



**W**here children are born can affect their chances for a strong start in life. Babies need Good Health, Strong Families, and Positive Early Learning Experiences to foster their healthy brain development and help them realize their full potential.

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.



## Vermont's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

Overall

**G R O W**

Working Effectively

Good Health

**G R O W**

Working Effectively

Strong Families

**G R O W**

Improving Outcomes

Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

Infants and toddlers in Vermont

### Overview

Vermont is home to 17,379 babies, representing 2.8 percent of the state's population. As many as 33.8 percent live in households with incomes less than twice the federal poverty line (in 2018, about \$50,000 a year for a family of four), placing them at economic disadvantage. America's youngest children are diverse and are raised in a variety of family contexts. In Vermont, 12.3 percent of babies are children of color and 65.6 percent of the state's infants and toddlers live in rural areas. A broad array of policies and services are required to ensure all of them have an equitable start in life.

■ VERMONT ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 87.7% ■ 49.3%

Non-Hispanic Other ■ 4.8% ■ 5.9%

Hispanic ■ 3.3% ■ 26.2%

Non-Hispanic Asian ■ 2.2% ■ 4.9%

Non-Hispanic Black ■ 2.0% ■ 13.7%

American Indian/Alaska Native ■ 0.3% ■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 71.5% ■ 61.6%

#### Poverty status of infants and toddlers

Above Low-Income ■ 66.2% ■ 57.9%

Low-Income ■ 22.0% ■ 22.3%

In Poverty ■ 11.8% ■ 19.8%

#### Infants and toddlers in poverty, by race

Non-Hispanic White ■ 12.2% ■ 12.3%

Non-Hispanic Black ■ N/A ■ 37.0%

Non-Hispanic Other ■ N/A ■ 16.9%

Hispanic ■ N/A ■ 27.2%

#### Family structure

2-Parent Family ■ 84.3% ■ 76.7%

1-Parent Family ■ 13.4% ■ 20.9%

No Parents Present ■ 2.3% ■ 2.4%

#### Grandparent-headed households

■ 5.0% ■ 8.5%

#### Rural/Non-metro area

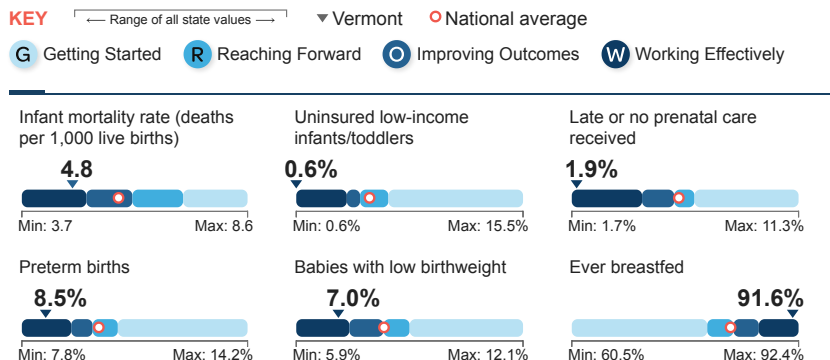
Living Outside of a Metro Area ■ 65.6% ■ 8.6%

## What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any later stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care is essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Vermont falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Vermont performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and women receiving late or no prenatal care. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and babies receiving preventive dental care. Vermont is a Medicaid expansion state. The state Medicaid program covers 5 of 5 screenings and services that support socioemotional well-being and maternal and infant and early childhood mental health (IECMH).

