

# The State of Vermont's Babies

Where 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.

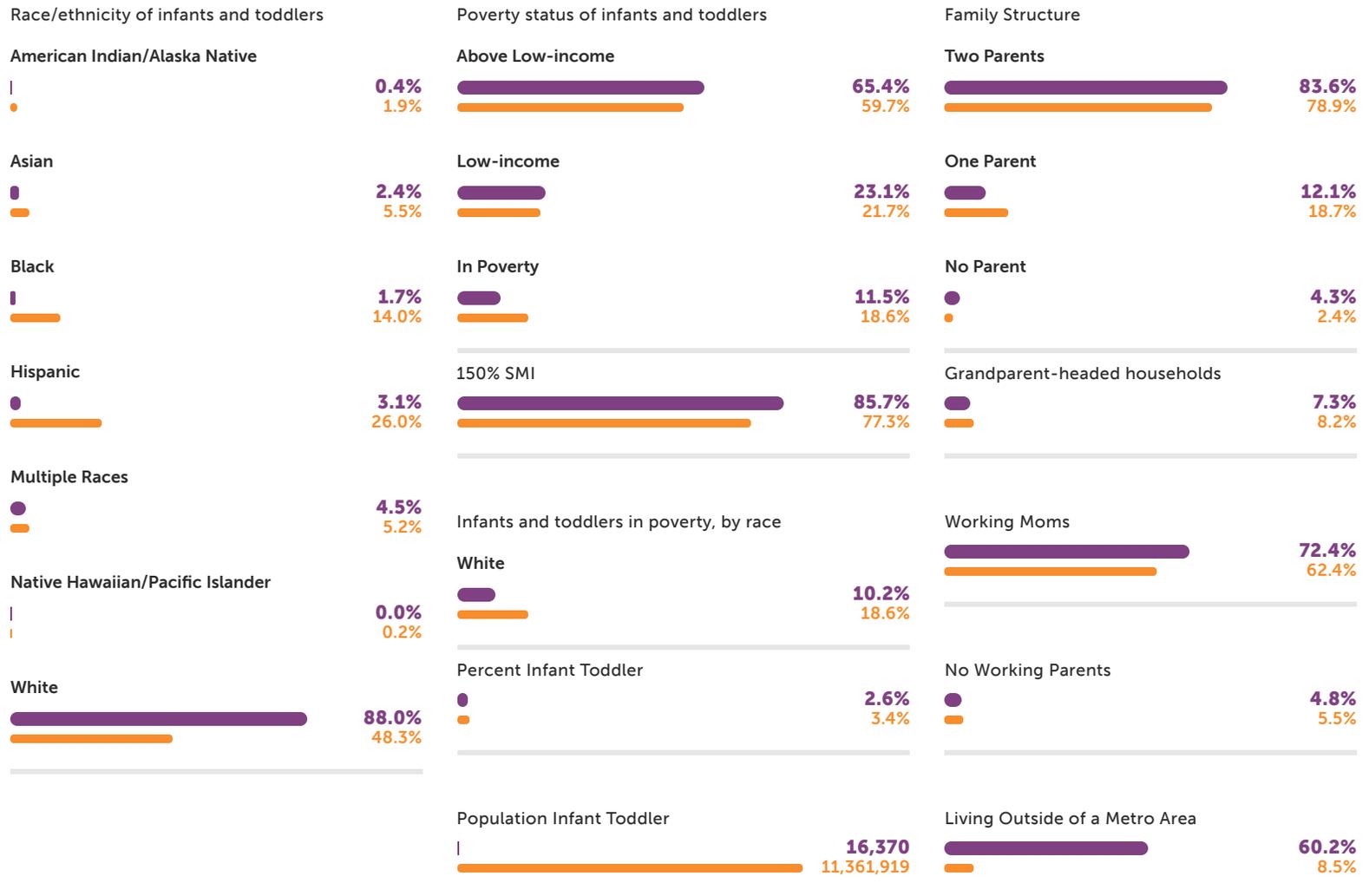
This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the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

## Demographics

 Vermont  National Average

### Infants and toddlers in Vermont

Vermont is home to 16,370 babies, representing 2.6 percent of the state's population. As many as 34.6 percent live in households with incomes less than twice the federal poverty line (in 2020, about \$52,400 for a family of four), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.



\*Numbers are small; use caution in interpreting.

Note: N/A indicates Not Available

## How are Vermont's babies faring in Good Health?

Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

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 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 eligible babies participating in WIC and mothers reporting less than favorable mental health.

