2008 to 2017.



Vermont's Opioid Use Disorder Treatment System

"Hub and Spoke" is Vermont's system of Medication Assisted Treatment (MAT), supporting people in recovery from opioid use disorder. This framework efficiently deploys OUD expertise and helps expand access to opioid use disorder treatment for Vermonters.

Hubs: Nine regional Hubs offer intensive, daily support for patients with complex addictions. Hubs are Opioid Treatment Programs, with expanded services and strong connections to area Spokes. There are currently nine Hubs in Vermont. Each Hub is the source for its area's most intensive opioid use disorder treatment options, provided by highly experienced staff. Hubs offer the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery. Hubs provide all elements of MAT, including assessment, medication dispensing, and individual and group counseling. Additional Health Home supports are made available at Hubs through the Hub & Spoke staffing and payment model. These include case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services.

Spokes: An additional 75 local Spokes offer ongoing opioid use disorder (OUD) treatment fully integrated with general healthcare and wellness services. Spokes provide ongoing treatment in community settings. The Spokes are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addictions programs, and practices specializing in chronic pain.
Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_SFVT_MIECHV%20Needs%20Assessment.pdf

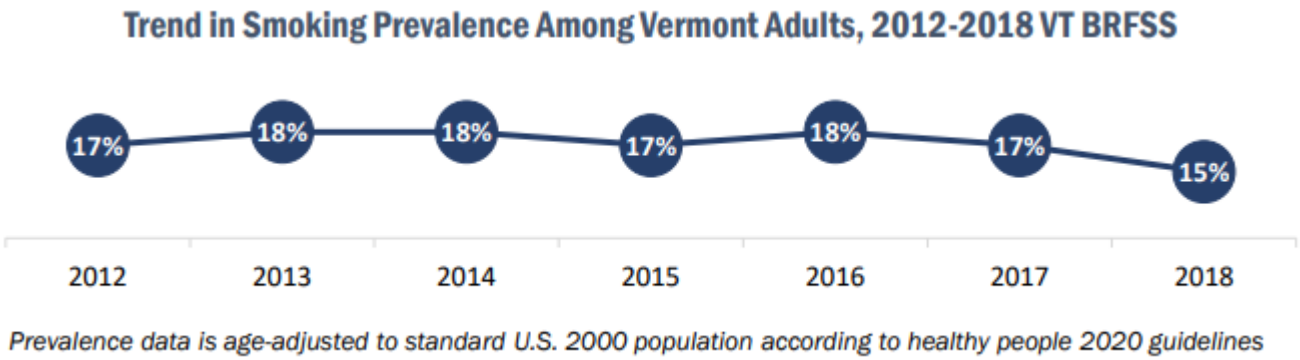
Alcohol Abuse

Data Source: Vermont Substance Abuse Treatment Information System (SATIS). Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP).

Cigarette Use

Adult smoking prevalence in Vermont declined by 19% between 2016 and 2018.

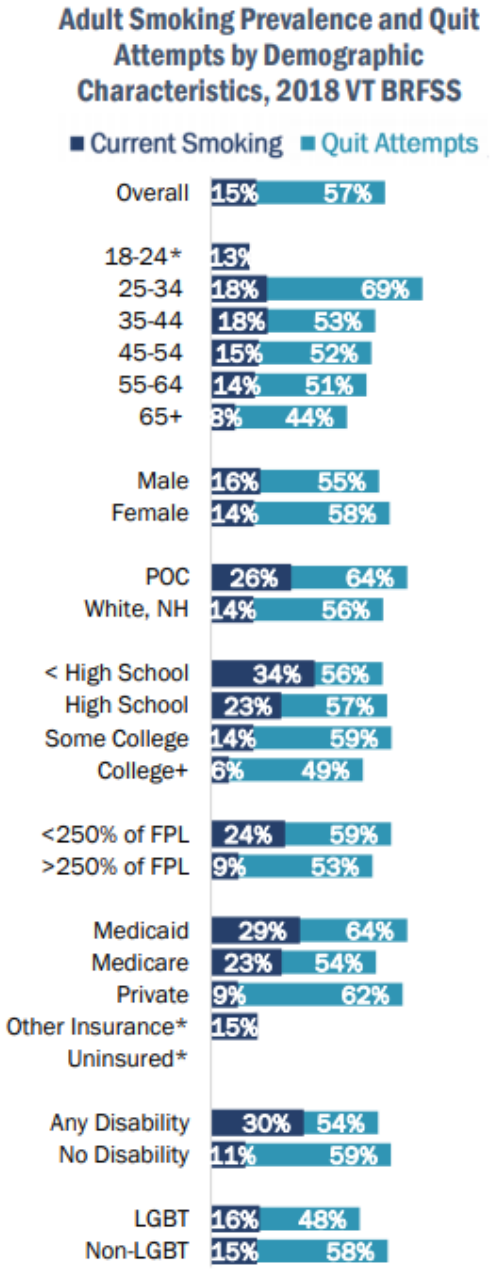
In 2018, 15 in 100 adult Vermonters (67,400) were current cigarette smokers and 2.6% of Vermonters (12,900) were smokeless tobacco users.



Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_Tobacco_BRFSS_Brief_2018.pdf

Smoking rates among VT adults significantly differ by age, race, education, income, insurance, and disability status.

Native Americans smoke at three times the statewide rate. Adults living in households with income below 250% of the federal poverty level (FPL) have significantly higher smoking rates (24%) than those in households with income above 250% FPL (9%). Smoking rates are significantly higher in adults with less than a high school education (34%) compared to adults with college education (5.9%).



Source: https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_Tobacco_BRFSS_Brief_2018.pdf

VI. Children with Disabilities

Vermont's 2020 Early Childhood Needs Assessment identifies gaps in early childhood data.

BBF survey respondents identified a number of system-wide gaps in data, including:
1) a need to use proxy data because needed data is unavailable;
2) limited longitudinal outcomes data from and about statewide systems;
3) limited demographic data about children in Vermont who participate in programs; and
4) limited data about children with disabilities by town or geographic region.

The Needs Assessment reports variability in access to services and resources exists regionally and statewide for subpopulations of children (e.g. children with disabilities and special health care needs, children residing in families experiencing poverty, children living in rural areas, etc.). More data is required to understand which children and families are not able to access needed services, supports, and resources. This highlights a gap in Vermont's EC data infrastructure. This data is necessary to ensure that EC programs are truly accessible for each and every child in Vermont, and to advance an equitable and inclusive EC system. (p.16)

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/Final-Vermont-Early-Childhood-Needs-Assessment-2020.pdf

Children with Disabilities in the CVHS Service Area

3,047 children ages 0 to 5 received services under the Individuals with Disabilities Education Act (IDEA) Part C or Part B Section 619 in October 2019.

Source: Page 21 https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/Final-Vermont-Early-Childhood-Needs-Assessment-2020.pdf

Number of Children Receiving IDEA Part C or Part B Services (2018)					
	Addison	Chittenden	Franklin/ Grand Isle	CVHS Service Area	State of Vermont
Aged Birth-1	4	20	8	32	115
Aged 1-3	58	265	94	417	1,063
Aged 3-5	72	525	268	906	2,005
Total Aged Birth-5	134	810	370	1,314	3,183

Source: Birth-through age 2 Part C Child Count, https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/CIS-Determinations-Data.pdf
Source: Age 3-5, Data provided by Brandon Dall, IDEA Data Specialist, Vermont AOE in response to a state data request. Data above is SY 2018

The number of children with IFSPs in the CVHS service area has been increasing over the past few years.