## Six Key Indicators of Good Health



## Good Health Policy in Vermont

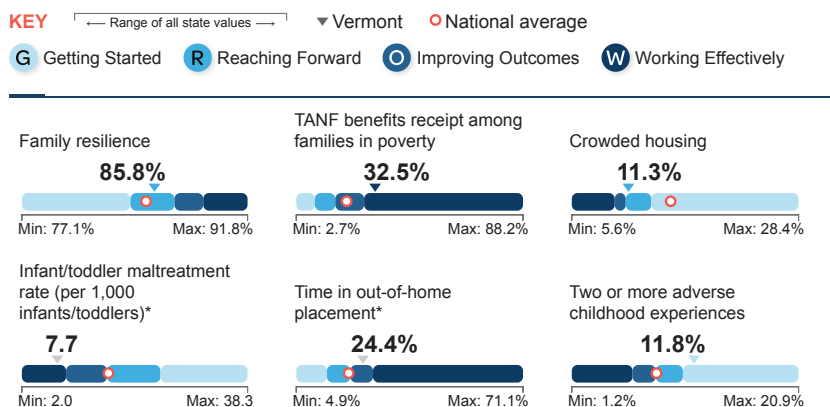
Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Recommended
Medicaid plan covers social-emotional screening for young children	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at home	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services in early childhood education settings	Yes <input checked="" type="checkbox"/>

## What Defines Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families benefit from parenting supports, and many—particularly those challenged by economic instability—require access to additional resources that help them meet their children's daily and developmental needs. Key supports include safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Vermont falls in the Achieving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of families in poverty with babies receiving TANF and babies living in crowded housing. Vermont is doing worse than the national average on indicators such as the percentages of babies who have had 'one' or 'two or more' adverse experiences. Policy-wise, the state has implemented 3 of 5 policies that promote strong families, such as paid sick and family leave, Temporary Assistance to Needy Families (TANF) options, the Child Tax Credit, and Earned Income Tax Credit.

## Six Key Indicators of Strong Families



## Strong Families Policy in Vermont

Paid family leave	No <input type="checkbox"/>
Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
TANF Work Exemption	Yes <input checked="" type="checkbox"/>
State Child Tax Credit	No <input type="checkbox"/>
State Earned Income Tax Credit (EITC)	Yes <input checked="" type="checkbox"/>

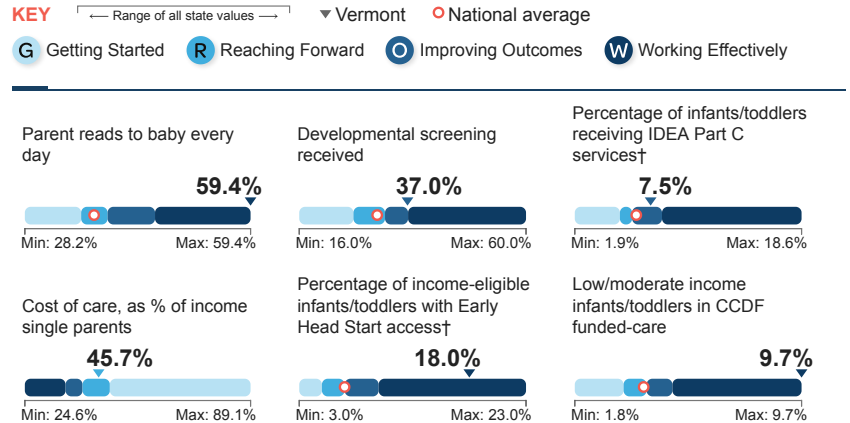


## What Defines Positive Early Learning Experiences?

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings impacts how prepared they are for life-long learning and success. Parents who work or attend school require access to affordable, high-quality care options that foster their babies' development. During this rapid period of growth, access to screening and early intervention is essential to address potential developmental delays.