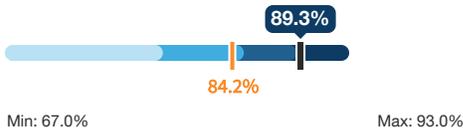
## Key Indicators of Good Health

● Vermont ● National Avg

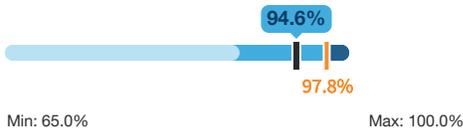
Eligibility limit (% FPL) for pregnant women in Medicaid



Infants ever breastfed **NR**



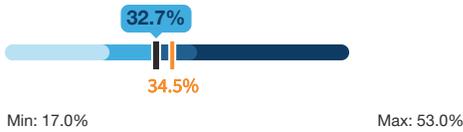
WIC Coverage



Babies born preterm



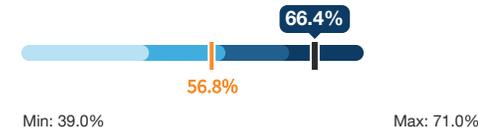
Preventive dental care received



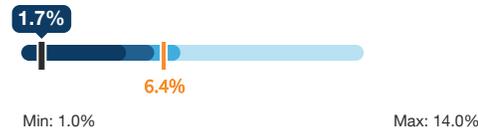
Uninsured low-income infants and toddlers



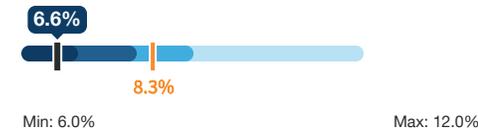
Infants breastfed at 6 months **NR**



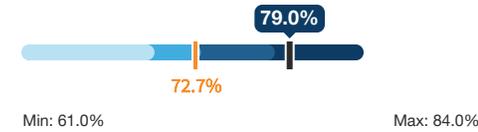
Late or no prenatal care received



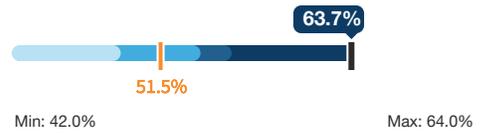
Babies with low birthweight



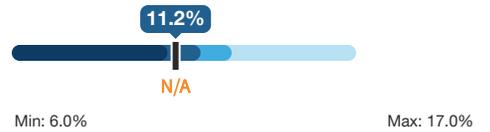
Received recommended vaccines



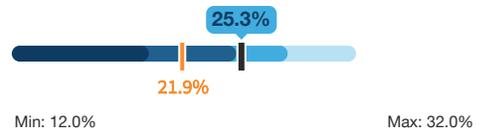
Medical home



High weight-for-length **NR**



Mothers reporting less than optimal mental health



Preventive medical care received



\*Numbers are small; use caution in interpreting.

## Good Health Policy in Vermont

Medicaid expansion state	Yes	✓
CHIP maternal coverage for unborn child option	NR	No ✗
Postpartum extension of Medicaid coverage	No law beyond mandatory 60 days	
Pregnant workers protection	Limited coverage: State employees and private employees with exceptions	
State Medicaid policy for maternal depression screening in well-child visits	Recommended	
Medicaid plan covers social-emotional screening for young children	Yes	✓
Medicaid plan covers IECMH services at home	Yes	✓
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes	✓
Medicaid plan covers IECMH services in early childhood education settings	Yes	✓

Note: N/A indicates Not Available

## All Good Health Indicators for Vermont

● State Indicator    ● National Avg

### Health Care Coverage and Affordability

Eligibility limit (% FPL) for pregnant women in Medicaid	<b>213.0</b> 200.0	Uninsured low-income infants and toddlers	<b>0.7%</b> 5.1%
Medical home	<b>63.7%</b> 51.5%		

### Nutrition

Infants ever breastfed	NR	<b>89.3%</b> 84.2%	Infants breastfed at 6 months	<b>66.4%</b> 56.8%
High weight-for-length	NR	<b>11.2%</b> NA	WIC coverage	<b>94.6%</b> 97.8%

### Maternal Health

Late or no prenatal care received	<b>1.7%</b> 6.4%	Maternal mortality rate (deaths per 100,000 live births)	NR	<b>NA</b> 20.1
Mothers reporting less than optimal mental health	<b>25.3%</b> 21.9%			

### Children's Health

Babies born preterm	<b>8.4%</b> 10.2%	Babies with low birthweight	<b>6.6%</b> 8.3%
Infant mortality rate (deaths per 1,000 live births)	<b>NA</b> 5.6	Preventive dental care received	<b>32.7%</b> 34.5%
Preventive medical care received	<b>91.9%</b> 91.1%	Received recommended vaccines	<b>79.0%</b> 72.7%

Note: N/A indicates Not Available.