Based on the most recent data available, we estimate there are 417 children from birth to three years in the service area with an IFSP. In 2020-2021, CVHS has served 15 EHS & EHS-CCP children with an IFSP to date.

Number of Infants and Toddlers on an Active One Plan on December 1, 2015 - 2018					
	Addison	**Chittenden**	**Franklin/Grand Isle**	**CVHS Service Area**	**Statewide**
2015	43	227	82	352	896
2016	34	245	86	365	959
2017	54	271	97	422	1048
2018	58	265	94	417	1063

Source: https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/CIS-Determinations-Data.pdf

Number of Children with an IEP by Supervisory Union/School District				
Supervisory Union/ School District	State Year			
	2016-17	2017-18	2018-19	2019-20
Addison County				
Mount Abraham	18	22	22	23
Addison Northwest	13	12	13	18
Addison Central	17	38	15	46
Chittenden County				
Colchester	63	65	64	67
Milton	60	73	68	75
Chittenden East	61	63	61	55
Champlain Valley	33	66	73	65
Burlington	65	114	114	98
South Burlington	97	53	54	65
Winooski	50	32	40	41
Essex Town	43	59	52	59
Franklin & GI Counties				
Franklin Northeast	33	32	43	58
Franklin Northwest	62	61	52	54
Franklin West	48	61	63	49
Maple Run	79	81	88	87
Grand Isle	26	33	27	30
Source: Data provided by Brandon Dall, IDEA Data Specialist, Vermont AOE				

Currently Enrolled CVHS Children with Disabilities

	Addison	Chittenden	Franklin/ Grand Isle	Champlain Valley Head Start
Aged Birth-3	4	6	3	13
Aged 3-5	2	22	9	33
Total Aged Birth-5	6	28	12	46

Source: ChildPlus report 3501 run February 2021

Types of Disabilities

Vermont uses the category 'Developmental Delay' in most cases. This makes the number of IEPs with 'Autism' and 'Speech or Language Impairment' as the disability category appear low compared to the national numbers.

The Early Education Program Manager for the Vermont Agency of Education has indicated that children found eligible for special education services by EEE are generally listed under the category of Developmental Delay (See 2360.5.3 and 2361 VT DOE Special Ed regulations for additional detail) or Medical Diagnosis.

CWDs (IDEA) Ageds 3-5

Disability Category	Vermont	US
All disabilities	100.0%	100.0%
Autism	**2.3**%	**8.9**%
Deaf-blindness	0.0%	0.0%
Developmental delay*	**93.7**%	**37.0**%
Emotional disturbance	0.1%	0.4%
Hearing impairment	0.2%	1.2%
Intellectual disability	0.1%	1.9%
Multiple disabilities	0.5%	1.1%
Orthopedic impairment	0.0%	0.8%
Other health impairment	1.3%	3.1%
Specific learning disabilities	0.2%	1.4%
Speech or language impairment	**1.5**%	**43.7**%
Traumatic brain injury	0.0%	0.1%
Visual impairment	0.1%	0.4%

*The percentage represents a distribution of children with disabilities (IDEA) by disability category for age ranges 3 through 5 and 6 through 21 (excluding children reported in the category of developmental delays). For this calculation, the denominator is all children with disabilities (IDEA) for the specified age range, excluding developmental delays for ages 6 through 21. Data reported for IDEA 2014 Child Count and Educational Environments. National data represent the US, Outlying Areas, and Freely Associated States.

Source: https://education.vermont.gov/sites/aoe/files/documents/edu-data-vermont-state-special-education-profile-2016.pdf, 2016

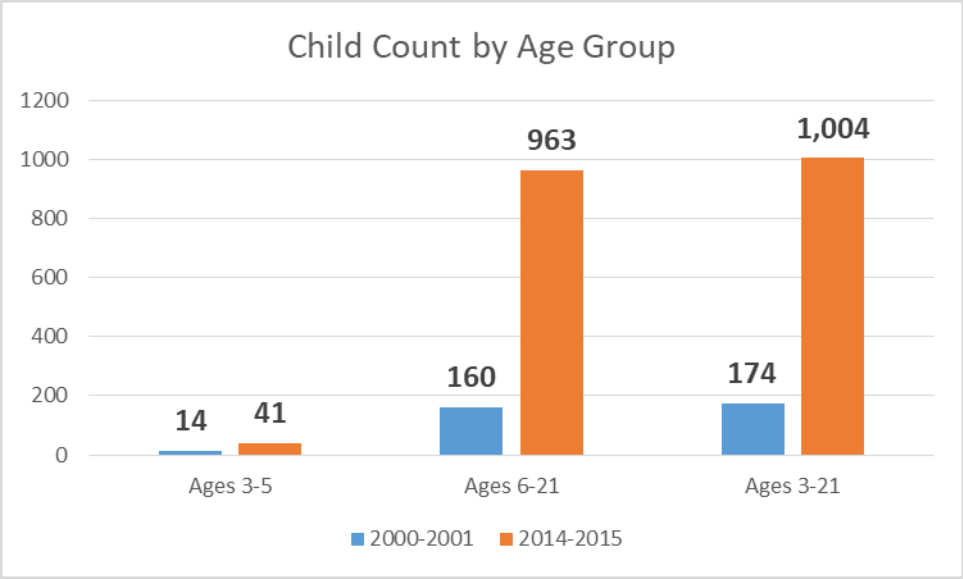
Children with Autism Diagnosis

In Vermont, over the past eight years, the number of children with autism spectrum disorder has grown an average of 20% per year.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/Final-Vermont-Early-Childhood-Needs-Assessment-2020.pdf

In 2014, CDC released estimates indicating that about 1 in 68 children has been identified with ASD (or 14.7 per 1,000 8-year-olds). In March 2016, a new report indicated that rates continued to hold at an estimated 1 in 68 (14.6 per 1,000) school-aged children identified with autism spectrum disorder (ASD). Although the CDC reports show essentially no change in ASD prevalence in these two reports, it is considered too soon to know whether ASD prevalence in the United States might be starting to stabilize. CDC will continue tracking ASD prevalence to better understand changes over time. CDC research finds that even though ASD can be diagnosed as early as age 2 years, most children are not diagnosed with ASD until after age 4 years. The median age of first diagnosis by subtype is as follows.

- Autistic disorder: 3 years, 10 months
- Pervasive developmental disorder-not otherwise specified (PDD-NOS): 4 years, 1 month
- Asperger disorder: 6 years, 2 months



Source: State of Vermont in accordance with Section 618 of IDEA to U.S. Department of Education, OSEP

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

Relevant Services & Resources Provided to Children with Special Needs by Community Agencies

Eligible children are provided early intervention services as outlined in their Individual Family Service Plan (IFSP) or Individual Education Program (IEP).

