

# **STALLED at the START**

## **Vermont's Child Care Challenge**

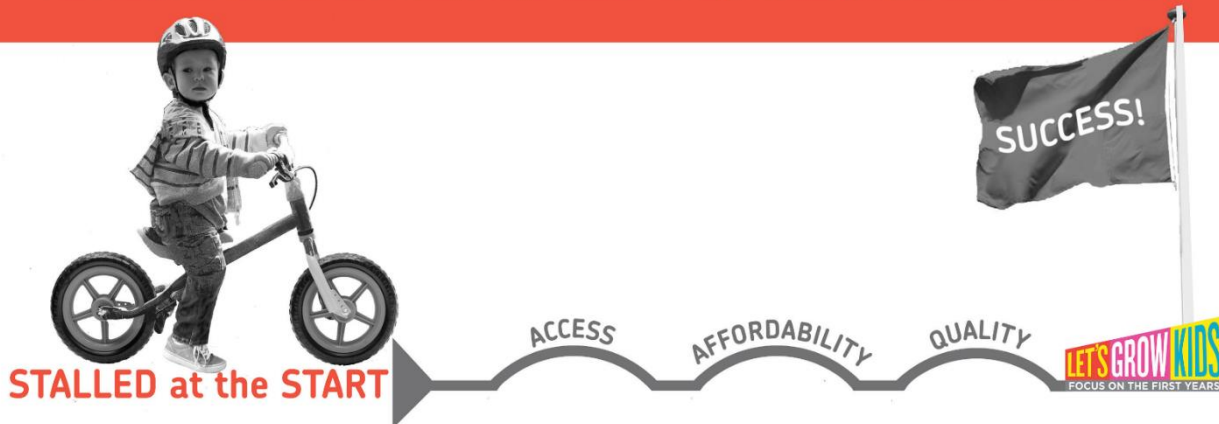
### **An Analysis of the Supply of and Demand for Regulated Infant and Toddler Care in Vermont**

**February 2018**

**Produced by Let's Grow Kids**

With the advisement of Building Bright Futures, the Vermont Association for the Education of Young Children, Vermont Birth to Five, the Vermont Child Care Providers Association, and the Vermont Department for Children and Families Child Development Division

Too many Vermont children don't have access to high-quality, affordable child care.



## About Let's Grow Kids

Let's Grow Kids is a public awareness and engagement campaign about the important role that high-quality, affordable child care can play in supporting the healthy development of Vermont's children and the prosperity of our economy now and in the future. Science tells us that a child's earliest years are the most critical to healthy brain development. During the first years, a baby's brain makes more than one million new connections every second, building a foundation for all future development. Because Vermont's shortage of high-quality, affordable child care is a serious challenge for its communities and economy, our goal is to gain public support leading to increased, sustainable investments that give all children the chance to reach their full potential. Let's Grow Kids is an initiative of the Permanent Fund for Vermont's Children.

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## Executive Summary

Let's Grow Kids, with the advisement of Building Bright Futures, the Vermont Association for the Education of Young Children, Vermont Birth to Five, the Vermont Child Care Providers Association, and the Vermont Department for Children and Families Child Development Division, is pleased to share its 2018 report on the supply of and demand for regulated (licensed or registered) infant and toddler child care in Vermont. This update is based on the 2016 study, which was developed in partnership with Building Bright Futures, Vermont Birth to Five, the Vermont Department for Children and Families Child Development Division, and the Vermont Department of Health Maternal and Child Health Division.

This year's report shares updated data on the number of Vermont's infants and toddlers likely to need some form of child care, and provides new information on how many of these children do not have access to regulated child care programs or high-quality, regulated programs. Statewide, there has not been a statistically significant change in the percent of infants and toddlers likely to need care without access to regulated programs or high-quality, regulated programs since the release of the 2016 report. However, at the county level, many communities did experience statistically significant changes in the percent of infants and toddlers likely to need care without access to regulated and/or high-quality, regulated programs.

Additionally, research has shown that women, more than men, take on primary caregiving responsibilities, especially when families face challenges accessing child care. According to a national survey of individuals with at least an honors-level undergraduate degree, 74% of women who voluntarily left the workforce reported child care as being the primary factor for their decision, compared to only 26% of men.<sup>1</sup> When women leave the workforce because they can't find child care, they lose not only their annual salary, but also health insurance, the ability to save for retirement and possible wage increases over time. Making sure we have enough high-quality, affordable child care is essential to supporting gender equality in the workplace.

# Introduction

In Vermont, more than 70% of children 5 and under live in families in which all available parents are in the labor force.<sup>2</sup> **That's more than 2 out of 3 young children in our state.** For these families, especially those with infants and toddlers, balancing work and life means figuring out how children will be cared for during work hours.

Research has shown that women, more than men, take on primary care giving responsibilities, especially when families face challenges accessing child care. According to a national survey of individuals with at least an honors-level undergraduate degree, 74% of women who voluntarily left the workforce reported child care as being the cause for their decision, compared to only 26% of men.<sup>3</sup> This is an important consideration for Vermont as the state faces an aging population and shrinking workforce.<sup>4</sup> Numerous articles and reports have noted that Vermont needs more workers in order to fill current and future business demands, with some reports estimating that the state needs to add at least 10,000 workers per year in order to grow the state's economy.<sup>5</sup> A critical resource in supporting women already in our workforce and new workers who may be considering moving to Vermont is access to quality child care.<sup>6</sup>

## Quality Early Care and Learning

Science tells us that the first five years are the most important years in a child's life for healthy brain development. It's a time when the brain is creating its foundation for learning and development, **forming more than one million new neural connections every second.**<sup>7</sup> This is a big leap from previous findings that had estimated that young children were forming 700–1,000 new connections every second, and further highlights just how important healthy development is for children during their earliest years.<sup>8</sup>

For families balancing work and children or for families seeking social, emotional or cognitive development opportunities outside their home, child care providers can offer the nurturing care, quality early learning experiences and safe environment that support optimal, healthy development for young children during this critical time.

Vermont has worked to support early care and learning providers in increasing the quality of programs through a variety of efforts, including through the state's quality recognition and improvement system (QRIS) known as STARS (STep Ahead Recognition System). A QRIS is considered to be a best practice for early care and learning systems, providing a framework for communities to build strong early care and learning programs for young children, and allowing states to provide families and policymakers with information that can be helpful in better understanding some of the data behind a state's early care and learning programs.<sup>9</sup> Currently, only one state in the country does not use or is not developing a QRIS.<sup>10</sup>

Vermont's QRIS is a voluntary program through which participating programs receive a quality recognition designation of 1 to 5 stars. The STARS process allows programs to achieve their quality designation through a wide variety of criteria in five different arenas—no single factor determines quality. The five STARS arenas, and the criteria within them, were developed based on leading research and best practices related to child development and safety, and were also informed by the experiences of other states that utilize a QRIS.

Statewide, more than 75% of Vermont's regulated child care and early learning programs (including afterschool programs) participate in STARS.<sup>11</sup> Programs that participate in STARS are “stepping ahead,” going above and beyond basic state regulations to provide programming that meet the needs of children and families. This report focuses on 4- and 5-star designations as indicators of high-quality because these designation levels have been identified in legislation, and by partner organizations, as target quality levels. This includes the state's universal, publicly-funded prekindergarten program. Additionally, Vermont's Blue Ribbon Commission on Financing High Quality, Affordable Child Care (BRC) developed a definition of high-quality that builds off of best practices currently expected of 5-star programs and higher standards set by Head Start, the National Association for the Education of Young Children and the National Association for Family Child Care. The BRC recommended that the state work toward this aspirational benchmark for quality, acknowledging that additional resources need to be allocated to ensure that providers have access to supports in order to afford and implement the BRC's vision.

We recognize that there are many quality programs that are committed to working on a path of continuous improvement to achieve a high-quality (4- or 5-star) recognition level that do not yet have this designation, and that there are also quality programs that do not currently participate in STARS. We want to acknowledge these experiences and note that these, more detailed, pieces of information are not captured by the data sets used for this analysis. More information on regulated programs can be found through the state's Bright Futures Child Care Information System (BFIS) ([www.brightfutures.dcf.state.vt.us](http://www.brightfutures.dcf.state.vt.us)).

## **Access**

Child Trends, a leading national early childhood research group, and the federal Office of Planning, Research and Evaluation (OPRE) recently defined access to early care and learning programs as meaning “that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs.”<sup>12</sup> The brief notes that this encompasses factors such as program quality, geographic location, hours and days care is available, transportation, the availability of an early care and learning program that meets a child's needs such as linkages to other sectors (health, speech therapy, etc.).

This report specifically focuses on an analysis of the number of regulated child care slots for a given age group in a given county as compared to the number of children likely to need care. In



the future, we hope to be able to explore other dimensions of access including the supply of care available for children with specialized needs and geographic distribution of care.

## **Affordability**

A key piece of the OPRE research brief on access is the topic of affordability. Even with financial assistance through the state's Child Care Financial Assistance Program, Vermont's low- and middle-income families can still spend more than 40% of their income on child care.<sup>13</sup> In contrast, the federal Agency of Health and Human Services has previously recommended that families spend no more than 10% of their income on child care costs, and has proposed revising that affordability threshold to 7%.<sup>14</sup> 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.

Affordability is also an issue for early care and learning providers. Vermont, like many other states, has been following national guidance and elevating quality in its early care and learning system by supporting providers in increasing their skills, knowledge and education in early care and education. For example, a teacher in a center-based child care program must hold a valid Vermont teaching license with an early childhood endorsement. Alternatively, a teacher can hold a bachelor's degree with a major or concentration directly related to early childhood or with extensive coursework in early childhood or school age education and have 12-months of experience working with young children. However, the median annual salary for a such a teacher working with prekindergarten-aged children is \$30,590 (or \$14.71 per hour), which is far lower than the median salary for a Vermont kindergarten teacher (\$52,850) and less than what Vermont estimates is the basic wage needed to sustain a family of one working adult and one young child (\$27.31 per hour).<sup>15,16,17</sup> This can make it difficult for early care and learning providers to remain in the field, especially considering that many programs do not offer benefits. This analysis does not include considerations related to affordability, but the work group recognizes the important role that costs for both parents and providers play in Vermont's early care and learning system.

# Estimating the Supply of and Demand for Regulated Infant and Toddler Child Care

In partnership with Building Bright Futures (BBF), the Vermont Association for the Education of Young Children, Vermont Birth to Five (VB5), the Vermont Child Care Providers Association, and the Vermont Department for Children and Families Child Development Division (CDD), Let's Grow Kids (LGK) updated its analysis of the supply of and demand for regulated infant and toddler child care in Vermont using a methodology that can be found in the appendices of this report.

## Determining Demand

In order to estimate the demand for child care, the analysis used a proxy: children likely to need care (LTNC). The LTNC population was identified by using population estimate information from the Vermont Department of Health and information from the US Census Bureau on the percent of Vermont children under 6 with all available parents in the labor force. This approach was determined to provide a conservative estimate of actual demand, as other child care supply and demand studies conducted in the US often use the full child population as proxy for demand.<sup>18</sup> For this study, infants are defined as children ages 6 weeks (1 ½ months) to 23 months (almost 2 years old), and toddlers are defined as children ages 24 months (2 years) to 35 months (almost 3 years old). These definitions are based on CDD's definitions for regulated child care providers in Vermont.<sup>19</sup>

## Determining Supply

This study focuses on regulated early care and learning programs in Vermont. The term "regulated" means that the program is licensed with the state of Vermont. Regulated programs that serve infants and/or toddlers include registered family child care homes, licensed family child care homes and center-based child care and preschool programs. CDD maintains information on all regulated programs in the state, including information on a program's desired capacity for children in each age group the program serves, and whether a program participates in STARS. This data was used to determine which regulated programs in Vermont serve infants and/or toddlers, the capacity of these programs and the capacity of high-quality programs (those with a 4–5 star designation).

