



**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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Demographics

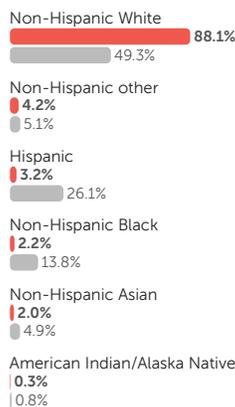
### Infants and toddlers in Vermont

#### Overview

Vermont is home to 17,724 infants and toddlers, representing 2.8 percent of the state's population. As many as 36 percent live in households with incomes less than twice the federal poverty line (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

VERMONT NATIONAL AVERAGE

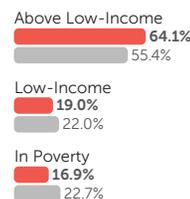
#### Race/ethnicity of infants and toddlers



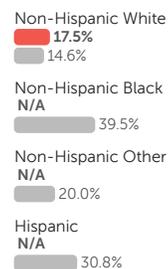
#### Working moms



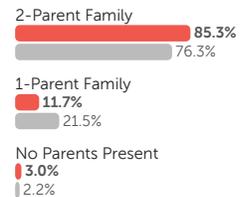
#### Poverty status of infants and toddlers



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



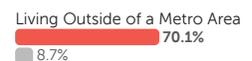
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area



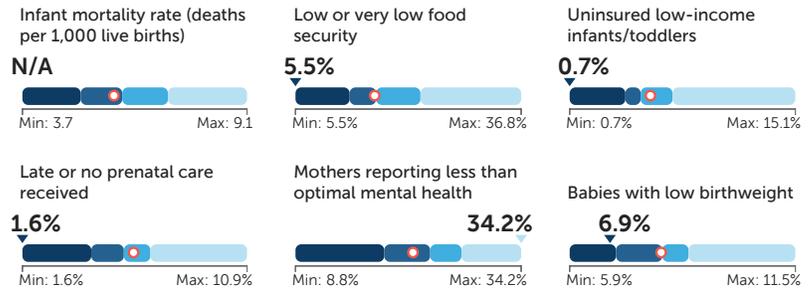
### What is Good Health?

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 other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are 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 of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators of food security, nutrition, and children's health that fall in the Working Effectively (W) tier. However, the state is in the Getting Started (G) tier for the percentage of mothers reporting less than optimal mental health. Vermont's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

### Six Key Indicators of Good Health

**KEY** ← Range of all state values → ▼ Vermont ○ National average  
**G** Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively



### 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 at ECE programs	Yes <input checked="" type="checkbox"/>

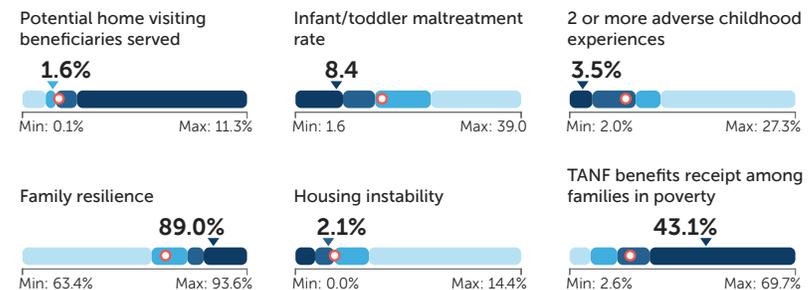
### What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Vermont falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's high ranking in this domain is primarily due to the predominance of indicators in the Working Effectively (W) tier, including the percentage of Vermont's families in poverty who receive TANF benefits, which is more than double the national average. Vermont scores in the Reaching Forward (R) tier for a few indicators, such as the percentage of children living in crowded housing, and neighborhood safety.

### Six Key Indicators of Strong Families

**KEY** ← Range of all state values → ▼ Vermont ○ National average  
**G** Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively



### Strong Families Policy in Vermont

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

In Vermont



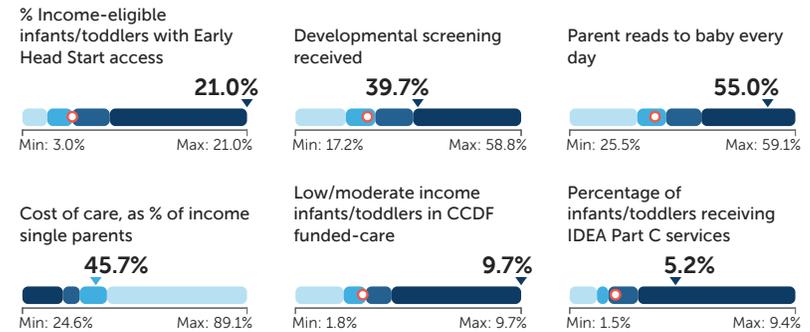
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Vermont scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects that most of its indicators score in the Working Effectively (W) tier. However, average infant care costs, as a percentage of single parents' and married parents' incomes, are more burdensome for families in Vermont compared to other states, putting these indicators in the Reaching Forward (R) tier.

## Six Key Indicators of Positive Early Learning Experiences

KEY ← Range of all state values → ▼ Vermont ○ National average  
G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively



## Positive Early Learning Experiences Policy in Vermont

Families above 200% of FPL eligible for child care subsidy Yes

## 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>0.7%</b>	National average: 5.8%
<b>W</b> Low or very low food security	<b>5.5%</b>	National average: 16.5%	<b>W</b> Infants ever breastfed	<b>89.3%</b>	National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>70.9%</b>	National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>1.6%</b>	National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>34.2%</b>	National average: 22.0%	<b>W</b> Preventive medical care received	<b>95.5%</b>	National average: 90.7%
<b>W</b> Preventive dental care received	<b>37.7%</b>	National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.9%</b>	National average: 8.2%
<b>○</b> Infant mortality rate (deaths per 1,000 live births)	<b>N/A</b>	National average: 5.9	<b>W</b> Received recommended vaccines	<b>76.8%</b>	National average: 70.7%

## Strong Families

<b>O</b> Housing instability	<b>2.1%</b> <i>National average: 2.5%</i>	<b>R</b> Crowded housing	<b>11.2%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>43.1%</b> <i>National average: 20.6%</i>	<b>W</b> Infant/toddler maltreatment rate	<b>8.4</b> <i>National average: 16.0</i>
<b>R</b> Unsafe neighborhoods	<b>5.8%</b> <i>National average: 6.3%</i>	<b>W</b> Family resilience	<b>89.0%</b> <i>National average: 82.6%</i>
<b>G</b> 1 adverse childhood experience	<b>34.8%</b> <i>National average: 21.9%</i>	<b>W</b> 2 or more adverse childhood experiences	<b>3.5%</b> <i>National average: 8.3%</i>
<b>W</b> Infants/toddlers exiting foster care to permanency	<b>100.0%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.6%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>W</b> Parent reads to baby every day	<b>55.0%</b> <i>National average: 38.2%</i>	<b>W</b> Parent sings to baby every day	<b>67.7%</b> <i>National average: 56.4%</i>
<b>W</b> % Income-eligible infants/toddlers with Early Head Start access	<b>21.0%</b> <i>National average: 7.0%</i>	<b>R</b> Cost of care, as % of income married families	<b>13.2%</b> <i>National average: N/A</i>
<b>R</b> Cost of care, as % of income single parents	<b>45.7%</b> <i>National average: N/A</i>	<b>W</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>9.7%</b> <i>National average: 4.2%</i>
<b>W</b> Developmental screening received	<b>39.7%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.8%</b> <i>National average: 1.1%</i>
<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>5.2%</b> <i>National average: 3.1%</i>		