Relevant services and resources provided to children with special needs by community agencies			
Agencies			
CIS EI (ages 0-3)	ECSE (ages 3-5)	Additional Services and Supports for ASD	Vermont Family Network
– Assistive Technology – Audiology – Family Education and Training – Medical Evaluation – Nursing – Nutrition – Occupational Therapy – Physical Therapy – Psychology Services – Social Work – Speech – Transportation – Vision Services – Special Instruction Group – Special Instruction Individual – Respite	– Case Management – Team Meetings – Consultation – Developmental and Assistive Therapy – Occupational Therapy – Physical Therapy – Personal Care – Preschool – Social/emotional and adaptive skills intervention – Speech/language services	Vermont Child Development Clinic and UVM Autism Clinic: – diagnostic and follow up services Mental Health and Developmental Services Agencies home and community based services: – 1:1 Autism Behavior Interventionist – Behavior Specialist – Autism Specialist – Adaptive and Expressive Arts Program – Autism Family Support Consultation – Functional Life Skills Consultation – 24 hour Crisis Support Autism Support Daily: – Guidance, Support, and Information – Financial Assistance for medical, educational, or professional services	Statewide network of support and advocacy related to special education; Families are matched with trained parent volunteers who provide information, resources, and emotional support

Data Sources: Vermont AOE and DCF websites; Vermont State Profile compiled by L&M Policy Research published January 24th, 2014 (www.LMpolicyresearch.com)

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

IEP Services

In 2019, over 70% of children in Vermont received a majority of special education services in a regular early childhood program. The educational environment where children's services are provided varies widely by school district.

The Vermont State Performance Plan/ Annual Performance Report (SPP/APR) reports annual progress to the Office of Special Education Programs. Indicator 6 examines the percent of children with IEPs aged 3, 4, and aged 5 (who are enrolled in a preschool program) attending a:

A. Regular early childhood program and receive the majority of special education and related services in the regular early childhood program; or

B. Separate special education class, separate school, or residential facility attend and receive the majority of special education there.; or

C. Receive majority of special education and related services at home.

OSEP defines a regular education as a classroom including no more than 50% of children with disabilities. Regular education classrooms include Head Starts, Public Pre-K, Licensed Childcare Centers. Vermont consistently meets targets for providing services to children in the Least Restrictive Environment (LRE).

Source: Data provided by Katie McCarthy, IDEA Part B 619 Coordinator on March 18, 2021

Educational Environment for Children Ages 3-5 with IEPs 2019-2020 School Year

	Regular early ed > 10 hrs/week		Regular early ed < 10 hrs/week		Not attending programming	
	Services provided in program	Services provided in another location	Services provided in program	Services provided in another location	Services provided at home	Services provided at service provider location
Addison County						
Addison Northeast	11	***	0	0	***	0
Addison Northwest	13	***	***	0	0	0
Addison Central	40	***	***	0	***	***
Chittenden County						
Colchester	67	36	13	***	0	13
Milton	75	56	***	***	***	***
Chittenden East	55	38	***	0	***	***
Chittenden Central	65	42	11	***	***	***
Chittenden South	98	73	***	0	***	17
Burlington	65	41	17	***	0	***
South Burlington	41	26	***	***	0	***
Winooski	55	38	***	0	***	***
Essex Town	58	43	***	***	***	***
Franklin & GI Counties						
Franklin Northeast	41	***	***	0	0	***
Franklin Northwest	***	0	0	0	**39**	***
Franklin West	39	***	***	***	***	***
Maple Run	44	14	***	***	***	***
Grand Isle	21	***	***	***	***	0

*** Indicates a suppressed number less than 11

Source: Data provided by Brandon Dall, IDEA Data Specialist, Vermont AOE

IFSP Services

The Vermont Annual Performance Report (APR) reports annual progress on 8 indicators for Part C programs serving Birth through age 2.

Infants and toddlers who receive the early intervention services on their One Plans in a timely manner

Indicator 1 (Federal Target: 100%)					
	2014	2015	2016	2017	2018
Addison	97.37%	97.87%	89.13%	94.03%	100%
Chittenden	94.69%	85.71%	75.63%	79.95%	93.92%
Franklin & GI	100%	97.41%	96.74%	98.08%	99.41%
Statewide	97.14%	93%	88.08%	89.51%	96.66%

Infants and toddlers with One Plans who primarily receive early intervention services in the home or community-based settings

Indicator 2 (State 2018 Target: 97.3%)					
	2014	2015	2016	2017	2018
Addison	100%	100%	100%	100%	100%
Chittenden	99.62%	97.07%	99.20%	99.12%	99.62%
Franklin & GI	96.61%	100%	100%	98.92%	100%
Statewide	97.38%	96.54%	96.89%	95.38%	96.14%

Eligible infants and toddlers with One Plans for whom an evaluation and assessment and initial One Plan meeting were conducted within Part C's 45-day timeline

Indicator 7 (Federal Target 100%)					
	2014	2015	2016	2017	2018
Addison	97.37%	92.50%	94.23%	98.25%	97.30%
Chittenden	93.46%	76.89%	91.33%	87.31%	87.24%
Franklin & GI	100%	94.57%	98.08%	97.32%	97.69%
Statewide	96.62%	90.76%	95.98%	95.10%	95.09%

Source: https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/CIS-Determinations-Data.pdf

VII. CHILD CARE AVAILABILITY

SUPPLY

A majority of the privately operated prequalified programs are available in our region. Almost half of the available slots with licensed providers are in our region. Registered homes are not providing much of the capacity in our region.Additionally, there are many registered homes that are not providing services this year, due to Covid-19 There is a greater number of privately operated prequalified programs in our region. There is a significant lack of availability of infant and toddler slots throughout the state.

Total Number of Providers

Licensed Providers Serving Potentially Eligible EHS & HS Children

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	State of Vermont
Number of Licensed Providers	29	121	30	7	187	491
Number of Registered Homes	31	80	69	5	185	491
Total	**60**	**201**	**99**	**12**	**372**	**982**

Source: Vermont Department for Children and Families, Child Development Division

Universal Prekindergarten Education (PreK) in the CVHS Service Area

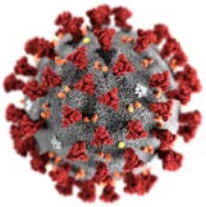
In 2014, Vermont passed Act 166, also known as the Universal Prekindergarten Education (PreK) law, which offers all 3 and 4 year-olds, and 5 year-olds not enrolled in Kindergarten up to 10 hours per week of publicly-funded PreK for 35 weeks of the academic year.

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	State of Vermont
Number of Prequalified Pre-K Programs – Public School	9	24	18	2	53	205
Number of Prequalified Pre-K Programs – Privately Operated	19	74	15	3	111	146
Total	**28**	**98**	**33**	**5**	**164**	**351**