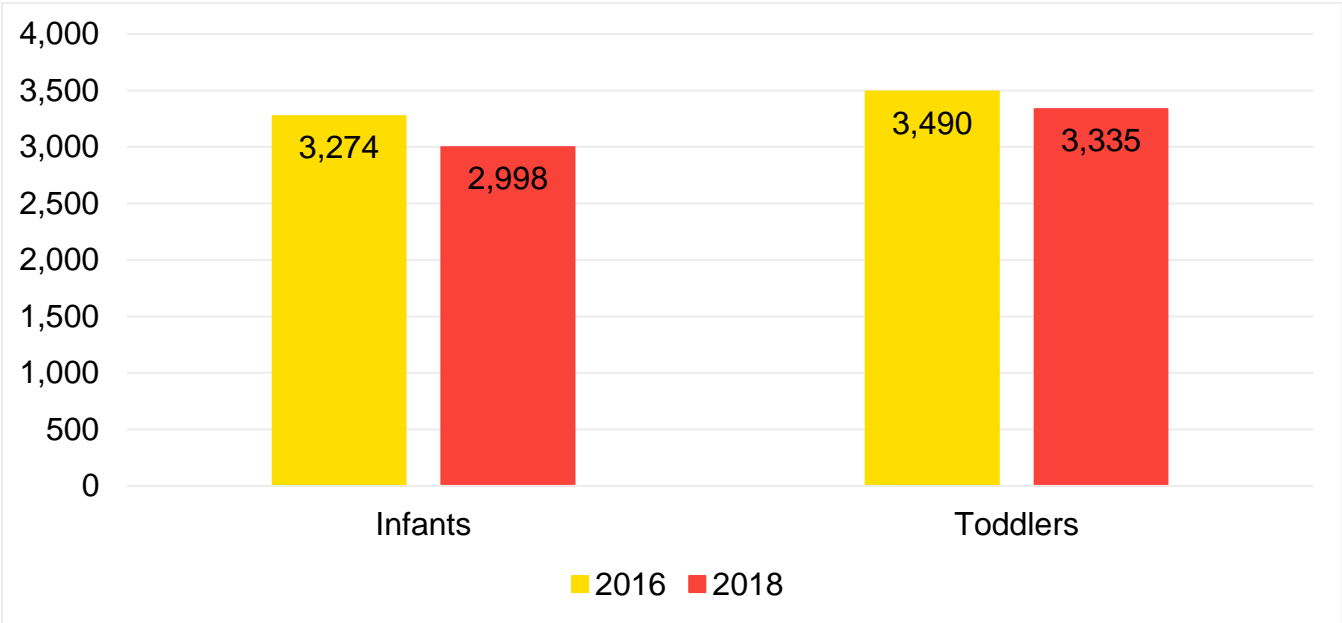
More information on the methodology used for the project is included in the "Methodology" section of this report.

# What We Learned: Statewide Information

## The Supply

Since the release of the 2016 report, the statewide supply of regulated infant and toddler care has decreased, meaning that there are fewer slots, overall, for infants and toddlers LTNC.

**Figure 1. Change in Capacity of Regulated Early Care and Learning Providers in Vermont, 2016–2018<sup>a</sup>**

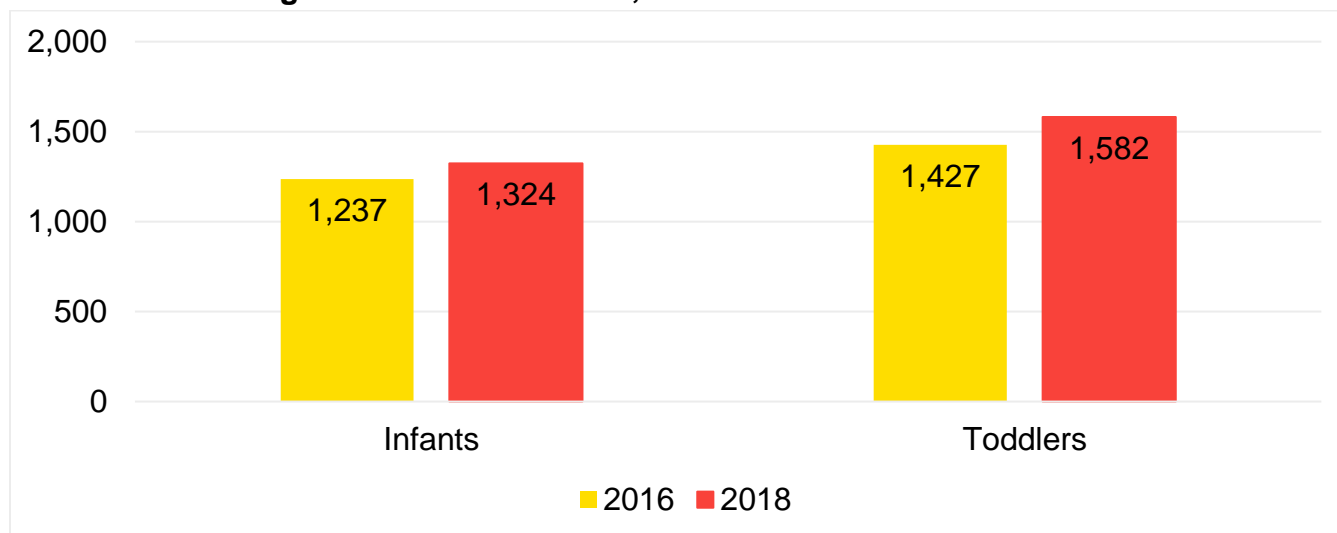


Since the release of the 2016 report, the total provider-reported desired capacity for infants in the state decreased by 8% and the total provider-reported desired capacity for toddlers decreased by 4%.

However, the supply of high-quality regulated infant and toddler care has increased since the 2016 report was issued. Of the 2,998 infant slots at regulated programs, 44% were at high-quality, regulated programs (a program with a 4- or 5-star designation in STARS), and of the 3,335 toddler slots reported by regulated providers, 47% were at high-quality programs.

<sup>a</sup> The data in the tables and figures in this report are reported in relation to the year the report was released and not in terms of the data set used for the analysis. More information on data and the methodology used to conduct the analysis can be found in the Methodology section of this report.

**Figure 2. Change in Capacity of Regulated, High-Quality (4- or 5-Star) Early Care and Learning Providers in Vermont, 2016–2018**



Since the release of the 2016 report, the supply of high-quality infant slots increased by 7%, and the supply of high-quality toddler slots increased by 11%.

## The Demand

According to the latest population estimates from the Vermont Department of Health, there are 18,349 children under the age of 3 in Vermont (infants and toddlers).<sup>20</sup> Based on the US Census Bureau's most recent estimates, approximately 70.1% of Vermont children 5 and under have all available parents in the labor force.<sup>21</sup> This means there are approximately 12,863 children under the age of 3 in Vermont who are likely to need some form of child care. This is a slight increase in the estimated number of children under the age of 3 LTNC from last year's report.

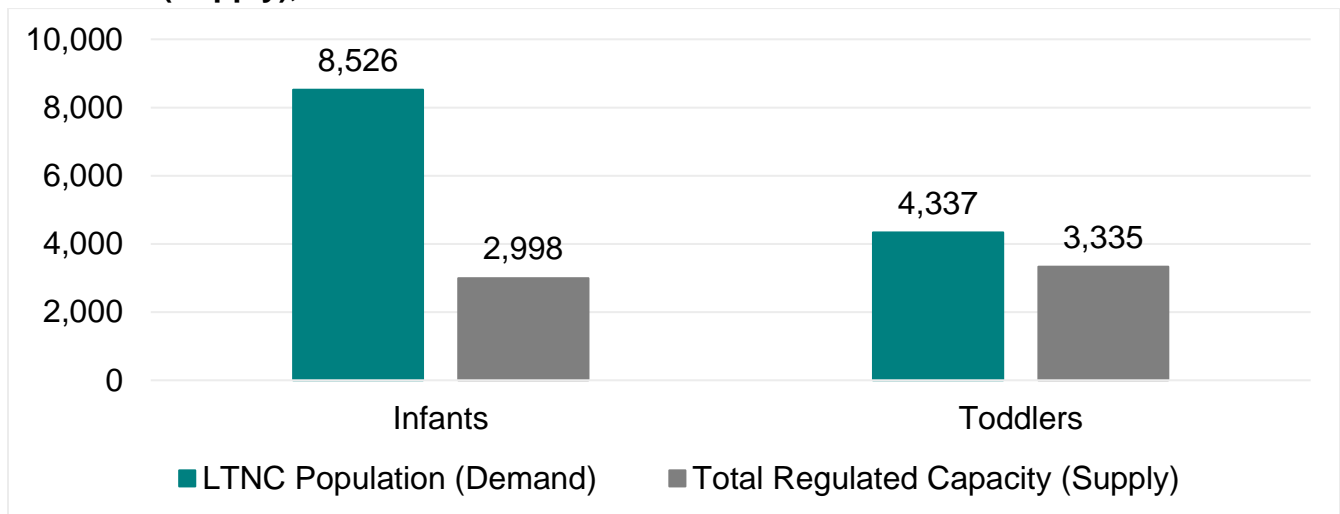
**Table 1. Infant and Toddler Population, 2016–2018**

| Age Group | 2016 Report<br>Estimated<br>Population | 2016 Report<br>Number of<br>Children LTNC | 2018 Report<br>Estimated<br>Population | 2018 Report<br>Number of<br>Children LTNC |
|-----------|--|---|--|---|
| Infants   | 12,076                                 | 8,502                                     | 12,162                                 | 8,526                                     |
| Toddlers  | 6,171                                  | 4,344                                     | 6,187                                  | 4,337                                     |

## Putting It All Together

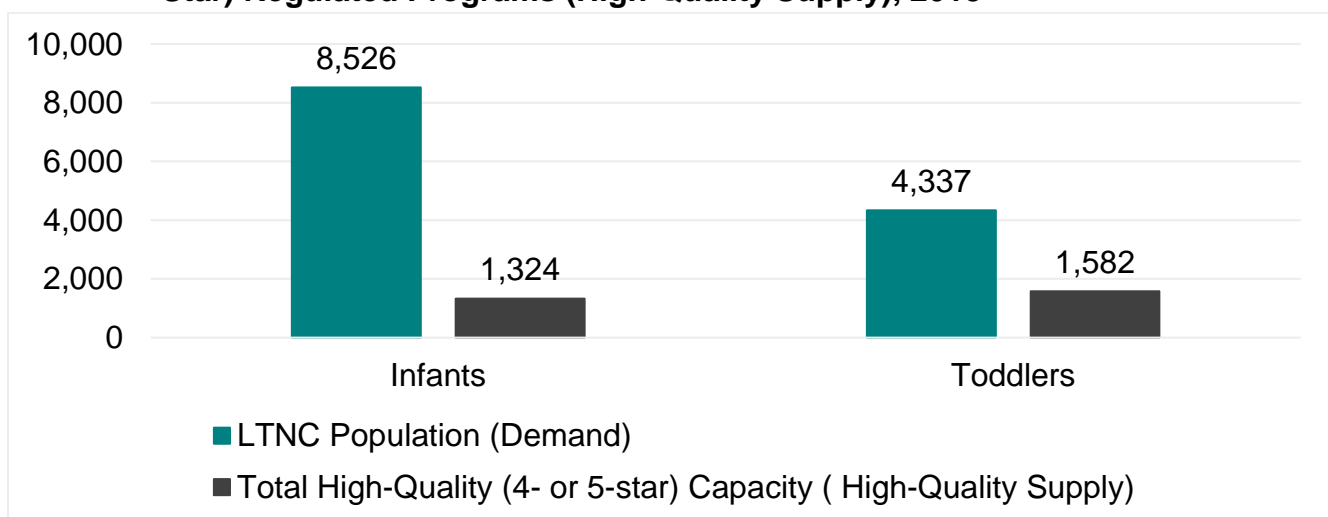
When supply and demand information is combined, the findings are alarming. Statewide, Vermont does not have sufficient regulated early care and learning options to meet the needs of infants and toddlers LTNC, as shown in Figure 3.