## How are Vermont's babies faring in Strong Families?

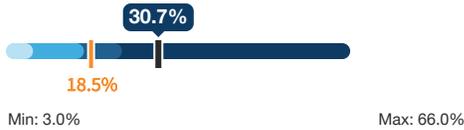
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but families with low income and in historically marginalized communities of color face additional challenges that impact their babies' immediate and future well-being. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of 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 Working Effectively (W) 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 who receive TANF and the infant/toddler maltreatment rate. Vermont is doing worse than the national average on indicators such as the percentages of babies who have had one adverse experience and babies removed from home.

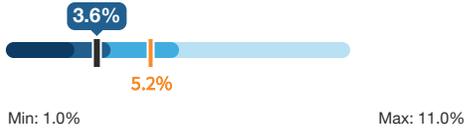
## Key Indicators of Strong Families

● Vermont ● National Avg

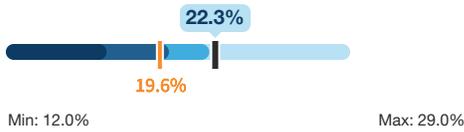
TANF benefits receipt among families in poverty



Unsafe neighborhoods



1 adverse childhood experience



Removed from home **NR**



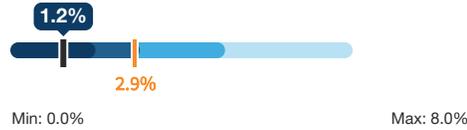
Permanency: Guardian **NR**



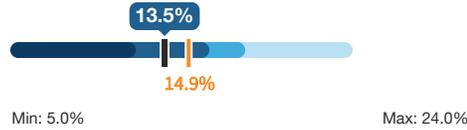
Potential home visiting beneficiaries served



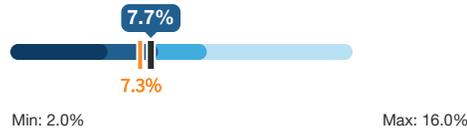
Housing instability



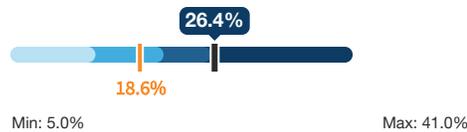
Low or very low food security



2 or more adverse childhood experiences



Time in out-of-home placement



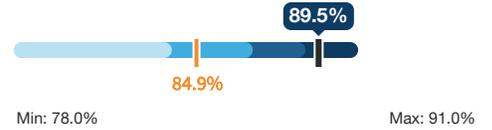
Permanency: Relative **NR**



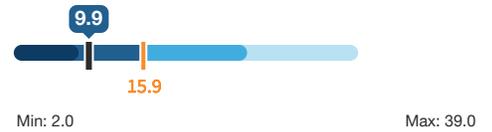
Crowded housing



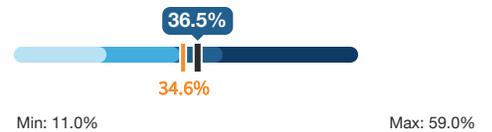
Family resilience



Infant/toddler maltreatment rate (per 1,000 children ages 0-2) **NR**



Permanency: Adopted **NR**



Permanency: Reunified **NR**



\*Numbers are small; use caution in interpreting.

## Strong Families Policy in Vermont

Paid family leave	No <span>✗</span>
Paid sick time that covers care for child	Yes <span>✓</span>
TANF work exemption	No <span>✗</span>
State child tax credit	Yes <span>✓</span>
State Earned Income Tax Credit	Yes <span>✓</span>

Note: N/A indicates Not Available

## All Strong Families Indicators for Vermont

● State Indicator    ● National Avg

### Basic Needs

<span>W</span> TANF benefits receipt among families in poverty	<b>30.7%</b> 18.5%	<span>W</span> Housing instability	<b>1.2%</b> 2.9%
<span>O</span> Crowded housing	<b>10.7%</b> 15.4%	<span>O</span> Unsafe neighborhoods	<b>3.6%</b> 5.2%
<span>O</span> Low or very low food security	<b>13.5%</b> 14.9%		