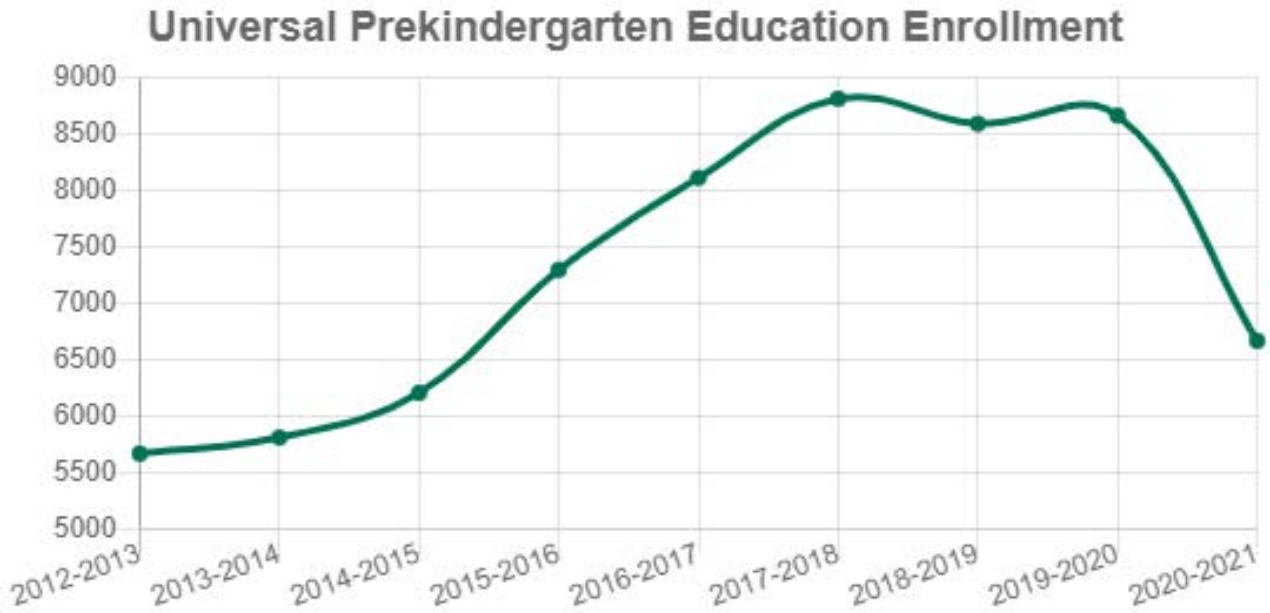
Source: Vermont Department for Children and Families, Child Development Division

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

COVID-19 Implications for Universal PreK



There are almost 2,000 fewer children enrolled in Universal Prekindergarten (UPK) this year compared to last year.



Source: https://vermontkidsdata.org/vecap-dashboard/all-children-and-families-have-access-to-high-quality-opportunities-that-meet-their-needs/development-and-education/number-of-children-enrolled-in-universal-prekindergarten-education/?fbclid=IwAR06G7KdcO9yPkNCDB1-9E_r8ddWFnakGKqg94cucVtXcAx9cHQD9F7bKv0

Capacity

Total Capacity

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	State of Vermont
Licensed Providers	721	5,183	592	141	6,637	15,356
Registered Homes	24	36	0	0	60	220
Total	**745**	**5,219**	**592**	**141**	**6,697**	**15,576**

Source: Vermont Department for Children and Families, Child Development Division

Total Capacity Infants

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	State of Vermont
Licensed Providers	97	1,063	28	24	1,212	2,443
Registered Homes	8	10	0	0	18	56
Total	**105**	**1,073**	**28**	**24**	**1,230**	**2,499**

Source: Vermont Department for Children and Families, Child Development Division

Total Capacity Toddlers

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	State of Vermont
Licensed Providers	96	984	24	16	1,120	2,306
Registered Homes	6	12	0	0	18	69
Total	**102**	**996**	**24**	**16**	**1,138**	**2,375**

Source: Vermont Department for Children and Families, Child Development Division

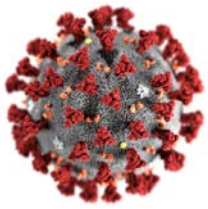
Total Capacity Preschool

	Addison	Chittenden	Franklin	Grand Isle	CVHS Service Area	State of Vermont
Licensed Providers	528	3,136	540	101	4,305	10,607
Registered Homes	10	14	0	0	24	95
Total	**538**	**3,150**	**540**	**101**	**4,329**	**10,702**

Source: Vermont Department for Children and Families, Child Development Division

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

COVID-19 Implications for Child Care Slots



Despite multiple challenges, Vermont didn't lose many child care slots in 2020. Vermont fared a lot better than the rest of the nation, because Vermont was quick to prioritize child care as essential.

Since the beginning of the pandemic, the state has invested $40.5 million in child care business stabilization funds, restart stipends, hazard pay and relief grants. Vermont is also likely to get an additional $12.5 million to $12.8 million for child care from the federal government's most recent round of Covid relief funding.

Source: https://vtdigger.org/2021/01/24/despite-multiple-challenges-vermont-didnt-lose-many-child-care-slots-in-2020/amp/

Approximate Number of Head Start-Eligible Children Served in Vermont

In FY18 Head Start programs provided services to over 1,810 children. 90% were 3- and 4-year-olds. In FY18 Early Head Start served 686 infants and toddlers and 58 pregnant women.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

DEMAND

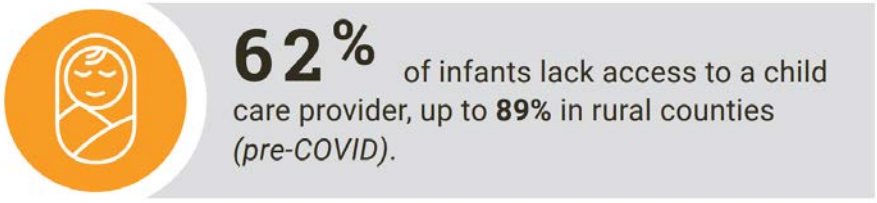
Children Likely To Need Care

Number of Children Likely to Need Care

The Needs Assessment confirmed that child care capacity remains a critical need, especially for infants and toddlers, in addition to identifying gaps for other vulnerable populations. The 2020 Stalled at the Start Report shows that 50% of all children up to age three who are Likely To Need Care (LTNC) lack a regulated EC program in their county or region, with 62% of infants lacking access, and up to 89% of infants lacking access in rural counties. Data from 2019 also showed that 30% of 3- and 4-year olds LTNC do not have access to regulated care programs. As this analysis is for full day, full calendar year child care, this data is not reflective of all access to UPK.

Vermont does not have enough child care openings to serve young children and their families. Currently, 67% of all children under age 5 who are likely to need child care will not have access to a high-quality (4 and 5 STARS), regulated program, and 39% have access to no regulated programs at all. The unmet need for infant care (infant is defined here as children between 1.5 and 23 months) is even greater, with 84% of infants who need care not having access to a high-quality, regulated program and 65% not having access to any regulated program at all. As children become toddlers (24 to 35 months), the need becomes less acute.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2019/01/BBF-2018-HAVYCF-FINAL-SINGLES-1.pdf



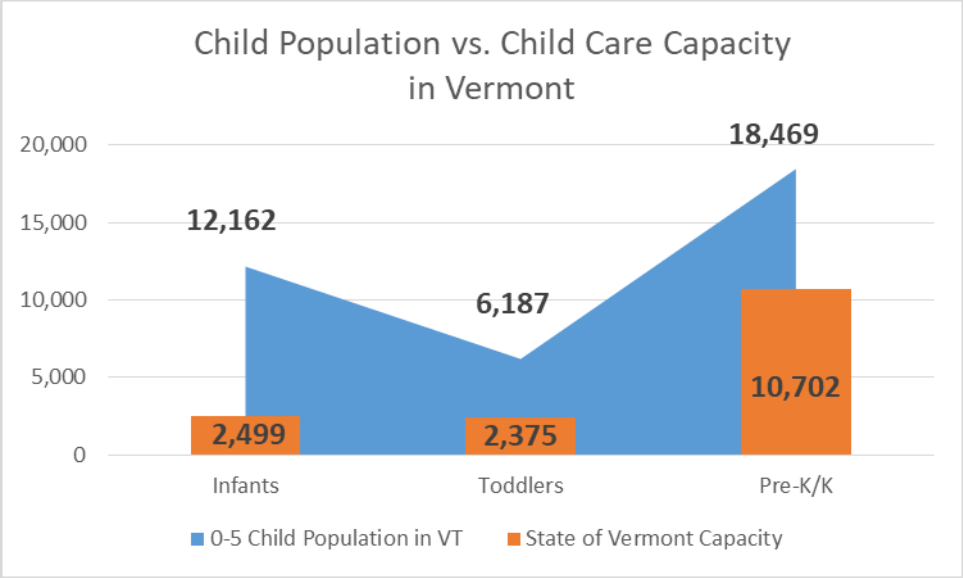
Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

In Addison County, 85% of infants likely to need care don't have access to high-quality (4- or 5-star) programs.