**Figure 3. LTNC Population (Demand) Compared to the Capacity of Regulated Programs (Supply), 2018**



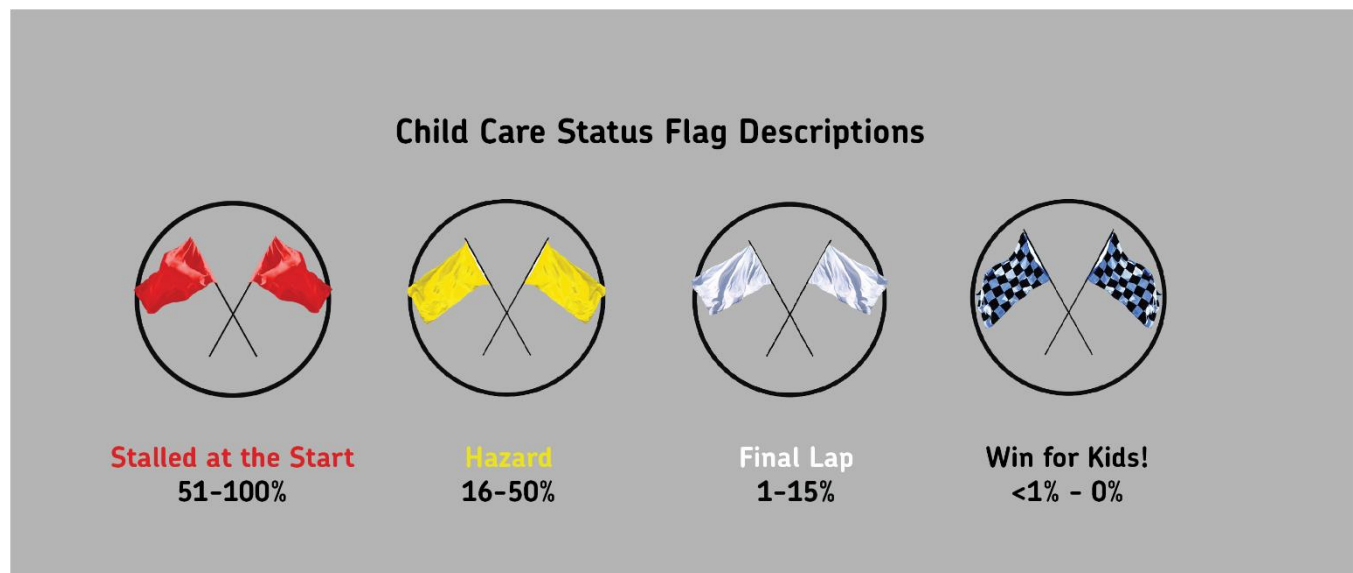
High-quality slots are a portion of the available regulated slots. Figure 4 shows the contrast between the LTNC population and the total supply of high-quality (4- or 5-star), regulated slots (total reported desired capacity for high-quality providers caring for infants or toddlers).

**Figure 4. LTNC Population (Demand) Compared to the Capacity of High-Quality (4- or 5-Star) Regulated Programs (High-Quality Supply), 2018**



## Access to Care

When the 2016 report was released, LGK included a visual indicator to track changes in the percent of infants and toddlers LTNC without access to regulated or high-quality (4- or 5-star) regulated programs. This visual indicator is based on the flags used in a number of sporting fields to communicate information to sporting participants and spectators. For the purposes of the *Stalled at the Start* report, the flag and color symbols we use provide a quick visual indicator of whether the state or a given county faces a shortage of regulated child care to meet the needs of the infant and/or toddler LTNC population.

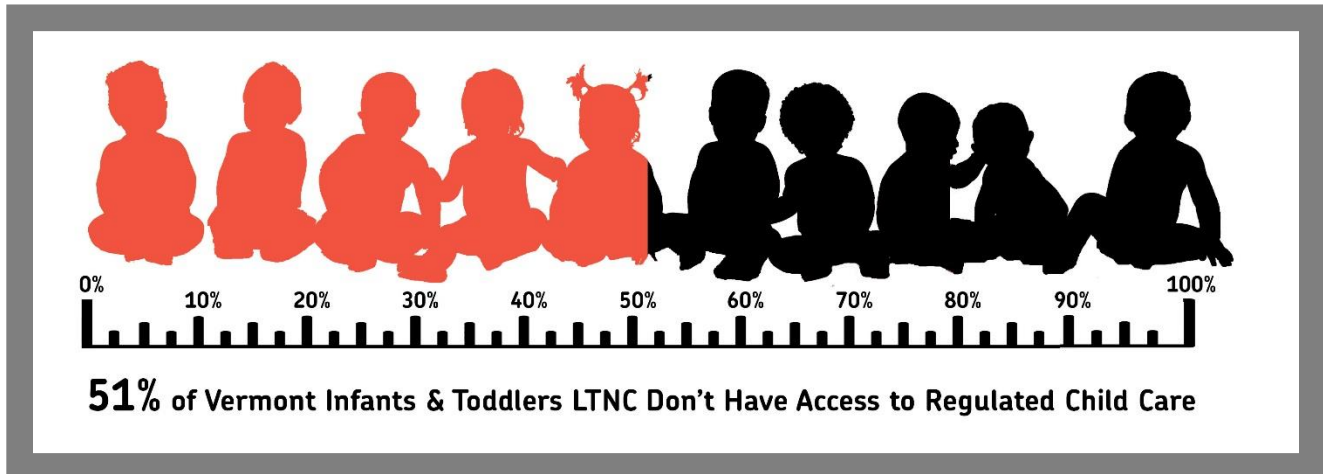


This year, we also tracked whether changes from the 2016 report to the 2018 report were statistically significant (whether the change was or was not likely to have happened by chance). If the change was found to be statistically significant (meaning that it was not likely the change could have happened by chance), the change was marked as a “significant change.” If the change was found to be not statistically significant (meaning that the change could have happened by chance), the change was marked as “no significant change.” Detailed information can be found in Tables 6, 7, 8, and 9 in the appendix. At the state level, the analysis showed that there was not a significant change from the 2016 report to the 2018 report.

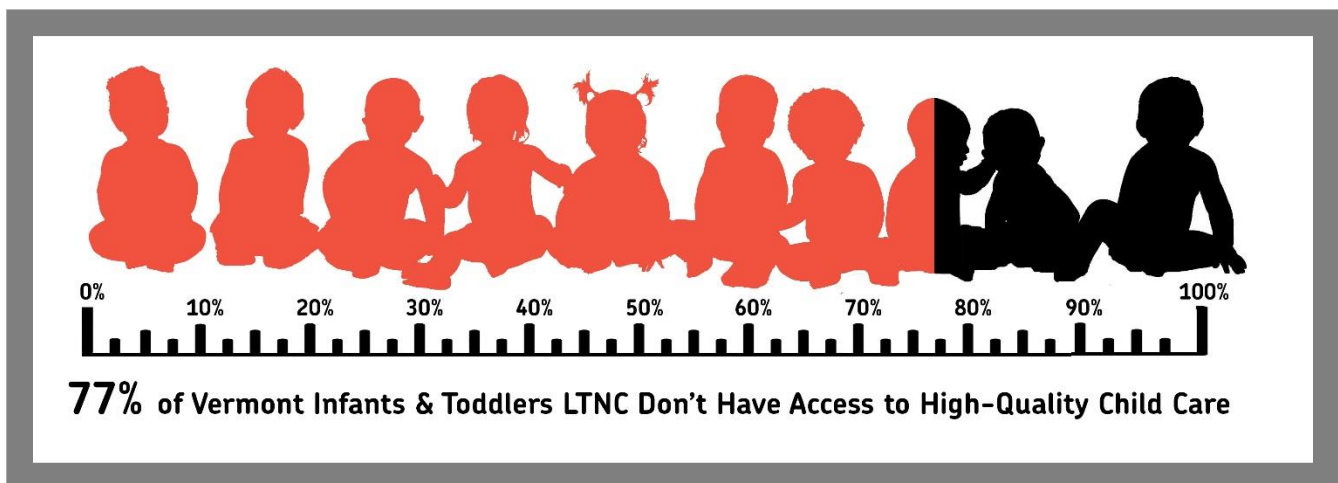


## Infants and Toddlers

The 2018 analysis found that **more than half (51%)** of infants and toddlers LTNC are projected to lack access to a slot in a regulated early care and learning program.



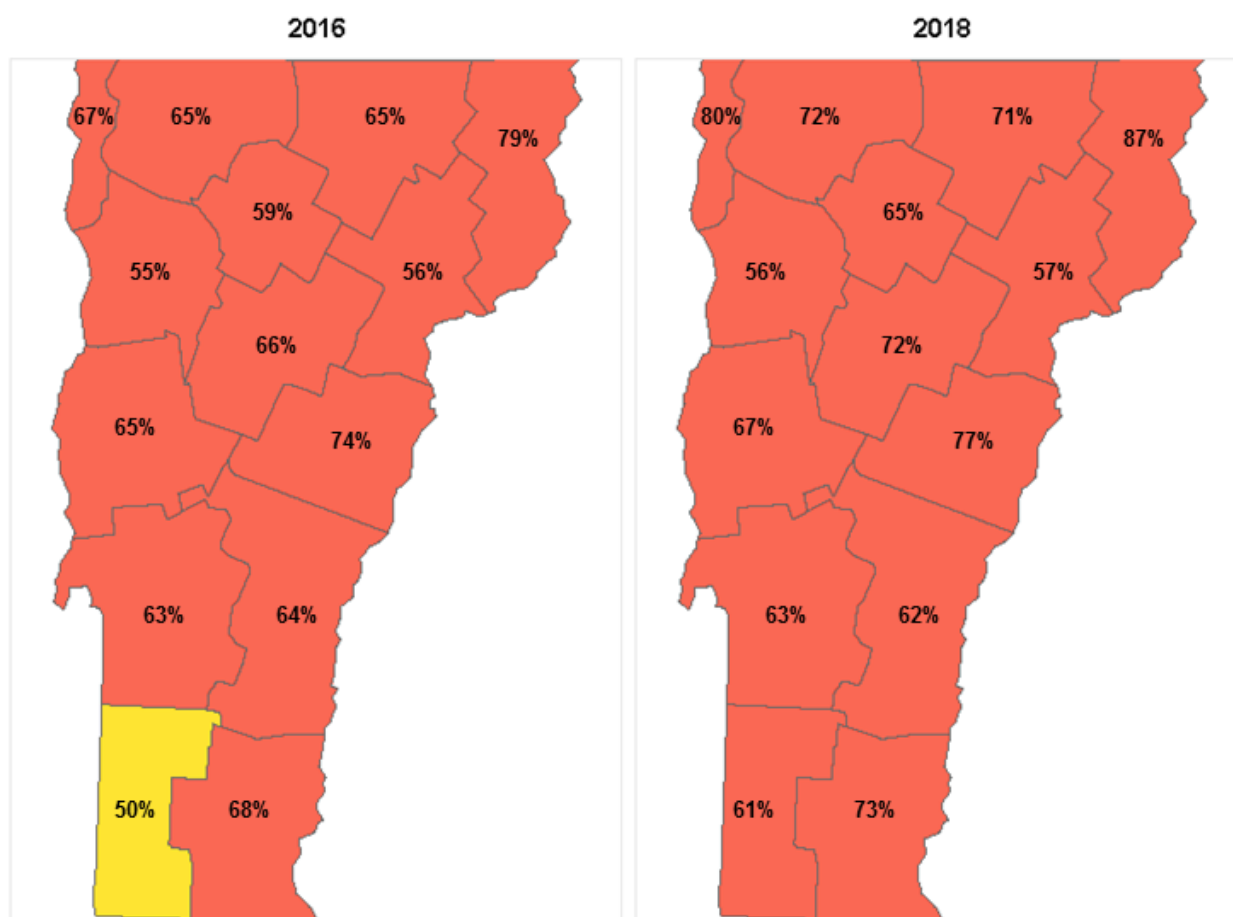
The analysis also found that **77% of infants and toddlers LTNC** lack access to high-quality programs.