### Child Well-being and Resilience

<span>W</span> Family resilience	<b>89.5%</b> 84.9%	1 adverse childhood experience <span>NR</span>	<b>22.3%</b> 19.6%
<span>O</span> 2 or more adverse childhood experiences	<b>7.7%</b> 7.3%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2) <span>NR</span>	<b>9.9</b> 15.9
Removed from home <span>NR</span>	<b>13.5</b> 7.1	Time in out-of-home placement <span>NR</span>	<b>0.3%</b> %
Permanency: Adopted <span>NR</span>	<b>36.5%</b> 34.6%	Permanency: Guardian <span>NR</span>	<b>NA</b> 8.3%
Permanency: Relative <span>NR</span>	<b>6.8%</b> 7.8%	Permanency: Reunified <span>NR</span>	<b>56.1%</b> 48.1%
<span>O</span> Potential home visiting beneficiaries served	<b>2.6%</b> 2.1%		

Note: N/A indicates Not Available.

## How are Vermont's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income, ensures all infants and toddlers have the opportunity for optimal development. However, disparities in access to high-quality care remain across many states and communities in the United States.

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 percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. Vermont is doing worse than the national average on one indicator, with a slightly lower percentage of babies in families with incomes equal to or below 150 percent of the state median income who received a child care subsidy. Beginning with the 2022 profile, infant care costs as a percentage of the state's median income for single and married parents are not factored into the ranking.

## Key Indicators of Positive Early Learning Experiences

● Vermont ● National Avg

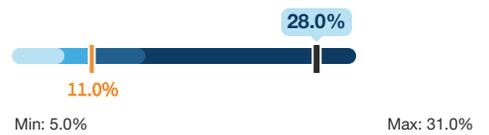
Parent reads to baby every day



Parent sings to baby every day



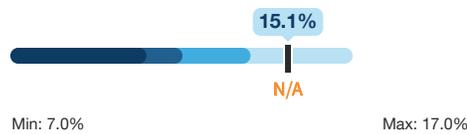
% Income-eligible infants/toddlers with Early Head Start access



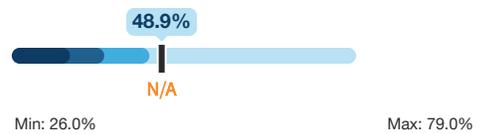
Low/moderate income infants/toddlers in CCDF funded-care



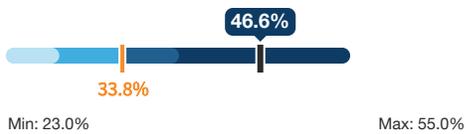
Cost of care, as % of income married families



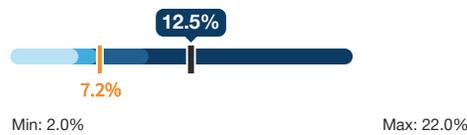
Cost of care, as % of income single parents



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



\*Numbers are small; use caution in interpreting.

## Positive Early Learning Experiences Policy in Vermont

Adult/child ratio	_____	EHS Standards met for 2 of 3 age groups
Level of teacher qualification required by the state beyond a high school diploma	_____	No ✗
Group size	_____	EHS Standards met for 1 of 3 age groups
Infant/toddler professional credential	<b>NR</b> _____	No ✗
Families above 200% of FPL eligible for child care subsidy	_____	Yes ✓
Allocated CCDBG funds	_____	Yes ✓
State reimburses center-based child care	_____	No ✗
At-risk children included in Part C eligibility definition	<b>NR</b> _____	No ✗

Note: N/A indicates Not Available

## All Positive Early Learning Experiences Indicators for Vermont

● State Indicator

● National Avg

### Activities that Support Early Learning

<b>W</b> Parent reads to baby every day	<b>54.7%</b> 36.8%	<b>W</b> Parent sings to baby every day	<b>70.8%</b> 57.3%
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### Access to Early Learning Programs

<b>W</b> % Income-eligible infants/toddlers with Early Head Start access	<b>28.0%</b> 11.0%	<b>O</b> Low/moderate income infants/toddlers in CCDF-funded care	<b>4.5%</b> 4.6%
Cost of care, as % of income married families <b>NR</b>	<b>15.1%</b> NA	Cost of care, as % of income single parents <b>NR</b>	<b>48.9%</b> NA

### Early Intervention

<b>W</b> Developmental screening received	<b>46.6%</b> 33.8%	<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>12.5%</b> 7.2%
Timeliness of Part C services <b>NR</b>	<b>92.9%</b> NA		

Note: N/A indicates Not Available.