

A Roadmap to Strengthen Your State's Prenatal-to-3 System of Care

The Prenatal-to-3 State Policy Roadmap provides guidance to state leaders on the most effective investments states can make to ensure all children thrive from the start. Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, the Roadmap provides detailed information on five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need, and that reduce longstanding disparities in access and outcomes among racial and ethnic groups and socioeconomic statuses.

The Roadmap is an annual guide for each state to:

- Assess the wellbeing of its infants and toddlers and prioritize state PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor states' adoption and implementation of the 11 effective Roadmap policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.



Few States Are Doing It All, **But Many Are Moving Forward**

Six states have adopted and fully implemented all five effective policies. This year, Connecticut and Washington joined California, the District of Columbia, Massachusetts, and New Jersey in fully implementing all five Roadmap policies.



Explore Vermont's Roadmap for detailed status, data, and comparisons

pn3policy.org/roadmap/vt





Prenatal-to-3 State Policy Roadmap

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action. **Effective strategies** impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

Policy/strategy is aligned with goal in column

Policy/strategy does not align with goal in column (intentionally blank)

GOALS Nurturing Nurturing Sufficient Healthy Parental Health **Optimal Child** and Responsive To achieve a and Equitable and Emotional Wellbeing to Needed **Ability** Household Health and Child-Parent Child Care in science-driven to Work Services Resources Births Development Relationship Safe Settings PN-3 goal: **POLICIES** Adopt and fully implement the effective policies aligned with the goal Expanded Income Eligibility for Health Insurance Reduced Administrative Burden for SNAP State Minimum Wage State Earned Income Tax Credit **STRATEGIES** Make substantial progress relative to other states toward implementing the effective strategies aligned with the goal Screening and Connection Programs Child Care Subsidies Group Prenatal Care Home Visiting Programs Early Head Start Early Intervention Child Poverty Crowded Housi Parental Employment **OUTCOMES** Child Maltreatment Measure progress toward achieving the PN-3 goal.





To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This Prenatal-to-3 State Policy Roadmap identifies the 11 most effective evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

Vermont Roadmap Summary				
Effective Roadmap Policy	2022 Policy Snapshot			
Expanded Income Eligibility for Health Insurance	138%	Vermont is one of 39 states that has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in VT.		
Reduced Administrative Burden for SNAP	12 months	Vermont offers all three policies to reduce administrative burden (12-month recertification intervals, simplified reporting, and at least an online application) to most families.		
Paid Family Leave Program of at Least 6 Weeks	O weeks	Vermont does not have a statewide paid family leave program.		
State Minimum Wage of \$10.00 or Greater	\$12.55	The state minimum wage in Vermont increased from \$11.75 per hour to \$12.55 on January 1, 2022. Annual indexing begins January 1, 2023.		
Refundable State Earned Income Tax Credit of at Least 10%	38%	In the last year, Vermont increased the state's refundable EITC from 36% to 38% of the federal credit beginning this year, tax year 2022.		
State has adopted and fully implemented the policy	+1 State has newly add	opted and fully implemented the policy since October 1, 2021		
Effective Roadmap Strategy 2022 Strategy Snapshot				
Comprehensive Screening and Connection Programs	1	Families had access to 1 evidence-based comprehensive screening and connection program in Vermont in 2021.		
Child Care Subsidies	72.2%	Vermont's base reimbursement rates cover 72.2% of the true cost of providing base- quality care for infants in center-based care.		
Group Prenatal Care	1	Vermont served pregnant people in 1 group prenatal care site across the state in 2021.		
Evidence-Based Home Visiting Programs	NA	Information on the percentage of children served in Vermont in 2019 is not available.		
Early Head Start	24.6%	Approximately 24.6% of income-eligible infants and toddlers had access to Early Head Start programs in Vermont in 2019.		
Early Intervention Services	11.8%	Vermont served 11.8% of its birth-to-3 population in Early Intervention services (Part C) over the course of a year (2020-2021).		
Leading state on effective strategy				



Prenatal-to-3 Outcomes to Measure Impact

Policy Goal	Outcome Measure	Worst State	Best State
Access to Needed Services	% Low-Income Women Uninsured	47.8%	4.8% VT 3.8%
	% Births to Women Not Receiving Adequate Prenatal Care	23.3%	6.3% VT 5.1%
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7% • 9.8% VT	2.0%
	% Children < 3 Not Receiving Developmental Screening	73.9% •	40.2% VT
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0% • 22.8% * VT	14.8%
Sufficient Household Resources	% Children < 3 in Poverty	33.1%	11.5% VT 8.6%
	% Children < 3 Living in Crowded Households	35.8% • 15.5% * VT	8.6%
	% Households Reporting Child Food Insecurity	16.7% * VT	0.8%
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.2%	7.6% VT 7.6%
	# of Infant Deaths per 1,000 Births	Not Reported	
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.6% • 4.9% VT	2.3%
	% Children < 3 Whose Parent Lacks Parenting Support	23.5% •	5.4% VT 5.4%
Nurturing and Responsive Child- Parent Relationships	% Children < 3 Not Read to Daily	75.4% •	48.0% VT
	% Children < 3 Not Nurtured Daily	51.7%	27.6% VT
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.0% • 35.5% VT	20.8%
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS^	97.6% •	0.0% VT
	% Children Without Access to EHS	96.2% •	75.4% VT 69.0%
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	34.0% •	7.4% VT 6.0%
	% Children < 3 Not Up to Date on Immunizations	36.0% •	19.3% VT 14.2%
	Maltreatment Rate per 1,000 Children < 3	34.7	6.2 VT 1.9