State policies that promote health, education, and strong families can help the early development and school readiness of America’s youngest citizens. This profile highlights Vermont’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and credentials and Quality Rating Improvement Systems.

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Young children (under age 6): 36,888

Young children by income, 2013

Among young children, 6% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2013

+This estimate should be used with caution. It may be unreliable due to a small sample size.

Exposure to multiple risk factors among young children, 2013

* This graph includes all possible risk factors: poor, single parent, teen mother, low parental education, nonemployed parents, residential mobility, households without English speakers, and large family size.
HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2013]²

- Children <1 year
  - Set eligibility to at least 225% (Medicaid and CHIP)

- Children ages 1-5 years
  - Set eligibility to at least 225% (Medicaid and CHIP)

- Children ages 6-8
  - Set eligibility to at least 225% (Medicaid and CHIP)

- Pregnant women
  - Set eligibility to 200% (Medicaid)

- Medicaid and/or CHIP coverage for lawfully residing children [2013]³

- Medicaid and/or CHIP coverage for lawfully residing pregnant women [2013]³

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2013]²

- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2013]²

- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2013]²

- Has adopted Medicaid expansion as part of the Affordable Care Act [2014]⁵

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2013]⁶

- 7 require screenings for children <1 year
  - State requires 7 screens. 83% of eligible screens were completed in 2012.

- 4 require screenings for children 1-2 years
  - State requires 5 screens. 79% of eligible screens were completed in 2012.

- 3 require screenings for children 3-5 years
  - State requires 3 screens. 63% of eligible screens were completed in 2012.

- 4 require screenings for children 6-9 years
  - State requires 4 screens. 48% of eligible screens were completed in 2012.

- Require newborn screening for the 31 metabolic deficiencies/disorders and core conditions [2014]⁷
  - 29 universally required by law or rule.

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Young children who lack health insurance, 2013¹

![Bar chart showing the percentage of young children lacking health insurance in the U.S. and Vermont, with Vermont having a higher percentage than the U.S.]

Percent of eligible children who received at least one EPSDT* screening, by age, FY 2013⁶

![Bar chart showing the percentage of eligible children who received at least one EPSDT screening by age group, with Vermont having higher percentages than the U.S. for all age groups except 6 to 9 years.]

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2014]8

A family of three qualifies for assistance at $39,060, or 197% FPL. This reflects an increase from 187% FPL in 2013.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate [2014]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [FY 2013]9

☐ State supplements Early Head Start [2012]10

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2013]11

$20,374,443 for prekindergarten

☐ Requires districts to offer full day kindergarten [2014]12

Requires districts to offer half day kindergarten

State choices to promote quality

☑ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2013]13

Child care regulations require one adult for every 4 children, and the maximum class size is 8.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2013]14

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2013]14

☐ Have an infant/toddler credential. [2013]14

☑ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [FY 2013]15

☑ Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2013]13

Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☑ Have implemented a statewide Quality Rating Improvement System (QRIS) [2015]16

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 20148

National Assessment of Educational Progress (NAEP) fourth grade math and reading scores9
State choices to promote quality, continued

☐ Requires one teacher for every 18 students in Kindergarten classrooms [2013]17
   
   Not specified in statute.

☑ State has adopted Common Core Standards [2015]18

   NCCP believes that Common Core State Standards should be used in conjunction with guidelines for social emotional learning.

☒ State has comprehensive, free-standing standards for social emotional learning at the K-12 level [2015]19

   Vermont has Vital Results Standards that cover communication, reasoning and problem solving, personal development, and responsibility.
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2015]20

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2013]21

  Work requirements may be modified or deferred for recipients caring for a child under 24 months old. The work requirement cannot be deferred for more than 24 months during a lifetime.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2013]21

State choices to support family economic security

☐ Established a state minimum wage that meets or exceeds $9.10/hr and is indexed to inflation [2014]22

  $8.73

☑ Exempt single-parent families of three below the poverty level from personal income tax. [2012]23

  Up to 187% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2014]24

☐ Offer a refundable state dependent care tax credit. [2014]25

  A "low-income" credit of 50% of the "allowed" federal CADC credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2014]8

  Copayments set at 11% of income.

☑ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2013]21

☐ Has paid family leave for a minimum of 6 weeks with full or partial replacement of wages [2013]26
1. National data were calculated from the 2013 American Community Survey, representing information from 2013. State data were calculated from the 2011-2013 American Community Survey, representing information from the years 2011-2013.


9. National data not eligible at 150% FPL for the following states: AL, GA, ID, IA, KY, MI, MT, NE, and NV. Families in KY also ineligible at 100% FPL.

10. *Fourth-grade students performing at the Proficient level in math should consistently apply integrated procedural knowledge and conceptual understanding to problem solving in the five NAEP content areas. http://nces.ed.gov

11. **The state's average NAEP score for children eligible for school lunch.

12. ***The state's average NAEP score for children not eligible for school lunch.


This profile is a product of NCCP’s Improving the Odds for Young Children initiative, funded by the Alliance for Early Success. The information represents the most recent 50-state data sources and will be updated with the release of new data. See http://www.nccp.org/profiles/early_childhood.html for other state profiles.