Source: https://letsgrowkids.org/client_media/files/pdf/StalledatStart2020.pdf

Vermont Population Compared to Capacity

		0-5 Child Population in VT	CVHS Service Area Capacity	State of Vermont Capacity
Infants	0	6,051	1,230	2,499
	1	6,111		
Toddlers	2	6,187	1,138	2,375
Pre-K	3	6,039	4,329	10,702
	4	6,253		
Pre-K/K	5	6,177		
Total		**36,818**	**6,697**	**15,576**



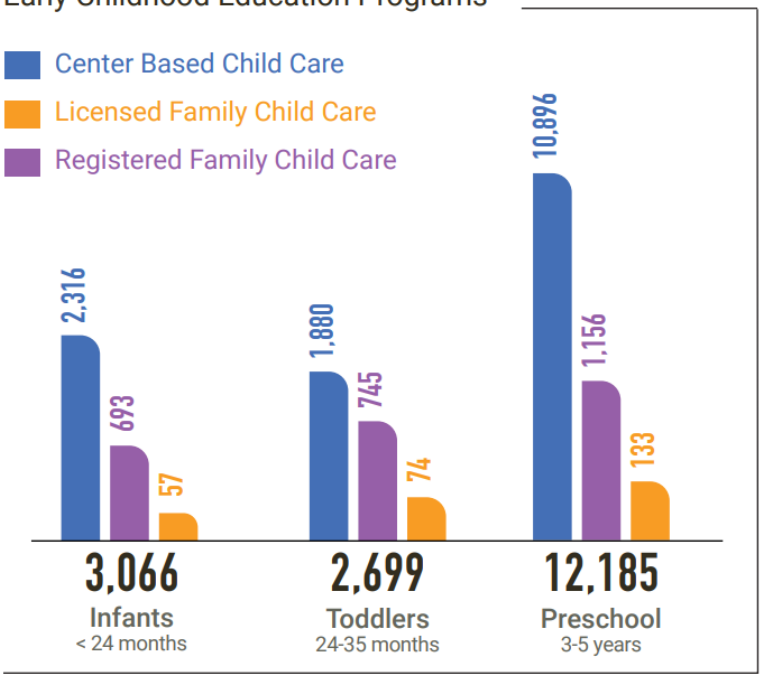
Source: Vermont Department for Children and Families, Child Development Division, and Annie E. Casey Foundation Kids Count Data Center Vermont Stats 2020

Enrollment

Vermont's early care and education system consists of a mix of licensed and registered family child care programs, center-based programs, and school-based programs for children 6 weeks to 5-year-olds not in kindergarten. ***Figure 21*** shows that **the vast majority (83%) of children are enrolled in Center Based Childcare programs, followed by Registered Family Child Care Programs (15%), and less than 2% of children enrolled in Licensed Family Child Care Programs**.[62] This does not include Universal Prekindergarten Education (UPK) through Act 166.

Like families across the country, many Vermont families with young children struggle to find regulated child care. **Of children who are likely to need care, 62% of infants, 27% of toddlers and 30% of preschool-age children do not have access to any full day, full year regulated child care programs. 78% of infants, 56% of toddlers and 51% of preschool-aged children do not have access to full day, full year high-quality child care programs.**[6]

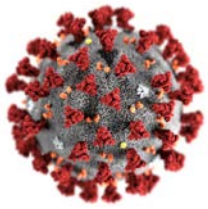
Figure 21[62] 2019-2020 Enrollment in Regulated Early Childhood Education Programs



Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

CHAMPLAIN VALLEY Head Start
A Program of Champlain Valley Office of Economic Opportunity

COVID-19 Implications for Enrollment



The COVID-19 pandemic has only complicated the already dire struggle to secure high-quality, affordable child care for Vermont's youngest and most vulnerable children and their families. The August CDD survey found that:[14]

- **76% of the programs were already open while 2% responded that they were closed and not reopening.**
- **70% of the children attending programs had been enrolled before, 18% had never attended any child care program before, and 12% had attended a different program.**

In response to Governor Scott's directive to set up school-age child care hubs in order for families to be able to return to work, Vermont Afterschool and the Department for Children and Families were able to identify and support **40 hub programs with 84 sites for a total capacity of almost 5,000 students** during remote learning days and out of school hours.[16]

Schools

In September 2020, 58% of schools operated in a hybrid model with both in person and remote instruction, 15% were fully remote, and 27% were fully in person.[17] Disparities in digital connectivity while previously a hardship, have meant limited or disrupted access to education.

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

HOME VISITING

Home visiting programs reported the following funding sources, enrollment capacities, areas served and numbers of families served in the most recent year. The most recent year reported varied from program to program based on that program's fiscal year and reporting capabilities, but reflects the most recent 12-month period for which data was available. Some programs reported changes in numbers served or current capacity in response to the COVID-19 pandemic.

Table 15. Inventory of Existing Home Visiting Programs

Program Name	*Funder/s*	*Funded Enrollment Capacity*	*Area Served*	*Number of families served*
Strong Families VT Nurse Home Visiting Program *Maternal Early Childhood Sustained Home visiting (MECSH)*	MIECHV grant	375	Statewide	488
Strong Families VT Family Support Sustained Home Visiting Program *Parents as Teachers (PAT)*	Unfunded	0	Statewide	30
Strong Families VT Responsive Nurse Home Visits	Medicaid and State of Vermont general funds	Determined locally	Statewide	132
Strong Families VT Responsive Family Support Work Home Visits	Medicaid and State of Vermont general funds	Determined locally	Statewide	184
Helping Everyone Access Resources & Thrive (HEART) Program, Universal Home Visits	State Parent Center Master grant, Integrated Family Services	86	Franklin, Grand Isle	123
Postpartum Angel Family Support Program, Universal Home Visits	Fundraising, State funding one year	100	Washington, parts of Lamoille and Orange	72
Early Head Start and Head Start with Home Based Services	Office of Head Start, Administration for Children and Families	482	Lamoille, Washington, Chittenden, Franklin, Grand Isle, Caledonia, Orleans, Essex, and Windham	294 children

Source: VERMONT MATERNAL, INFANT, EARLY CHILDHOOD HOMEVISITING PROGRAM STATEWIDE NEEDS ASSESSMENT UPDATE NARRATIVE SEPTEMBER 2020

Strong Families Vermont is the home visiting program offered within CIS and support pregnant people and new parents through home visits delivered by trained professionals using a continuum of services. Home visitors partner with each family to set goals and promote optimal development, health and wellbeing. Home visits also provide an opportunity for early screening and identification of potential challenges facing families, as well as connections to the broader array of Children's Integrated Services (CIS) and other local services and supports.