## Infants

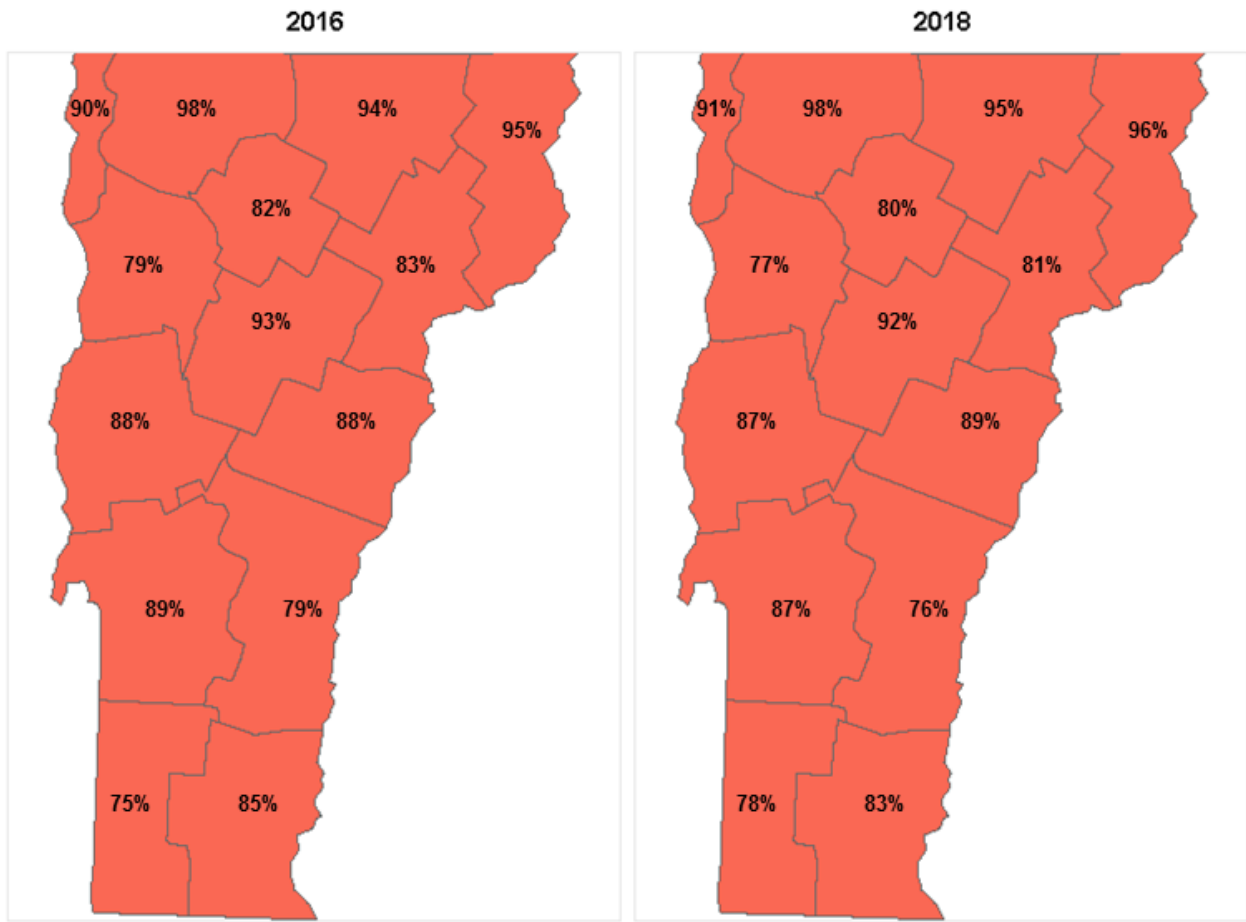
This year's analysis showed that, **statewide, 65% of infants LTNC do not have access to regulated early care and learning programs**. At the county level, the percent of infants LTNC without access to a slot in a regulated program ranged from 56% to 87%, as shown in Figure 5. Most counties did not experience a significant change in the percent of infants LTNC without access to any regulated programs except for Bennington, Franklin and Washington. In these counties, the change in the percent of infants LTNC without access to regulated programs significantly increased: fewer infants have access to regulated programs than as noted in the 2016 report.

**Figure 5. Infants LTNC Without Access to Regulated Care, 2016–2018**



When the analysis focused on access to high-quality programs it showed that **84% of infants LTNC do not have access to high-quality, regulated programs**. At the county level (Figure 6), percentages ranged from 76% to 98%; however, none of the changes were found to be statistically significant (no significant change).

**Figure 6. Infants LTNC Without Access to High-Quality (4- or 5-Star), Regulated Programs, 2016–2018**

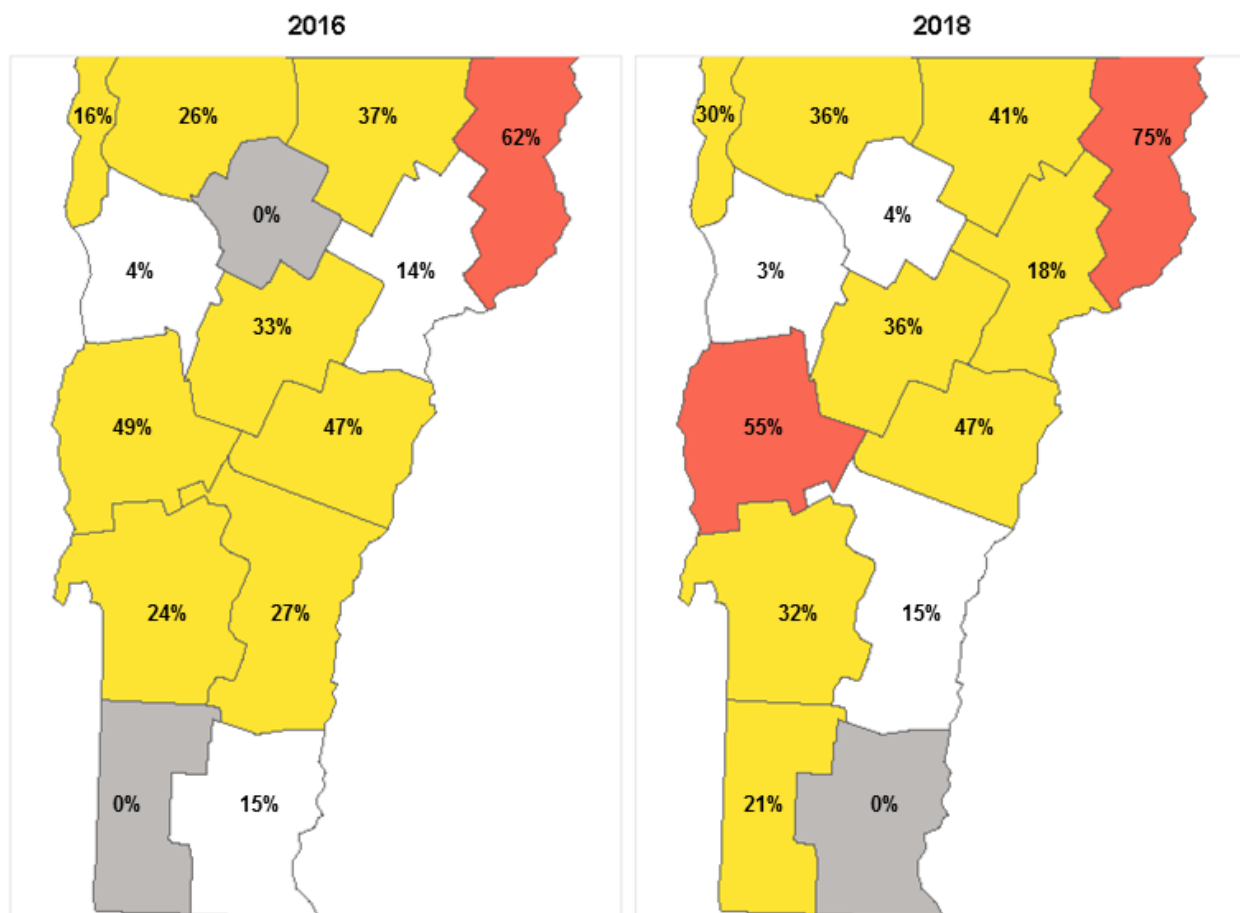


Detailed information on county-specific infant supply and demand can be found in the appendix.

## Toddlers

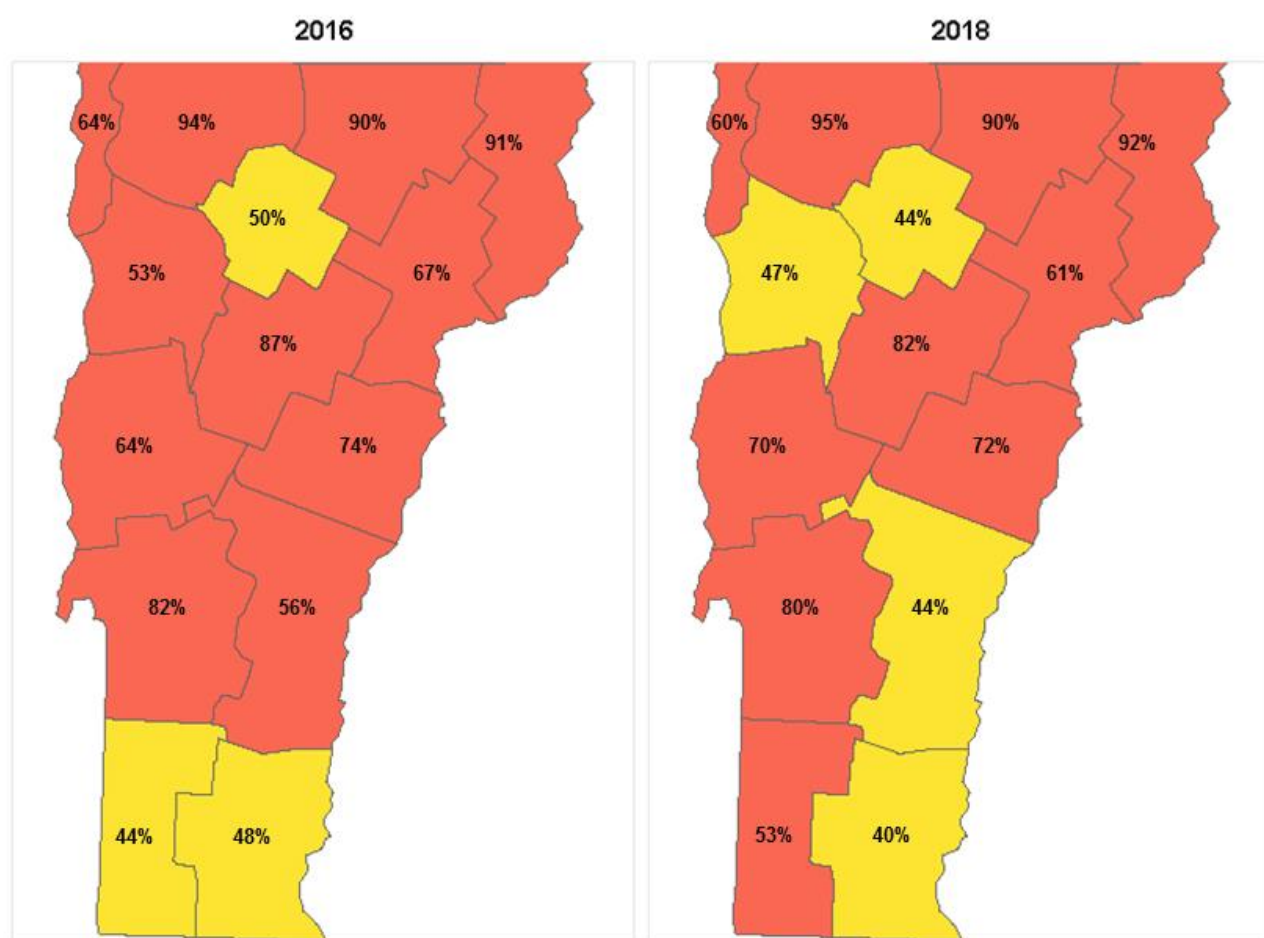
For toddlers, the analysis found that, statewide, more toddlers have access to regulated or high-quality early care and learning programs than infants, with 23% of toddlers LTNC lacking access to regulated programs. At the county level, the percent of toddlers LTNC without access to a slot in a regulated program ranged from 0% to 75%, as shown in Figure 7. In contrast with infants LTNC, six counties experienced a significant change in the percent of toddlers LTNC without access to any regulated programs. Bennington, Franklin, Lamoille, and Rutland counties experienced a significant increase in the percent of toddlers LTNC without access to regulated programs, meaning that fewer toddlers have access to regulated programs than noted in the 2016 report. Windham and Windsor counties experienced a significant decrease in the percent of toddlers LTNC without access to regulated programs, meaning that more toddlers have access to regulated programs than noted in the 2016 report.

**Figure 7. Vermont Toddlers LTNC Without Access to Regulated Care, 2016–2018**



However, when this analysis was limited to access to high-quality (4- or 5-star), regulated programs, the analysis found that **64% of toddlers LTNC don't have access to high-quality programs**. As you can see in Figure 8, in some counties, more than 90% of toddlers LTNC do not have access to high-quality, regulated programs. The analysis also found that four counties—Chittenden, Washington, Windham and Windsor—experienced significant decreases in the percent of toddlers LTNC without access to high-quality (4- or 5-star), regulated programs, meaning that more toddlers have access to high-quality, regulated programs than noted in the 2016 report.

**Figure 8. Toddlers LTNC Without Access to High-Quality (4- or 5-Star), Regulated Care, 2016–2018**



Detailed information on toddler supply and demand can be found in the appendix.

# What We Learned: County Information

Overall, Vermont families with infants and toddlers face challenges finding regulated child care due to lack of access, quality and affordability. These obstacles stall many children at the starting line. The supply of high-quality, regulated child care in comparison to the demand for care was evaluated for each Vermont county, as county-specific information highlights the unique circumstances of families with young children across the state.