Vermont scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentages of parents who read to their babies daily and income-eligible babies with access to Early Head Start. Vermont has no indicators on which it ranks worse than the national average. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking. The state offers child care subsidy assistance to families with incomes above 200 percent of the Federal Poverty Level.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Vermont

Families above 200% of FPL eligible for child care subsidy	Yes <input checked="" type="checkbox"/>
Allocated CCDBG funds	Yes <input checked="" type="checkbox"/>
Group size requirements meet or exceed EHS standards	1 age group
Adult/child ratio requirements meet or exceed EHS standards	2 age groups
Level of teacher qualification required by the state	High school diploma
Infant/toddler credential adopted	No <input checked="" type="checkbox"/>
State reimburses center based child care at/above 75th percentile of market rates	No <input checked="" type="checkbox"/>
State includes 'at-risk' children as eligible for IDEA Part C services	No <input checked="" type="checkbox"/>

## All indicators for Vermont

**G** Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>213.0</b> National average: 200.0	<b>W</b> Uninsured low-income infants/toddlers	<b>0.6%</b> National average: 5.4%
<b>O</b> Low or very low food security	<b>14.7%</b> National average: 15.9%	<b>W</b> Ever breastfed	<b>91.6%</b> National average: 82.9%
<b>W</b> Infants breastfed at 6 months	<b>69.2%</b> National average: 54.6%	<b>G</b> WIC coverage	<b>54.5%</b> National average: 85.9%
<b>O</b> High weight-for-length among WIC recipients	<b>11.2%</b> National average: N/A	<b>W</b> Late or no prenatal care received	<b>1.9%</b> National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>30.0%</b> National average: 19.8%	<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.8</b> National average: 5.8
<b>W</b> Babies with low birthweight	<b>7.0%</b> National average: 8.3%	<b>W</b> Preterm births	<b>8.5%</b> National average: 10.0%
<b>R</b> Preventive medical care received	<b>91.9%</b> National average: 91.1%	<b>G</b> Preventive dental care received	<b>26.0%</b> National average: 31.9%
<b>O</b> Received recommended vaccines	<b>74.0%</b> National average: 70.4%		

## Strong Families

<b>W</b> TANF benefits receipt among families in poverty	<b>32.5%</b> National average: 21.7%	<b>O</b> Housing instability	<b>2.1%</b> National average: 2.7%
<b>R</b> Crowded housing	<b>11.3%</b> National average: 15.5%	<b>R</b> Unsafe neighborhoods	<b>6.2%</b> National average: 5.8%
<b>R</b> Family resilience	<b>85.8%</b> National average: 85.2%	<b>G</b> One adverse childhood experience	<b>25.7%</b> National average: 22.4%
<b>G</b> Two or more adverse childhood experiences	<b>11.8%</b> National average: 8.6%	<b>I</b> Infant/toddler maltreatment rate (per 1,000 infants/toddlers)*	<b>7.7</b> National average: 15.9
<b>I</b> Time in out-of-home placement*	<b>24.4%</b> National average: 20.2%	<b>I</b> Infants/toddlers exiting foster care to permanency*	<b>98.8%</b> National average: 98.6%
<b>W</b> Potential home visiting beneficiaries served	<b>2.8%</b> National average: 1.9%		

## Positive Early Learning Experiences

<b>W</b> Parent reads to baby every day	<b>59.4%</b> National average: 37.8%	<b>W</b> Parent sings to baby every day	<b>70.8%</b> National average: 57.6%
<b>W</b> Percentage of income-eligible infants/toddlers with Early Head Start access†	<b>18.0%</b> National average: 7.0%	<b>R</b> Cost of care, as % of income married families	<b>13.4%</b> National average: N/A
<b>R</b> Cost of care, as % of income single parents	<b>45.7%</b> National average: N/A	<b>W</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>9.7%</b> National average: 4.2%
<b>O</b> Developmental screening received	<b>37.0%</b> National average: 31.1%	<b>I</b> Infants/toddlers with developmental delay*	<b>0.7%</b> National average: 1.0%
<b>O</b> Percentage of infants/toddlers receiving IDEA Part C services†	<b>7.5%</b> National average: 6.4%	<b>G</b> Timeliness of Part C services	<b>95.1%</b> National average: N/A

\*This indicator is not factored into the GROW tier rankings. | Note: N/A indicates Not Available.  
†Data for this indicator revised as of December 2020.