The Strong Families Vermont Family Support Home Visiting Program is an evidence-based home visiting program which uses the national Parents as Teachers model and is implemented by Parent Child Centers and other community-service organizations that promotes the optimal early development, learning, and health of children by supporting and engaging their parents and caregivers. Trained professionals from CIS partner agencies deliver this long-term, evidence-informed home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness. Evidence shows that families engaging in PAT demonstrate improved child health and development; less child abuse and neglect; increased school readiness; and increased parent involvement in children's care and education.

Parent Child Centers

Parent Child Centers (PCCs), deeply rooted in the Strengthening Families Framework, provide holistic services that are family-driven, strength based, and multi-generational all while building protective factors in children and families and addressing social determinants of health. The network of 15 Parent Child Centers serve all of Vermont with a focus on early identification, intervention, and prevention through 8 Core Services ensuring that families have the support and resources they need to nurture their children and get them off to a great start in life: Parent Education, Parent Support, Home Visits, Early Childhood Services, Concrete Family Supports, Playgroups, Community Development, and Information & Referral. **In FY20, 49,828 participants were served across all 15 PCC programs.**[60]

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Head Start and Early Head Start promote school readiness of young children from families with low incomes through local community-based organizations, and are federally funded and administered by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. *The Head Start home-based option* is a comprehensive program to meet the needs of preschool-aged children and their families and increases the school readiness of the children served. *The Early Head Start home-based program* is a nationally recognized, evidence-based home visiting model and meets the needs of pregnant women with low incomes and families of infants and toddlers. The Early Head Start home visiting program has been shown to improve child cognitive development, reduce child behavioral problems, enhance family well-being, and increase parental participation in educational opportunities.

Source: VERMONT MATERNAL, INFANT, EARLY CHILDHOOD HOMEVISITING PROGRAM STATEWIDE NEEDS ASSESSMENT UPDATE NARRATIVE SEPTEMBER 2020

VIII. COMMUNITY RESOURCES & STRENGTHS

POSITIVE COMMUNITY ATTRIBUTES

Vermonters are happy! Results from the 2017 Vermont Happiness study show that 78% of Vermonters say they're happy. This study explores Vermonters' dispositions across 11 life domains including social connectedness, physical health, and material wellbeing. Vermont is the only state collecting state-level happiness data thanks to a unique collaboration between Gross National Happiness USA, the Happiness Alliance, the Vermont State Data Center and the Center for Rural Studies.

Vermonters care! Nonprofits employ 1 in 7 Vermont workers, making the nonprofit sector the largest industry in the state after the government. Vermont has a robust network of service providers and multi-disciplinary teams that help us do the work better.

Vermonters have favorable ratings in Education and Family & Community Domains! Vermont was ranked 6th in the 2016 Kids Count Profile published by the Annie E. Casey Foundation with the most favorable ratings in the Education and Family & Community Domains. Overall, the report indicates a low teen birth rate, high rates of children with health insurance, and high percentage of children living with educated heads of household as indicators of community strengths.

Vermonters have a strong sense of community! When Community Assessment respondents were asked to identify community strengths, the responses highlighted a strong sense of community, availability of a wide variety of services and resources, and a family-focused culture. It is no coincidence that Vermonter's have a strong sense of commitment to families with young children. There has been considerable effort invested in the last 5 years towards improving the systems of early care and education, informing stakeholders of the importance of early brain development, and identification/allocation of resources to bring high quality care to the youngest Vermonters. A multitude of statewide, multi-disciplinary teams from the Governor's Commission on Early Childhood, Blue Ribbon Commission, Let's Grow Kids, Vermont Birth to Five, Voices for Vermont's Children, Early Childhood Alliance, Building Bright Futures, and the various initiatives funded through the state Race to the Top grant have been working together to raise the platform of early care and education across the state.

COMMUNITY RESOURCES

Champlain Valley Head Start is a program of Champlain Valley Office of Economic Opportunity which provides access to services to address a variety of economic and well-being needs. Additional CVOEO programs and services include Community Action, Food Shelves, Financial Futures, Housing Rights advocacy, Domestic & Sexual Violence advocacy, Weatherization, Fuel Assistance, and Income Tax assistance. CVHS actively engages in referral processes with all of the other CVOEO services to address needs identified by families.

Vermont is home to over 4,000 nonprofit organizations, the majority of which address health and human service as well as educational needs (Fast Facts: The Economic Power of Vermont's Nonprofit Sector, Common Good Vermont, 2015). The Common Good report identifies Chittenden County as the hub of nonprofit services with 24% of nonprofits are based in the county. Franklin County accounts for 8% of the state's population yet only 3% of nonprofits are located within the county. A strong network of nonprofit organizations adds to a robust safety net of public benefit programs including Reach Up, 3Squares, WIC, Medicaid, and Child Care Financial Assistance.

Vermont 211

Vermont 2-1-1 is the statewide human services resource and referral network for the state. In 2015, Vermont 2-1-1 responded to over 38,000 calls for resource and referral information. Their database includes over 950 social services organizations and is available by phone, web, or mobile app 24-hours a day, 7 days a week.

Families seeking services

In addition to local and regional mutual aid efforts connecting community members in need of resources to services and individuals, Help Me Grow Vermont reported that **calls from families seeking support increased by 600% during the period from March 15 through June.**[11]

Source: https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/2020-How-Are-Vermonts-Young-Children-and-Families.pdf

Local Early Childhood Systems Coordination Entities

Vermont's home visiting programs benefit from a statewide network of affiliated efforts that share a focus on ensuring the health, safety, and well-being of parents/caregivers and young children:

- **Building Bright Futures** serves both as the state's Early Childhood Advisory Council and the governance structure for the early childhood system.

- **Community Child Care Support & Referral Agencies** provide a variety of services including childcare referrals, childcare resource development and training support, and eligibility determination services for the Vermont Child Care Financial Assistance Program.

- **Head Start & State Collaboration Office:** Head Start and Early Head Start are federally funded child development programs which provide comprehensive development services for children from families earning a low income and social services for their families. In its 2018 Needs Assessment, Head Start and Early Head Start regions rated their level of involvement with VDH programs, including MIECHV, as having a high degree of coordination and collaboration.

- **Help Me Grow Vermont (HMGVT)** is part of the national *Help Me Grow* program, which seeks to ensure all young children receive developmental screenings to support healthy development by engaging families, pediatricians, childcare providers, and others in the early childhood system.

- **Let's Grow Kids** is leading a movement for affordable access to high-quality childcare for all Vermont families who need it by 2025. LGK is strengthening the early care and education system to create immediate impact for families with children birth to five while simultaneously mobilizing Vermonters from all walks of life to call for policy change and public investment in child care to build a better Vermont for generations to come.

- **Parent Child Centers (PCCs):** DCF supports 15 PCCs (also known as family centers) throughout the state, which serve as a community resource for information and support for families with young children. PCCs provide parent education opportunities, playgroups, PAT home visits to families with young children who request or need home-based support, and center-based childcare programs. This programming builds on families' strengths while promoting wellbeing and healthy starts for children.

- **Specialized Child Care Coordinators** help childcare providers, social workers, families, and community partners with issues related to specialized childcare.