Each of the following county profile sheets includes information on:

- LTNC population information
- County-specific information on the percent of infants and toddlers LTNC without access to regulated or high-quality (4- or 5-star), regulated programs
- County-specific information on the hours of operation for regulated providers serving infants and/or toddlers (the time the first program opens, the time most programs open, the time most programs close, and the time the last program closes).
- More information on how you can get work to support high-quality, affordable early care and learning for children in your community.

In addition to the following county profile sheets, information on the supply of and demand for child care for each Vermont county can be found in the appendix.



How well is the need for child care being met for infants & toddlers in Addison County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Addison County:

- ▶ 447 infants
- ▶ 233 toddlers

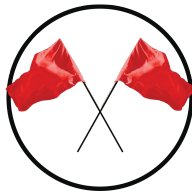
For many working parents, child care program hours of operation are critical.



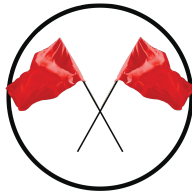
Hours of operation for programs serving infants or toddlers in Addison County:

- ▶ First program opens 6:00 AM
- ▶ Most programs open 7:00 AM
- ▶ Most programs close 5:30 PM
- ▶ Last program closes 6:00 PM

### Infant Access Status: **Stalled at the Start**

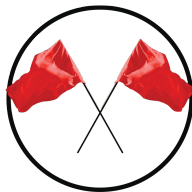


67% of infants likely to need care don't have access to any **regulated\*** programs.

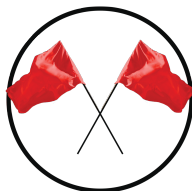


87% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



55% of toddlers likely to need care don't have access to any **regulated** programs.



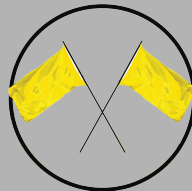
70% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

*\*Regulated means licensed with the state.  
\*\*See back to learn more about high-quality.*

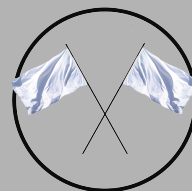
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

Vermont has a child care challenge. Statewide, 77% of infants and toddlers likely to need child care don't have access to high-quality (4- or 5-star) programs and 51% don't have access to any regulated child care programs. Vermont families and child care providers need our support to strengthen resources for our early care and learning programs.

### HOW DO WE DEFINE INFANTS & TODDLERS?

Based on state definitions, "infants" are children ages 6 weeks old to 23 months old and "toddlers" are children ages 24 months old (2 years) to 35 months old (almost 3 years).

### WHAT DO WE MEAN BY HIGH-QUALITY CHILD CARE?

High-quality early care and learning programs are staffed by consistent, nurturing caregivers educated in early childhood learning and development. In addition to keeping children safe, high-quality programs offer a clean, cheerful environment with outdoor space, and include play-based activities that enrich and promote learning and development, preparing children for success in school, relationships and life.



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## TAKE ACTION!

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How well is the need for child care being met for infants & toddlers in Bennington County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Bennington County:

- 542 infants
- 282 toddlers

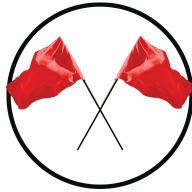
For many working parents, child care program hours of operation are critical.



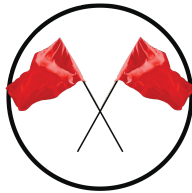
Hours of operation for programs serving infants or toddlers in Bennington County:

- First program opens 5:30 AM
- Most programs open 7:00 AM
- Most programs close 5:30 PM
- Last program closes 6:00 PM

### Infant Access Status: Stalled at the Start



61% of infants likely to need care don't have access to any **regulated\*** programs.

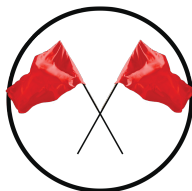


78% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: Stalled at the Start



21% of toddlers likely to need care don't have access to any **regulated** programs.



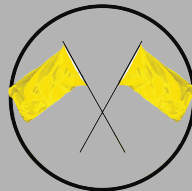
53% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

*\*Regulated means licensed with the state.  
\*\*See back to learn more about high-quality.*

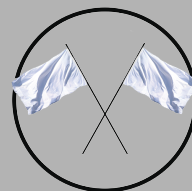
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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How well is the need for child care being met for infants & toddlers in Caledonia County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Caledonia County:

- 409 infants
- 229 toddlers

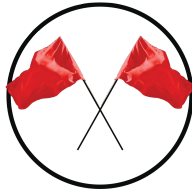
For many working parents, child care program hours of operation are critical.



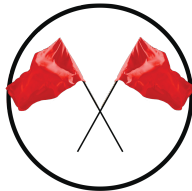
Hours of operation for programs serving infants or toddlers in Caledonia County:

- First program opens 5:00 AM
- Most programs open 7:00 AM
- Most programs close 5:30 PM
- Last program closes 6:30 PM

### Infant Access Status: **Stalled at the Start**



57% of infants likely to need care don't have access to any **regulated\*** programs.

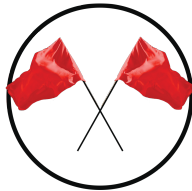


81% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



18% of toddlers likely to need care don't have access to any **regulated** programs.



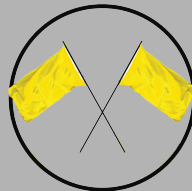
61% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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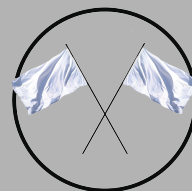
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%



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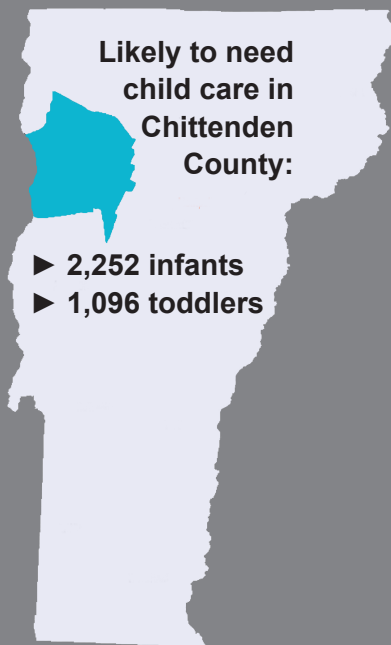
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How well is the need for child care being met for infants & toddlers in Chittenden County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.



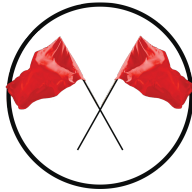
For many working parents, child care program hours of operation are critical.



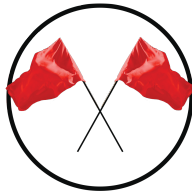
Hours of operation for programs serving infants or toddlers in Chittenden County:

- ▶ First program opens 5:00 AM
- ▶ Most programs open 7:00 AM
- ▶ Most programs close 5:30 PM
- ▶ Last program closes 6:00 PM

### Infant Access Status: **Stalled at the Start**



56% of infants likely to need care don't have access to any **regulated\*** programs.



77% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



3% of toddlers likely to need care don't have access to any **regulated** programs.



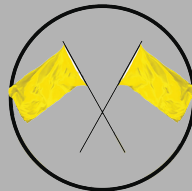
47% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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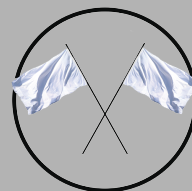
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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How well is the need for child care being met for infants & toddlers in Essex County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Essex County:

- 90 infants
- 48 toddlers

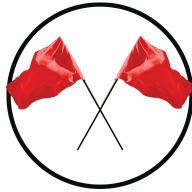
For many working parents, child care program hours of operation are critical.



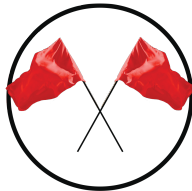
Hours of operation for programs serving infants or toddlers in Essex County:

- First program opens 6:30 AM
- Most programs open 7:00 AM
- Most programs close 5:00 PM
- Last program closes 5:15 PM

### Infant Access Status: **Stalled at the Start**

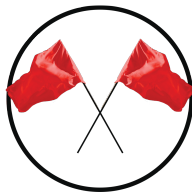


87% of infants likely to need care don't have access to any **regulated\*** programs.

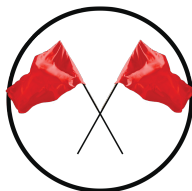


96% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



75% of toddlers likely to need care don't have access to any **regulated** programs.



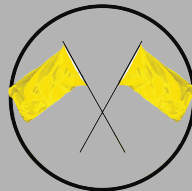
92% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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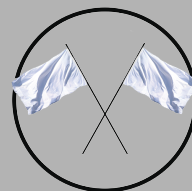
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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How well is the need for child care being met for infants & toddlers in Franklin County?

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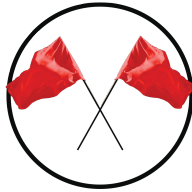
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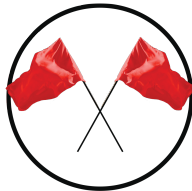
Hours of operation for programs serving infants or toddlers in Franklin County:

- ▶ First program opens 5:30 AM
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### Infant Access Status: **Stalled at the Start**



72% of infants likely to need care don't have access to any **regulated\*** programs.

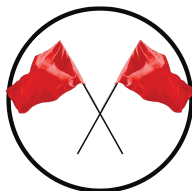


98% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



36% of toddlers likely to need care don't have access to any **regulated** programs.



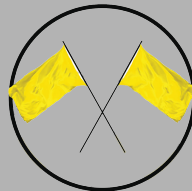
95% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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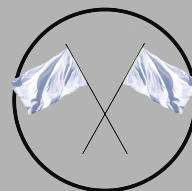
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**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%



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How well is the need for child care being met for infants & toddlers in Grand Isle County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.



For many working parents, child care program hours of operation are critical.



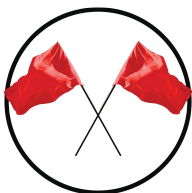
Hours of operation for programs serving infants or toddlers in Grand Isle County:

- First program opens 6:00 AM
- Most programs open 7:00 AM
- Most programs close 5:30 PM
- Last program closes 6:30 PM

## Infant Access Status: Stalled at the Start



80% of infants likely to need care don't have access to any **regulated\*** programs.



91% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

## Toddler Access Status: Stalled at the Start



30% of toddlers likely to need care don't have access to any **regulated** programs.



60% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

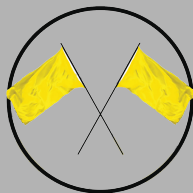
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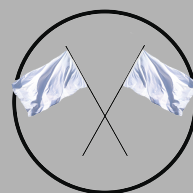
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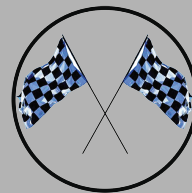
**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

Vermont has a child care challenge. Statewide, 77% of infants and toddlers likely to need child care don't have access to high-quality (4- or 5-star) programs and 51% don't have access to any regulated child care programs. Vermont families and child care providers need our support to strengthen resources for our early care and learning programs.

### HOW DO WE DEFINE INFANTS & TODDLERS?

Based on state definitions, "infants" are children ages 6 weeks old to 23 months old and "toddlers" are children ages 24 months old (2 years) to 35 months old (almost 3 years).

### WHAT DO WE MEAN BY HIGH-QUALITY CHILD CARE?

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## TAKE ACTION!

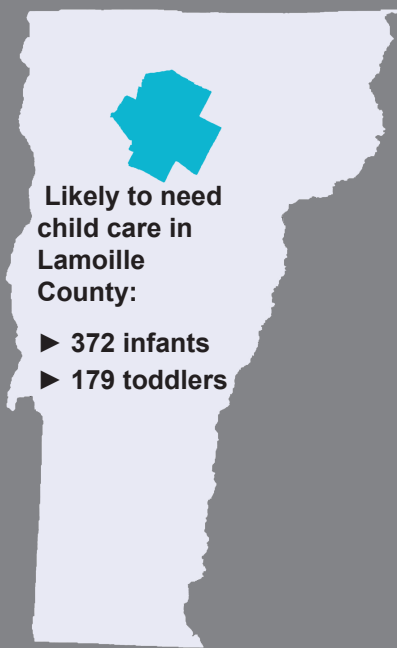
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How well is the need for child care being met for infants & toddlers in Lamoille County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.



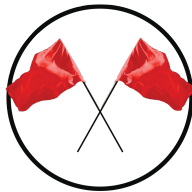
For many working parents, child care program hours of operation are critical.