- **The Vermont Family Network (VFN)** is a statewide nonprofit organization dedicated to empowering and supporting families of children with special needs. By providing families with a strong start, lifting family voices for positive change, and advancing inclusive communities, the VFN seeks to ensure that every Vermont family can help their child reach their potential. As the Chittenden County Children's Integrated Services (CIS) Early Intervention program, VFN provides direct support services for eligible families of children birth to age three who have or are at-risk for developmental delays, including skilled family-to-family support, information and connection for families of children and youth with disabilities/special health care needs.

- **Building Flourishing Communities:** This proven public health model engages average Vermonters in discussion and action to address the factors that lead to poor health outcomes. BFC Master Trainers facilitate discussions in all regions of Vermont to increase awareness about how early, overwhelming and/or threatening events can

lead to later poor health and wellbeing. The model is derived from evidence in neuroscience, epigenetics, the ACEs study, and research about the role of resilience. Trainers include staff from DCF/Family Services Division, VDH, the Department of Mental Health, DCF/Economic Services Division, ADAP, community mental health agencies, Parent Child Centers, public schools, United Ways, Building Bright Futures, physicians, restorative justice organizations, a mentoring organization and a domestic and sexual violence prevention program. Since its inception in 2017, the initiative has trained thousands of ECCE providers.

Source: VERMONT MATERNAL, INFANT, EARLY CHILDHOOD HOMEVISITING PROGRAM STATEWIDE NEEDS ASSESSMENT UPDATE NARRATIVE SEPTEMBER 2020

Support Groups for Pregnant and Postpartum Individuals with Opioid Use Disorder and Opioid Exposed Newborns

- **Children and Recovering Mothers (CHARM) Team:** Vermont's collaborative approach to an interdisciplinary and cross-agency teams to coordinate care for pregnant and parenting women with opioid use disorders and their infants to improve their health and safety outcomes. CHARM teams coordinate medical care, substance abuse treatment, child welfare, and social service supports, and are offered in most counties throughout the state.

- ***CAPTA Workgroup:*** A 2017 workgroup was established to develop policies and procedures related to substance-exposed newborns in Vermont. The group includes representation from VDH, (ADAP and MCH), DCF, Child Development Division and Family Services Division, Vermont Children's Hospital Neonatology/Vermont Child Health Improvement Program/Improving Care for Opioid-exposed Newborns (ICON), Lund, and KidSafe Collaborative.

- **Improving Care for Opioid-exposed Newborns (ICON):** A project of VCHIP, the ICON project partners with VDH and The University of Vermont Children's Hospital to improve health outcomes for opioid-exposed newborns. Improved health outcomes are achieved by provision of educational sessions on up-to-date recommendations and guidelines to health care professionals who provide care for opioid-dependent pregnant women and their infants. The project also maintains a maternal and newborn population-focused database for tracking process and outcome measures. These data are used to identify gaps in care and systems related resources; the project addresses these gaps through quality improvement initiatives, focused on enhanced care processes and systems' changes.

- **Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) Project:** Vermont's OMNI Learning Community team includes representatives from the Vermont Department of Health, Department of Vermont Health Access, Department for Children and Families, and Vermont Child Health Improvement Program, and works to improve Vermont's systems of postnatal identification and care for infants exposed to opioids in utero by developing and adopting standardized approaches for identifying substance exposed newborns at hospitals.

- ***Vermont Helplink*** is a statewide, public resource to connect individuals to treatment and recovery resources. Helplink provides free, confidential, personalized phone and online services via AIRS-certified Helplink Specialists who are supported by clinicians.

Source: VERMONT MATERNAL, INFANT, EARLY CHILDHOOD HOME VISITING PROGRAM STATEWIDE NEEDS ASSESSMENT UPDATE NARRATIVE SEPTEMBER 2020

Mental Health Resources

Addison County

- Counseling Service of Addison County
- Children's Integrated Services (CIS) offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. CIS services are family-centered, child-focused, and delivered through a network of providers throughout Vermont. CIS helps decide the service need, and helps provide parents access to the services. Addison County Parent Child Center Director Donna Bailey is the Region's CIS Team Coordinator. Mental health services could include:
    - Parenting support
    - Help finding services for a family and child
    - An assessment of a child and family's situation
- Early intervention services (IDEA Part C)
    - A nurse or home visitor visiting a location of the parent or caregivers choice. (Partnering with the VT Department of Health - more information available on their website)
    - Referrals to appropriate services and service coordination
- Northeastern Family Institute VT (NFI VT):
    - Private, nonprofit agency that serves Vermont families whose children struggle with severe emotional, behavioral and mental health challenges.
    - The majority of children served come to NFI have a history of not functioning well at home, in school and in the community.
    - NFI works together with families and guardians to help Vermont's children manage behaviors and live safe and successful lives.
    - Programs are located in St Albans, Winooski, Essex Jct., Burlington, Williston, So. Burlington, Morrisville, St. Johnsbury, Morgan, White River Jct. and Brattleboro.

Chittenden County

- Howard Center
    - Howard Center offers a variety of services for children, adults, and families, ranging from short-term counseling to residential programs. Supports for children, adults and families are based on their strengths and provide support throughout recovery. The Early Childhood Program serves children ages 0-6 who are experiencing social, emotional, and behavioral challenges, and their parents and caregivers. The Program is also the Chittenden County early childhood family mental health provider for Children's Integrated Services and the mental health consultant for Head Start classrooms.
    - Home-based parenting education and support
    - Supportive counseling for children
    - Consultation, advocacy and case management
    - Behavioral consultation and support in childcare, preschool, and Head Start classroom settings
    - Training, consultation, and education to caregivers and providers who support young children and families
- Parent Child Interaction Therapy Program
    - The Parent Child Interaction Therapy (PCIT) program helps parents with children age 0-6 who are experiencing social, emotional, and behavioral challenges. Parents and children take part in family playgroups, and therapists offer immediate feedback to help parents develop effective parenting skills. The "real-time" feedback gives parents the chance to focus on positive behaviors while they practice using consistent discipline strategies aimed at improving relationships with their child.

Franklin and Grand Isle Counties

- Northwestern Counseling and Support Services
- Parent Child Centers offer the following Eight Core Services:
    - Home Visits
    - Early Childhood Services
    - Parent Education and support
    - Parent Child Interactive Therapy
    - On-Site Programs
    - Information & Referral
    - Community Development

Nutrition Resources

Head Start eligible families have multiple food resources available throughout the state including:

- 3SquaresVT: Cash benefits to use at grocery stores, convenience stores, farmer's markets
- WIC: Healthy food benefits for pregnant women and children birth up to age five.
- Health Care Share: Vermont Youth Conservation Corps providing produce CSA through health center and hospital networks to patients/households experiencing food insecurity and/or diet related illness
- Local Food Shelves: Vermont Foodbank partners with 215 food shelves, meal sites, senior centers, homeless shelters, and out-of-school programs across the state
- VeggieVanGo: food distributed through schools and hospital partners
- Feeding Chittenden Food Access Center: providing food boxes to eligible households
-
- Covid-19 specific programs:
    - Vermont Farmers to Families Food Box: food distribution sites across the state that provide food boxes
    - Shift Meals / Everyone Eats: restaurant-made meals provided through distribution sites located across Chittenden, Franklin & Grand Isle counties
    - Vermont Open Meals/School Meals: provided for children on remote school days and some schools provide weekend meals as well
    - The Giving Fridge: Community refrigerator stocked with prepared meals from local restaurants in Middlebury

Other Resources for Families in Champlain Valley

Type of Need	Government Resources Available	Community Resources Available
Health	Dr. Dynasaur / Medicaid	Visiting Nurses Association
Adult Education/Training	Department of Labor	Vermont Adult Learning Vermont Works for Women Learning Together
Basic Needs	DCF – Economic Services Child Care Financial Assistance	Community Action Shelter & Housing Services Faith-based Organizations

IX. For Reference

§1302.11 Determining Community Strengths, Needs, & Resources

1302.11 Determining community strengths, needs, and resources.

eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-11-determining-community-strengths-needs-resources

(a) *Service area.* (1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.