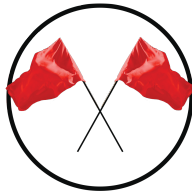
Hours of operation for programs serving infants or toddlers in Lamoille County:

- ▶ First program opens 6:00 AM
- ▶ Most programs open 7:00 AM
- ▶ Most programs close 5:30 PM
- ▶ Last program closes 6:00 PM

### Infant Access Status: **Stalled at the Start**



65% of infants likely to need care don't have access to any **regulated\*** programs.



80% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



4% of toddlers likely to need care don't have access to any **regulated** programs.



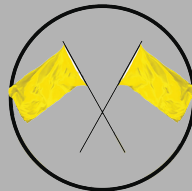
44% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

*\*Regulated means licensed with the state.  
\*\*See back to learn more about high-quality.*

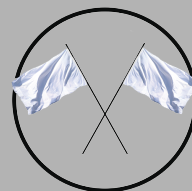
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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How well is the need for child care being met for infants & toddlers in Orange County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Orange County:

- ▶ 369 infants
- ▶ 205 toddlers

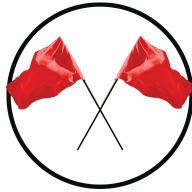
For many working parents, child care program hours of operation are critical.



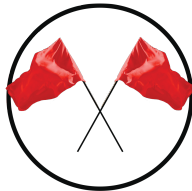
Hours of operation for programs serving infants or toddlers in Orange County:

- ▶ First program opens 6:30 AM
- ▶ Most programs open 7:00 AM
- ▶ Most programs close 5:30 PM
- ▶ Last program closes 6:30 PM

## Infant Access Status: Stalled at the Start



77% of infants likely to need care don't have access to any **regulated\*** programs.

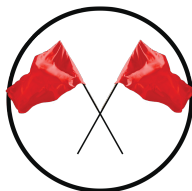


89% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

## Toddler Access Status: Stalled at the Start



47% of toddlers likely to need care don't have access to any **regulated** programs.



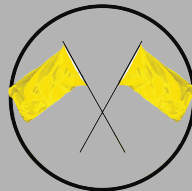
72% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

*\*Regulated means licensed with the state.  
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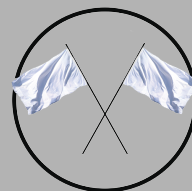
## Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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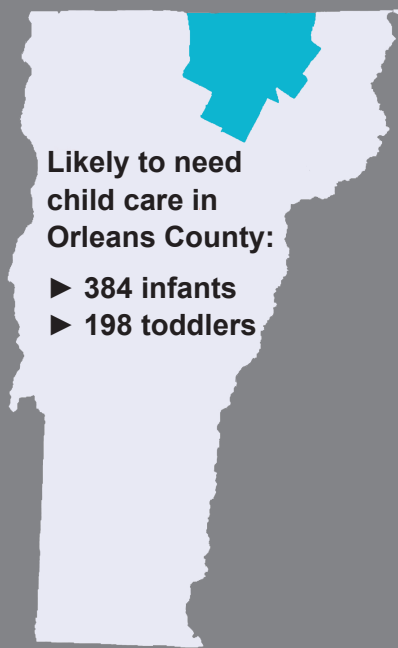
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How well is the need for child care being met for infants & toddlers in Orleans County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.



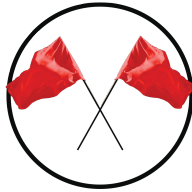
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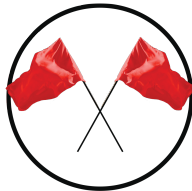
Hours of operation for programs serving infants or toddlers in Orleans County:

- ▶ First program opens 12:00 AM
- ▶ Most programs open 6:00 AM
- ▶ Most programs close 5:30 PM
- ▶ Last program closes 11:45 PM

## Infant Access Status: Stalled at the Start



71% of infants likely to need care don't have access to any **regulated\*** programs.

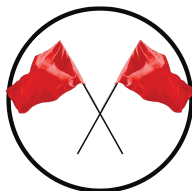


95% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

## Toddler Access Status: Stalled at the Start



41% of toddlers likely to need care don't have access to any **regulated** programs.



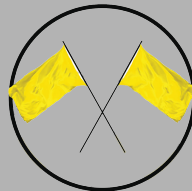
90% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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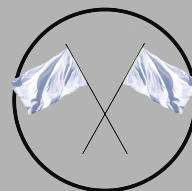
## Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%



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How well is the need for child care being met for infants & toddlers in Rutland County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Rutland County:

- ▶ 718 infants
- ▶ 392 toddlers



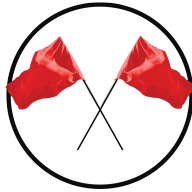
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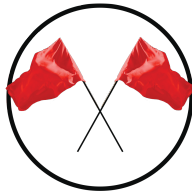
Hours of operation for programs serving infants or toddlers in Rutland County:

- ▶ First program opens 5:00 AM
- ▶ Most programs open 7:00 AM
- ▶ Most programs close 6:00 PM
- ▶ Last program closes 11:30 PM

### Infant Access Status: **Stalled at the Start**



63% of infants likely to need care don't have access to any **regulated\*** programs.

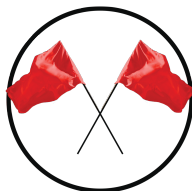


87% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



32% of toddlers likely to need care don't have access to any **regulated** programs.



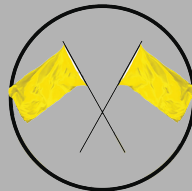
80% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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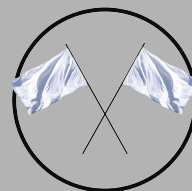
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**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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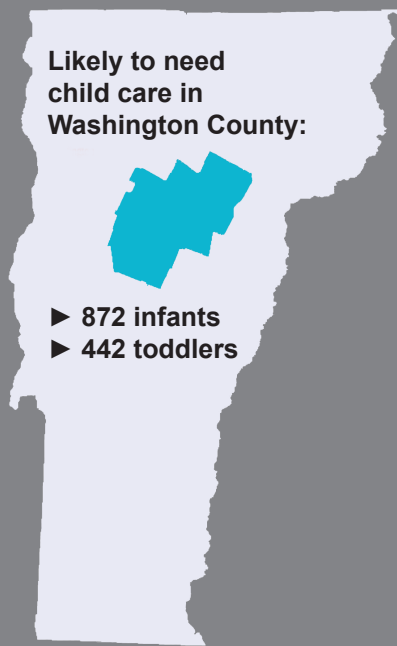
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How well is the need for child care being met for infants & toddlers in Washington County?

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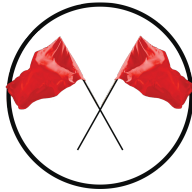
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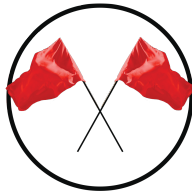
Hours of operation for programs serving infants or toddlers in Washington County:

- ▶ First program opens 6:00 AM
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### Infant Access Status: **Stalled at the Start**



72% of infants likely to need care don't have access to any **regulated\*** programs.

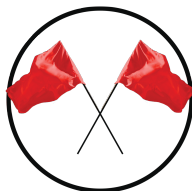


92% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



36% of toddlers likely to need care don't have access to any **regulated** programs.



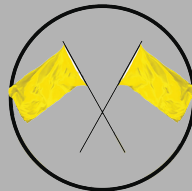
82% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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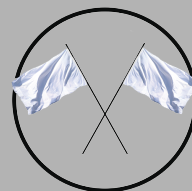
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**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

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How well is the need for child care being met for infants & toddlers in Windham County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Windham County:

- 535 infants
- 285 toddlers

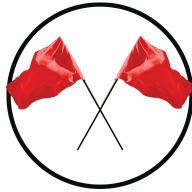
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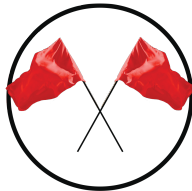
Hours of operation for programs serving infants or toddlers in Windham County:

- First program opens 6:30 AM
- Most programs open 7:30 AM
- Most programs close 5:30 PM
- Last program closes 11:00 PM

### Infant Access Status: **Stalled at the Start**



73% of infants likely to need care don't have access to any **regulated\*** programs.



83% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: **Stalled at the Start**



0% of toddlers likely to need care don't have access to any **regulated** programs.



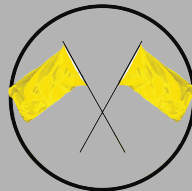
40% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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\*\*See back to learn more about high-quality.*

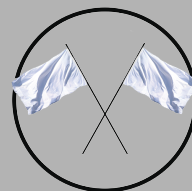
### Child Care Status Flag Descriptions



**Stalled at the Start**  
51-100%



**Hazard**  
16-50%



**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%

Vermont has a child care challenge. Statewide, 77% of infants and toddlers likely to need child care don't have access to high-quality (4- or 5-star) programs and 51% don't have access to any regulated child care programs. Vermont families and child care providers need our support to strengthen resources for our early care and learning programs.

### HOW DO WE DEFINE INFANTS & TODDLERS?

Based on state definitions, "infants" are children ages 6 weeks old to 23 months old and "toddlers" are children ages 24 months old (2 years) to 35 months old (almost 3 years).

### WHAT DO WE MEAN BY HIGH-QUALITY CHILD CARE?

High-quality early care and learning programs are staffed by consistent, nurturing caregivers educated in early childhood learning and development. In addition to keeping children safe, high-quality programs offer a clean, cheerful environment with outdoor space, and include play-based activities that enrich and promote learning and development, preparing children for success in school, relationships and life.



In Vermont, regulated child care programs can participate in the state's voluntary quality recognition and improvement system, called STARS (Step Ahead Recognition System). Within STARS, child care programs can receive a quality recognition level of 1 to 5 stars. This report refers to programs that have achieved 4- and 5-star recognition levels as high-quality because these levels have been identified in legislation, by partner organizations and in the work of Vermont's Blue Ribbon Commission on Financing High Quality, Affordable Child Care as targets for quality.

Earning stars takes time and there are many quality child care programs in Vermont committed to continuous improvement that have not yet achieved a 4- or 5-star rating. We want to acknowledge these programs and note that this level of detail is not reflected in this particular report. More information about regulated child care programs in Vermont can be found at [www.brightfutures.dcf.state.vt.us](http://www.brightfutures.dcf.state.vt.us).

## TAKE ACTION!

- ▶ Read the full report on access to high-quality child care for infants and toddlers statewide at [letsgrowkids.org/stalled-start](http://letsgrowkids.org/stalled-start).
- ▶ Contact your Let's Grow Kids field manager to get involved in the campaign: Vicky Senni, [vicky@letsgrowkids.org](mailto:vicky@letsgrowkids.org).
- ▶ Sign **the Petition** at [letsgrowkids.org](http://letsgrowkids.org) to increase public investments in high-quality, affordable child care to ensure every Vermont child has a strong start.



How well is the need for child care being met for infants & toddlers in Windsor County?

More than 70% of Vermont kids under age 6 are likely to need some form of child care because their parents are in the labor force.

Likely to need child care in Windsor County:

- 590 infants
- 291 toddlers

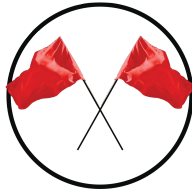
For many working parents, child care program hours of operation are critical.



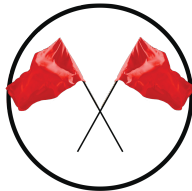
Hours of operation for programs serving infants or toddlers in Windsor County:

- First program opens 5:30 AM
- Most programs open 7:00 AM
- Most programs close 5:30 PM
- Last program closes 6:00 PM

### Infant Access Status: Stalled at the Start



62% of infants likely to need care don't have access to any **regulated\*** programs.



76% of infants likely to need care don't have access to **high-quality\*\*** (4- or 5-star) programs.

### Toddler Access Status: Stalled at the Start



15% of toddlers likely to need care don't have access to any **regulated** programs.



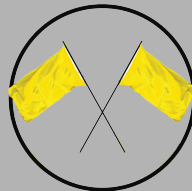
44% of toddlers likely to need care don't have access to **high-quality** (4- or 5-star) programs.

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\*\*See back to learn more about high-quality.*

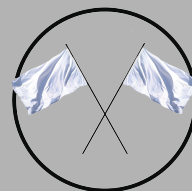
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**Final Lap**  
1-15%



**Win for Kids!**  
<1% - 0%



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# Methodology

## Overview

Data from regulated (licensed or registered) early care and learning providers was analyzed in conjunction with population estimate data to determine how closely current capacity matches the estimated need for regulated child care for infants and toddlers in Vermont.

## Determining Supply

Data on all active child care and early learning programs licensed or registered with the state (collectively referred to as regulated child care and early learning providers) was obtained from the CDD. For the 2018 analysis, the data set reflects information that was entered in CDD's BFIS database as of the end of day on September 30, 2017. For the 2016 analysis, the data set reflects information that was entered in CDD's BFIS database as of the end of the day on December 30, 2015.

The data set was limited to only those providers serving infants and/or toddlers. This group of providers was identified using information in the data set related to capacity. The data set included information on two measures of capacity: licensed capacity (the maximum number of slots licensed programs are allowed to care for) and provider-reported desired capacity (the number of slots a provider reported offering for a given age group). The advisory group for the analysis project established that provider-reported desired capacity was the most accurate measure of capacity for the purposes of the project. Given this, the data set was sorted by provider-reported desired capacity, and providers who do not offer at least one slot for at least one of the age groups of interest (infants and toddlers) were removed from the data set.

Once the data set was limited to infant- and toddler-related providers, non-reoccurring child care providers were removed from the data set. This decision was based on the assumption that non-reoccurring programs provide temporary or non-regular child care for families. Non-reoccurring early care and learning providers are those that provide child care on an occasional or as-needed basis such as resort-based child care programs that provide temporary care for tourists and Vermonters while parents or guardians participate in activities, or that offer seasonal programs (such as summer camps). Some non-reoccurring child care programs based at resorts, such as Stratton, hold a separate license for employee child care or operate a year-round child care program that is utilized regularly by staff and/or community members. For such cases, the child care provider data was included in the data set. Further research should be conducted to estimate the number of resort employees who utilize non-employee-only (i.e., guests and community members) resort-based care as their primary source of child care.

Once non-reoccurring child care providers were removed from the data set, the total statewide infant and toddler early care and learning program supply was determined by calculating the

total provider-reported desired capacity for each age group of interest. The total infant and toddler supply data was then further segmented to calculate the high-quality infant and toddler supply by summing the data for programs that have a 4- or 5-star designation in STARS.

The data for both the infant and toddler supply and infant and toddler high-quality supply were sorted by county to determine county-specific supply totals for each age group of interest.

## **Determining Demand**

To determine the potential demand for child care, the work group utilized a proxy for demand established by the advisory work group: children LTNC. The LTNC population was determined by analyzing US Census Bureau data on the percent of children 5 and under in Vermont with all available parents in the labor force at the state and county levels against population estimate information. To conduct this analysis, the Vermont Department of Health's population estimate by county and by single year of age was downloaded from the Department of Health's website. For both reports (2016 and 2018), the most current population information data sets were used to conduct the analysis. For the 2018 report, the analysis used the 2016 population estimates. For the 2016 report analysis, the analysis used the 2014 population estimates.

Once the population data was obtained, the population for each age group of interest was determined by summing the total statewide population for each age group. For infants, the population total for children ages birth through 1 was summated. For toddlers, the population total for children age 2 was used.

Data on the US Census Bureau's estimates of the percent of children 5 and under with all available parents in the labor force was downloaded from Vermont Insights, a program of BBF. This included both the statewide percent of children under 6 in Vermont with all available parents in the labor force and county-specific percentages.

US Census Bureau percentages were then applied to Vermont Department of Health population estimate data to determine both statewide infant and toddler LTNC populations as well as county-specific LTNC populations.

The LTNC population total for each age group was then compared to the estimated supply of care for each age group, both statewide and by county, to determine whether supply did or did not meet estimated demand for the relevant LTNC population.

## **Hours of Operation**

The 2018 county profile sheets include county-specific information on hours of operation of regulated programs identified as serving infants and/or toddlers. This information was included in the supply data set. If a provider did not have typical hours of operation listed in the data set, an attempt was made to gather this information. First, a general web search was conducted to



see if a provider had a website or social media page with hours of operation listed. As a second step, VB5 team members contacted providers to gather information on typical hours of operation. However, some programs chose not to provide information on hours of operation or could not be reached to provide this information. These programs were excluded from the hours of operation analysis. It is also important to note that some programs list that the program is willing to work with families to arrange care outside the hours listed for the program in BFIS or elsewhere, but this analysis was limited to only account for hours listed in BFIS, on the internet or collected through direct communications via phone or email.

## **Determining Significance of 2016–2018 Changes**

Findings from the 2018 report were compared to the findings from the 2016 report using a two-tailed  $t$ -test at  $\alpha=0.05$  to determine whether changes were statistically significant. If the analysis found that the change was not statistically significant, the change is listed as “no significant change.” If the change was found to be statistically significant, the change is listed as either “fewer children LTNC have access” or “more children LTNC have access,” depending on whether there was an increase or decrease in the percentage of children LTNC without access to care.

## **Additional Assumptions, Caveats and Definitions**

In addition to the assumptions and caveats stated above, there are several additional caveats that should be accounted for when reviewing this analysis.

- Determination of supply:
  - The child care capacity data used for this study is based on provider-reported desired capacity in Vermont’s BFIS, a database administered by Vermont’s CDD and used by regulated child care programs in the state.
    - If a licensed provider did not have information listed in the data set for reported desired capacity, licensed capacity data was used in place of provider-reported desired capacity.
    - For registered home-based providers, if desired capacity was not reported, it was assumed that the provider had the capacity to care for two infants and two toddlers.
  - High-quality
    - For the purposes of this analysis, high-quality early care and learning was defined as programs with 4 or 5 stars in the STARS program as of the reporting date for the supply data set.
- Determination of demand:
  - Total age group population
    - It was assumed that Vermont’s current population is similar to the most recent population estimates available from the Vermont Department of Health and that this information is the best available proxy for estimating the number of children, by age group, in the state.

- Infant population
  - The Vermont Department of Health’s population estimate information is broken out by year of age, with age 0 representing children birth through 11 months. However, CDD’s definition of an infant is 6 weeks to 23 months. For children 12 months to 23 months, the population estimate for children age 1 was used. For children 6 weeks to 11 months, the population estimate for children age 0 was used, as the advisory group noted that there was no reliable way to accurately project the number of children in the population estimate who were less than 6 weeks old.
- LTNC population
  - For the statewide analysis, the LTNC population was based on the state-specific percent of children under 6 with all available parents in the labor force, as reported in the most recent US Census Bureau American Community Survey 5-year estimate.
    - For the 2016 report, the LTNC population was assumed to be 70.4% of the total age group population. This is based on the US Census Bureau’s American Community Survey estimate that 70.38% of children under 6 in Vermont have all available parents in the labor force.
    - For the 2018 report, the LTNC population was assumed to be 70.1% of the total age group population. This is based on the US Census Bureau’s American Community Survey estimate that 70.14% of children under 6 in Vermont have all available parents in the labor force.
  - For the county-level analysis, the LTNC population was based on the county-specific percent of children under 6 in the given county who have all available parents in the labor force, as reported by Vermont Insights.
  - It was also assumed that the estimates of children under 6 with all parents in the labor force applies evenly across all age groups within Vermont’s under 6 population.
- Definition of “access to care”
  - Statewide analysis
    - For this analysis, it was assumed that all infants and toddlers LTNC had equal access to every program in the state.
    - The analysis does not account for considerations such as some regulated programs being limited to a particular population (e.g., Head Start).
    - Additionally, the analysis does not account for other limiting factors such as cost, geographic access (families living in the northern part of a county not wanting to drive to the southern part of the county to utilize child care) or transportation access (a family’s ability to use personal or public transit to access an early care and learning program).
  - County-level analysis
    - The analysis assumed that all infants and toddlers LTNC in a given county had equal access to providers in that same county and does not account for families seeking early care and learning programs outside of their county of residence.

- Like the statewide analysis, the county-level analysis did not account for other limiting factors such as cost, geographic access (families living in the northern part of a county not wanting to drive to the southern part of the county to utilize child care) or transportation access (a family's ability to use personal or public transit to access an early care and learning program).
- Program closings and openings since the supply data file was collected
  - Through the hours of operation data collection process, VB5 team members learned that a number of providers who did not have hours listed in the data set had since closed their programs. The advisory group determined that these providers should not be removed from the data set as this analysis is a point-in-time evaluation. Even though some information on closures was captured through the process of updating hours of operation information, additional information on other program closures would need to be collected, in addition to program openings, in order to adjust the data set.
- Comparison of 2016 report findings to 2018 report findings
  - An important caveat in understanding the comparison between the 2016 report findings and 2018 report findings is that each report is based on different date-in-time data sets. The data set that will be used for future updates to the report will follow the same date schedule as the 2018 report.



# Appendix

**Table 2. Count of Regulated Programs Serving Infants and/or Toddlers by County, 2018**

| <b>County</b>     | <b>Count of All Unrated, 1-, 2- or 3-Star Programs Serving Infants and/or Toddlers</b> | <b>Count of All 4- or 5-Star Providers Serving Infants and/or Toddlers</b> | <b>Total</b> |
|-------------------|--|--|--------------|
| <b>Addison</b>    | 33   | 12   | <b>45</b>    |
| <b>Bennington</b> | 34   | 18   | <b>52</b>    |
| <b>Caledonia</b>  | 40   | 14   | <b>54</b>    |
| <b>Chittenden</b> | 104  | 59   | <b>163</b>   |
| <b>Essex</b>      | 4  | 2  | <b>6</b>     |
| <b>Franklin</b>   | 93   | 8  | <b>101</b>   |
| <b>Grand Isle</b> | 5  | 1  | <b>6</b>     |
| <b>Lamoille</b>   | 26   | 12   | <b>38</b>    |
| <b>Orange</b>     | 16   | 9  | <b>25</b>    |
| <b>Orleans</b>    | 43   | 9  | <b>52</b>    |
| <b>Rutland</b>    | 65   | 14   | <b>79</b>    |
| <b>Washington</b> | 71   | 10   | <b>81</b>    |
| <b>Windham</b>    | 21   | 23   | <b>44</b>    |
| <b>Windsor</b>    | 29   | 33   | <b>62</b>    |

**Table 3. Infant Capacity of Regulated Programs by County, 2018**

| <b>County</b>     | <b>Capacity of All Unrated, 1-, 2- or 3-Star Programs Serving Infants</b> | <b>Capacity of All 4- or 5-Star Providers Serving Infants</b> | <b>Total Infant Capacity</b> |
|-------------------|---|---|------------------------------|
| <b>Addison</b>    | 92  | 56  | <b>148</b>                   |
| <b>Bennington</b> | 91  | 118   | <b>209</b>                   |
| <b>Caledonia</b>  | 98  | 78  | <b>176</b>                   |
| <b>Chittenden</b> | 469   | 514   | <b>983</b>                   |
| <b>Essex</b>      | 8   | 4   | <b>12</b>                    |
| <b>Franklin</b>   | 218   | 20  | <b>238</b>                   |
| <b>Grand Isle</b> | 9   | 8   | <b>17</b>                    |
| <b>Lamoille</b>   | 57  | 74  | <b>131</b>                   |
| <b>Orange</b>     | 41  | 42  | <b>83</b>                    |
| <b>Orleans</b>    | 91  | 20  | <b>111</b>                   |
| <b>Rutland</b>    | 179   | 90  | <b>269</b>                   |
| <b>Washington</b> | 181   | 66  | <b>247</b>                   |
| <b>Windham</b>    | 56  | 91  | <b>147</b>                   |
| <b>Windsor</b>    | 84  | 143   | <b>227</b>                   |



**Table 4. Toddler Capacity of Regulated Programs by County, 2018**

| <b>County</b>     | <b>Capacity of All Unrated, 1-, 2- or 3-Star Programs Serving Toddler</b> | <b>Capacity of All 4- or 5-Star Providers Serving Toddlers</b> | <b>Total Toddler Capacity of Regulated Programs</b> |
|-------------------|---|--|---|
| <b>Addison</b>    | 35  | 70   | <b>105</b>  |
| <b>Bennington</b> | 90  | 133  | <b>223</b>  |
| <b>Caledonia</b>  | 99  | 89   | <b>188</b>  |
| <b>Chittenden</b> | 481   | 577  | <b>1058</b>   |
| <b>Essex</b>      | 8   | 4  | <b>12</b>   |
| <b>Franklin</b>   | 244   | 23   | <b>267</b>  |
| <b>Grand Isle</b> | 12  | 16   | <b>28</b>   |
| <b>Lamoille</b>   | 71  | 100  | <b>171</b>  |
| <b>Orange</b>     | 50  | 58   | <b>108</b>  |
| <b>Orleans</b>    | 97  | 20   | <b>117</b>  |
| <b>Rutland</b>    | 186   | 80   | <b>266</b>  |
| <b>Washington</b> | 206   | 78   | <b>284</b>  |
| <b>Windham</b>    | 90  | 172  | <b>262</b>  |
| <b>Windsor</b>    | 84  | 162  | <b>246</b>  |