(i) A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near-reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Native Regional Corporations with land-based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated Statistical Areas where federally recognized Indian tribes do not have a federally established reservation.

(ii) If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of or eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area.

(2) If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.

(b) *Community wide strategic planning and needs assessment (community assessment).* (1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

(B) Children in foster care; and

(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

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(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten- (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.

Source: https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-11-determining-community-strengths-needs-resources

ECLKC'S COMMUNITY ASSESSMENT MATRIX

NATIONAL CENTER ON Program Management and Fiscal Operations

Community Assessment Matrix

The community assessment describes the context in which Head Start and Early Head Start programs operate and is useful for ensuring that the correct services are provided to the appropriate population. This resource can assist program staff in coordinating their efforts to gather information required for a community assessment. The assessment paints a picture of the community and describes the diverse needs of families who may receive services. In addition, the community assessment covers the community's history, its economic and political scene, and its strengths and challenges.

Note: Bold, italicized items are required by the Head Start Program Performance Standards, Subpart A, 1302.11(b)(1).

"Triggers" for Data Collection *(Customize this list and add information not listed. What do you want to know?)*	**Information Source** *(Who/What agency or resource can assist you in gathering the information you need for your community assessment?)*	*These columns can be completed by members of your team.*		
		Responsible CA Team Member	Date Initiated	Date Completed
General Area Description – *Demographics*				
Proposed service area: Geographic boundaries (size, counties, distinguishing characteristics) Governing structure Population and related trends Racial and ethnic composition Gender, ages Household composition Economic activities Future trends Median income level Principle source of income Number below poverty level				
Head Start-ELIGIBLE Children and Families				
General ***Number of eligible infants, toddlers, preschool-age children, and expectant mothers*** ***Geographic location*** ***Race and ethnicity*** ***Languages spoken*** ***Children experiencing homelessness*** ***Children in foster care*** Household composition Principle source of income Median income level/ Employment Number of children living below poverty level				

○ Number of public assistance recipients				
Education Needs of Eligible Families				
▪ Education level ▪ Adult educational attainment ▪ Drop-out rates ▪ Information on functional literacy levels				
Health and Social Service Needs of Eligible Families				
▪ Incidence of child abuse and neglect ▪ Reports of spousal abuse ▪ ***Number of children with disabilities, including types of disabilities*** ▪ Incidence of drug and alcohol abuse ▪ Number of children born to addicted mothers ▪ Infant and child death rates ▪ Number of low-birth weight babies ▪ Teen pregnancy rates ▪ Women receiving prenatal healthcare ▪ Immunization levels among school children ▪ Prevalent health problems ▪ Communicable diseases ▪ Air and water quality				
Nutrition Needs of Eligible Families				
Children receiving free lunch and breakfast Food stamp recipients Women, Infants and Children (WIC) program participants Participant in food distribution programs Availability of low-cost food				
Housing and *Homelessness*				
Overcrowding/availability Affordability Conditions HUD housing Utilities ***Homeless count*** Mobility ***Other prevalent social or economic factors***				

Child Care Availability				
Child development, child care centers, and family child care programs, including home visiting, publicly funded state and local preschool and Approximate number of Head Start-eligible children served Number or percent of working mothers ***Typical work, school, or training schedules***				
Transportation and Communication				
Vehicle ownership Relevant aspects of road conditions, climate and weather relating to jobs, services, isolation Availability of public transportation services Proportion of population with telephones/cell phones/televisions/ computers				
Resources available to address needs of eligible children and families				
Social service, mental health services Health, dental health, and nutrition resources ***Disability services and resources***				
Community Strengths				
Positive community attributes				
Head Start ENROLLED Children and Families				
Recruitment area Center location Number and location of enrolled children Ages of enrolled children Tribal/racial/ethnic composition of enrolled children Attendance/waiting lists/ over-income children Parent involvement and recruitment experience Number of foster children enrolled Number of homeless children enrolled Number of enrolled children with disabilities Types of disabilities (by diagnostic category) of enrolled children				

▪ Resources provided to enrolled children with disabilities by other agencies				
Head Start Staff				
▪ Racial, ethnic, tribal composition ▪ Languages spoken ▪ Educational attainment				
Relevant Opinions of Community Needs				
Opinions of parents ▪ Prevalent community problems ▪ Knowledge of existing resources ▪ Accessibility of available resources ▪ Adequate service provision by existing resources ▪ Additional resources needed **Opinions of community leaders/institutions** Prevalent community problems Knowledge of existing resources Accessibility of available resources Adequate service provision by existing resources Suggestions for improving services Additional resources needed **Opinions of Head Start staff** Prevalent community problems Knowledge of existing resources Accessibility of available resources Adequate service provision by existing resources Suggestions for improving services Additional resources needed				
Community Assessment Annual Update				
Subpart A 1302.11(b)(2) of the Head Start Program Performance Standards requires programs to review and update the community assessment annually to reflect any significant changes, including increased availability of publicly-funded pre-kindergarten (and an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered full school day), rates of family and child homelessness, and significant shift in community demographics and resources.				

Source: https://eclkc.ohs.acf.hhs.gov/program-planning/article/community-assessment-matrix

ECLKC's Community Assessment Sample Report Outline

Assessment Section	Length	Purpose
I. Executive Summary	1–2 pages	Highlights your methods of data collection and analysis, major findings, and recommendations.
II. Table of Contents	1 page	Identifies the sections of the report and corresponding page numbers.
III. Overview of the State of the Grantee	3–5 pages	Summarizes the program history, location of the sites, staffing patterns, and other general information. A map may be included to show the service and recruitment areas as well as program locations.
IV. Methodology	2–3 pages	Describes the planning process, data collection methods, and data analysis.
V. Service Area Data	6–10 pages	Details basic geographic, economic, and demographic features, including required data on the number of eligible children and expectant mothers, children experiencing homelessness, children in foster care, and children with disabilities.
VI. Identified Needs	8–11 pages	Discusses the education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being.
VII. Community Resources and Strengths	8–11 pages	Includes required information on other child development programs, resources available in the community, and community strengths. Addresses issues of availability and access to resources for families.
VIII. Observations and Recommendations	5–7 pages	Uses the findings in the community assessment to make recommendations about the program and to identify trends in the service area. Five-year goals can be included in this section.
IX. Appendices	As needed	Includes surveys, interview questions, other documents, and supplemental data.

Depending on the data you have gathered and the recommendations you propose, you may want to structure the community assessment report somewhat differently. Above all, keep asking yourself if the community assessment report is providing information that helps answer this essential question: How can Head Start ensure that the correct services are provided to the appropriate population?

Source: https://eclkc.ohs.acf.hhs.gov/program-planning/community-assessment-foundation-program-planning-head-start/prepare-community-assessment-report