**Table 5. Population Information by Age-Group and County, 2018**

| County     | Percent of Children under Age 6 with All Available Parents in Labor Force | Total Infant Population | LTNC Infant Population | Total Toddler Population | LTNC Toddler Population |
|------------|---|-------------------------|------------------------|--------------------------|-------------------------|
| Addison    | 70.30%  | 636                     | 447                    | 331                      | 233                     |
| Bennington | 80.10%  | 677                     | 542                    | 352                      | 282                     |
| Caledonia  | 72.80%  | 562                     | 409                    | 314                      | 229                     |
| Chittenden | 68.90%  | 3268                    | 2252                   | 1591                     | 1096                    |
| Essex      | 74.80%  | 120                     | 90                     | 64                       | 48                      |
| Franklin   | 70.20%  | 1218                    | 855                    | 596                      | 418                     |
| Grand Isle | 66.00%  | 129                     | 85                     | 61                       | 40                      |
| Lamoille   | 69.80%  | 533                     | 372                    | 256                      | 179                     |
| Orange     | 69.60%  | 530                     | 369                    | 294                      | 205                     |
| Orleans    | 72.80%  | 527                     | 384                    | 272                      | 198                     |
| Rutland    | 66.50%  | 1079                    | 718                    | 589                      | 392                     |
| Washington | 76.60%  | 1138                    | 872                    | 577                      | 442                     |
| Windham    | 69.60%  | 769                     | 535                    | 409                      | 285                     |
| Windsor    | 60.50%  | 976                     | 590                    | 481                      | 291                     |

**Table 6. Percent of Infants LTNC Without Access to Regulated Care by County, 2016–2018**

| County            | 2016 Report<br>Percent of<br>Infants LTNC<br>Without Access | 2016<br>Report<br>Status<br>Flag | 2018 Report<br>Percent of<br>Infants LTNC<br>Without Access | 2018<br>Report<br>Status<br>Flag | 2016–2018<br>Change   |
|-------------------|---|----------------------------------|---|----------------------------------|-----------------------|
| <b>Addison</b>    | 65%   | Red Flag                         | 67%   | Red Flag                         | No significant change |
| <b>Bennington</b> | 50%   | Yellow Flag                      | 61%   | Red Flag                         | Significant increase  |
| <b>Caledonia</b>  | 56%   | Red Flag                         | 57%   | Red Flag                         | No significant change |
| <b>Chittenden</b> | 55%   | Red Flag                         | 56%   | Red Flag                         | No significant change |
| <b>Essex</b>      | 79%   | Red Flag                         | 87%   | Red Flag                         | No significant change |
| <b>Franklin</b>   | 65%   | Red Flag                         | 72%   | Red Flag                         | Significant increase  |
| <b>Grand Isle</b> | 67%   | Red Flag                         | 80%   | Red Flag                         | No significant change |
| <b>Lamoille</b>   | 59%   | Red Flag                         | 65%   | Red Flag                         | No significant change |
| <b>Orange</b>     | 74%   | Red Flag                         | 77%   | Red Flag                         | No significant change |
| <b>Orleans</b>    | 65%   | Red Flag                         | 71%   | Red Flag                         | No significant change |
| <b>Rutland</b>    | 63%   | Red Flag                         | 63%   | Red Flag                         | No significant change |
| <b>Washington</b> | 66%   | Red Flag                         | 72%   | Red Flag                         | Significant increase  |
| <b>Windham</b>    | 68%   | Red Flag                         | 73%   | Red Flag                         | No significant change |
| <b>Windsor</b>    | 64%   | Red Flag                         | 62%   | Red Flag                         | No significant change |

**Table 7. Percent of Infants LTNC Without Access to High-Quality (4- or 5-Star), Regulated Care by County, 2016–2018**

| County     | 2016 Report<br>Percent of<br>Infants<br>LTNC<br>Without<br>Access | 2016<br>Report<br>Status<br>Flag | 2018 Report<br>Percent of<br>Infants LTNC<br>Without<br>Access | 2018<br>Report<br>Status<br>Flag | 2016–2018<br>Change   |
|------------|---|----------------------------------|--|----------------------------------|-----------------------|
| Addison    | 88%   | Red Flag                         | 87%  | Red Flag                         | No significant change |
| Bennington | 75%   | Red Flag                         | 78%  | Red Flag                         | No significant change |
| Caledonia  | 83%   | Red Flag                         | 81%  | Red Flag                         | No significant change |
| Chittenden | 79%   | Red Flag                         | 77%  | Red Flag                         | No significant change |
| Essex      | 95%   | Red Flag                         | 96%  | Red Flag                         | No significant change |
| Franklin   | 98%   | Red Flag                         | 98%  | Red Flag                         | No significant change |
| Grand Isle | 90%   | Red Flag                         | 91%  | Red Flag                         | No significant change |
| Lamoille   | 82%   | Red Flag                         | 80%  | Red Flag                         | No significant change |
| Orange     | 88%   | Red Flag                         | 89%  | Red Flag                         | No significant change |
| Orleans    | 94%   | Red Flag                         | 95%  | Red Flag                         | No significant change |
| Rutland    | 89%   | Red Flag                         | 87%  | Red Flag                         | No significant change |
| Washington | 93%   | Red Flag                         | 92%  | Red Flag                         | No significant change |
| Windham    | 85%   | Red Flag                         | 83%  | Red Flag                         | No significant change |
| Windsor    | 79%   | Red Flag                         | 76%  | Red Flag                         | No significant change |

**Table 8. Percent of Toddlers LTNC Without Access to Regulated Care by County, 2016–2018**

| County            | 2016 Report<br>Percent of<br>Toddlers LTNC<br>Without Access | 2016<br>Report<br>Status<br>Flag | 2018 Report<br>Percent of<br>Toddlers LTNC<br>Without Access | 2018<br>Report<br>Status<br>Flag | 2016–2018<br>Change      |
|-------------------|--|----------------------------------|--|----------------------------------|--------------------------|
| <b>Addison</b>    | 49%  | Yellow<br>Flag                   | 55%  | Red Flag                         | No significant<br>change |
| <b>Bennington</b> | 0%   | Checkered<br>Flag                | 21%  | Yellow<br>Flag                   | Significant<br>increase  |
| <b>Caledonia</b>  | 14%  | White Flag                       | 18%  | Yellow<br>Flag                   | No significant<br>change |
| <b>Chittenden</b> | 4%   | White Flag                       | 3%   | White Flag                       | No significant<br>change |
| <b>Essex</b>      | 62%  | Red Flag                         | 75%  | Red Flag                         | No significant<br>change |
| <b>Franklin</b>   | 26%  | Yellow<br>Flag                   | 36%  | Yellow<br>Flag                   | Significant<br>increase  |
| <b>Grand Isle</b> | 16%  | Yellow<br>Flag                   | 30%  | Yellow<br>Flag                   | No significant<br>change |
| <b>Lamoille</b>   | 0%   | Checkered<br>Flag                | 4%   | White Flag                       | Significant<br>increase  |
| <b>Orange</b>     | 47%  | Yellow<br>Flag                   | 47%  | Yellow<br>Flag                   | No significant<br>change |
| <b>Orleans</b>    | 37%  | Yellow<br>Flag                   | 41%  | Yellow<br>Flag                   | No significant<br>change |
| <b>Rutland</b>    | 24%  | Yellow<br>Flag                   | 32%  | Yellow<br>Flag                   | Significant<br>increase  |
| <b>Washington</b> | 33%  | Yellow<br>Flag                   | 36%  | Yellow<br>Flag                   | No significant<br>change |
| <b>Windham</b>    | 15%  | White Flag                       | 0%   | Checkered<br>Flag                | Significant<br>decrease  |
| <b>Windsor</b>    | 27%  | Yellow<br>Flag                   | 15%  | White Flag                       | Significant<br>decrease  |

**Table 9. Percent of Toddlers LTNC Without Access to High-Quality (4- or 5-Star), Regulated Care by County, 2016–2018**

| County            | 2016 Report<br>Percent of<br>Toddlers LTNC<br>Without Access | 2016<br>Report<br>Status<br>Flag | 2018 Report<br>Percent of<br>Toddlers LTNC<br>Without Access | 2018<br>Report<br>Status<br>Flag | 2016–2018<br>Change   |
|-------------------|--|----------------------------------|--|----------------------------------|-----------------------|
| <b>Addison</b>    | 64%  | Red Flag                         | 70%  | Red Flag                         | No significant change |
| <b>Bennington</b> | 44%  | Yellow Flag                      | 53%  | Red Flag                         | No significant change |
| <b>Caledonia</b>  | 67%  | Red Flag                         | 61%  | Red Flag                         | No significant change |
| <b>Chittenden</b> | 53%  | Red Flag                         | 47%  | Yellow Flag                      | Significant decrease  |
| <b>Essex</b>      | 91%  | Red Flag                         | 92%  | Red Flag                         | No significant change |
| <b>Franklin</b>   | 94%  | Red Flag                         | 95%  | Red Flag                         | No significant change |
| <b>Grand Isle</b> | 64%  | Red Flag                         | 60%  | Red Flag                         | No significant change |
| <b>Lamoille</b>   | 50%  | Yellow Flag                      | 44%  | Yellow Flag                      | No significant change |
| <b>Orange</b>     | 74%  | Red Flag                         | 72%  | Red Flag                         | No significant change |
| <b>Orleans</b>    | 90%  | Red Flag                         | 90%  | Red Flag                         | No significant change |
| <b>Rutland</b>    | 82%  | Red Flag                         | 80%  | Red Flag                         | No significant change |
| <b>Washington</b> | 87%  | Red Flag                         | 82%  | Red Flag                         | Significant decrease  |
| <b>Windham</b>    | 48%  | Yellow Flag                      | 40%  | Yellow Flag                      | Significant decrease  |
| <b>Windsor</b>    | 56%  | Red Flag                         | 44%  | Yellow Flag                      | Significant decrease  |



**Table 10. Hours of Operation of Regulated Programs Serving Infants and/or Toddlers by County, 2018**

| <b>County</b>     | <b>Time First Infant or Toddler Slot Becomes Available</b> | <b>Most Common Time Infant or Toddler Slots Become Available</b> | <b>Most Common Time Infant or Toddler Slots Become Unavailable</b> | <b>Time Last Infant or Toddler slot Becomes Unavailable</b> |
|-------------------|--|--|--|---|
| <b>Addison</b>    | 6:00 AM  | 7:00 AM  | 5:30 PM  | 6:00 PM   |
| <b>Bennington</b> | 5:30 AM  | 7:00 AM  | 5:30 PM  | 6:00 PM   |
| <b>Caledonia</b>  | 5:00 AM  | 7:00 AM  | 5:30 PM  | 6:30 PM   |
| <b>Chittenden</b> | 5:00 AM  | 7:00 AM  | 5:30 PM  | 6:00 PM   |
| <b>Essex</b>      | 6:30 AM  | 7:00 AM  | 5:00 PM  | 5:15 PM   |
| <b>Franklin</b>   | 5:30 AM  | 7:00 AM  | 5:30 PM  | 6:00 PM   |
| <b>Grand Isle</b> | 6:00 AM  | 7:00 AM  | 5:30 PM  | 6:30 PM   |
| <b>Lamoille</b>   | 6:00 AM  | 7:00 AM  | 5:30 PM  | 6:00 PM   |
| <b>Orange</b>     | 6:30 AM  | 7:00 AM  | 5:30 PM  | 6:30 PM   |
| <b>Orleans</b>    | 12:00 AM   | 6:00 AM  | 5:30 PM  | 11:45 PM  |
| <b>Rutland</b>    | 5:00 AM  | 7:00 AM  | 6:00 PM  | 11:30 PM  |
| <b>Washington</b> | 6:00 AM  | 7:00 AM  | 5:00 PM  | 6:00 PM   |
| <b>Windham</b>    | 6:30 AM  | 7:30 AM  | 5:30 PM  | 11:00 PM  |
| <b>Windsor</b>    | 5:30 AM  | 7:00 AM  | 5:30 PM  | 6:00 PM   |

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