

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

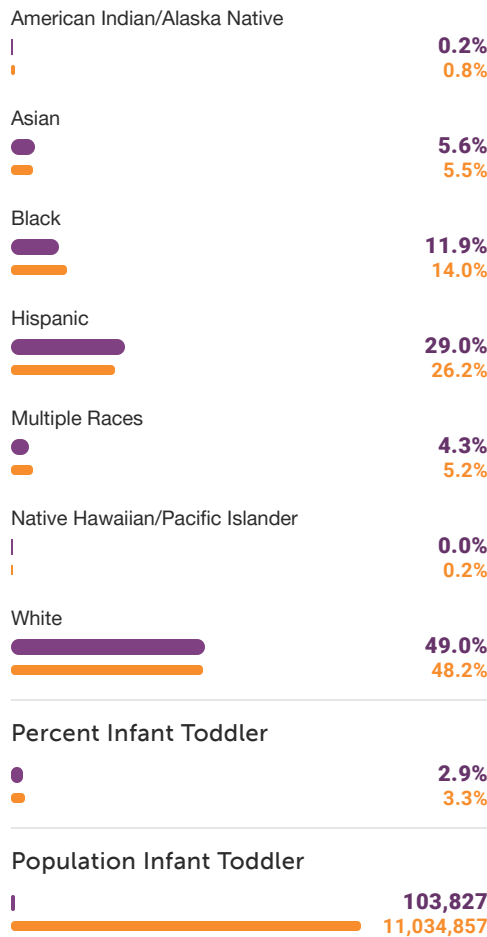
 Connecticut  National Average

Infants and toddlers in Connecticut

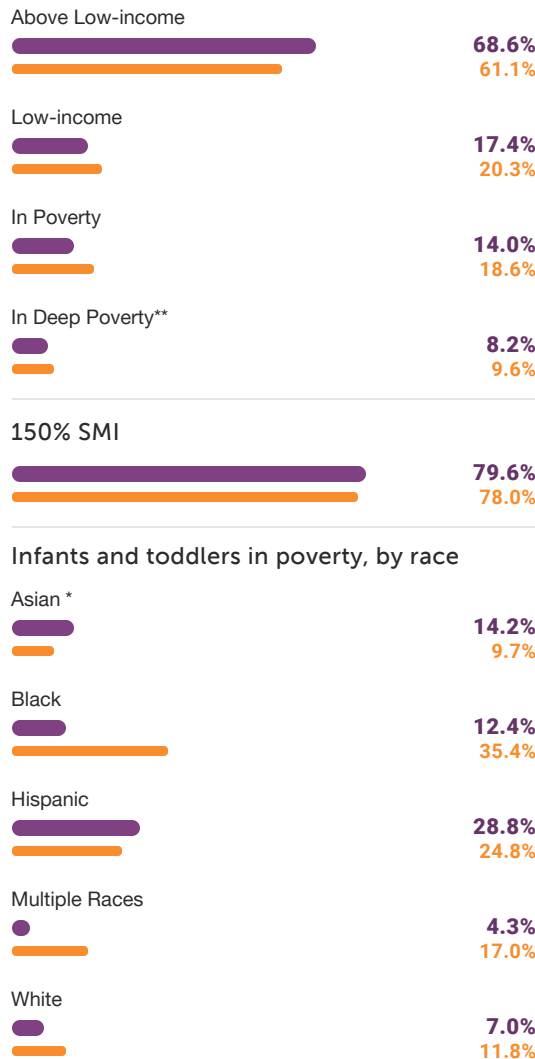
Connecticut is home to 103,827 babies, representing 2.9 percent of the state's population. As many as 31.4 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four¹), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

1. Source: U.S. Census Bureau, Population Division. Poverty Thresholds by Size of Family and Number of Children. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

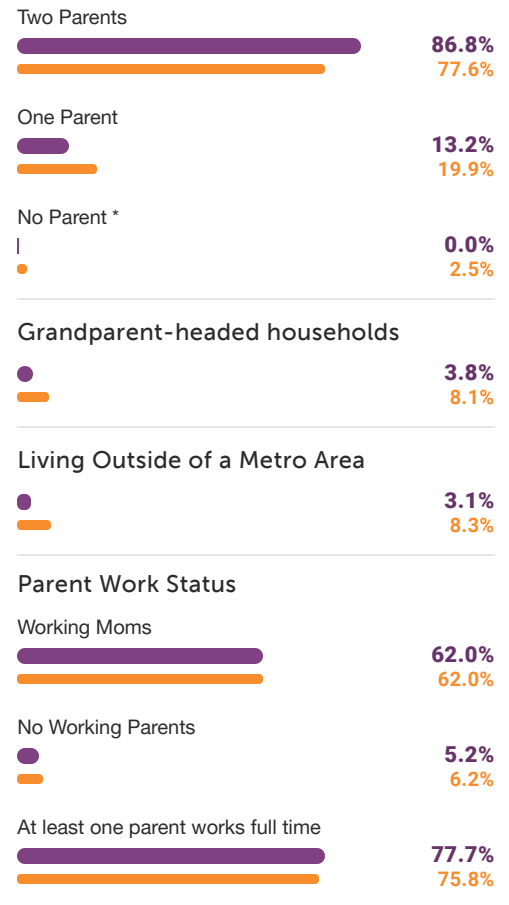
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family Structure



*Numbers are small; use caution in interpreting.

**Subset of "In Poverty"

Note: N/A indicates Not Available

How are Connecticut's babies faring in Good Health?

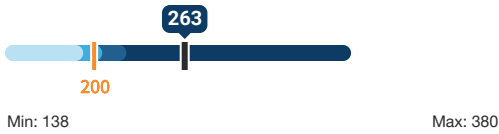
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set 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.

Connecticut falls in the Working Efficiently (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. Connecticut performs better than national averages on key indicators, such as the percentage of women receiving late or no prenatal care and Medicaid income eligibility level for pregnant women. The state is performing worse than national averages on indicators such as the percentage of eligible 1-year-olds participating in WIC and babies breastfed at six months.

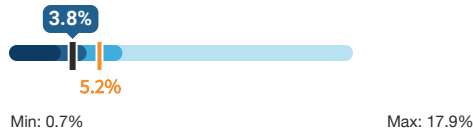
Key Indicators of Good Health

● Connecticut ● National Avg

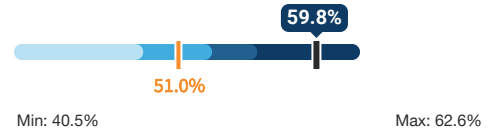
Eligibility limit (% FPL) for pregnant women in Medicaid



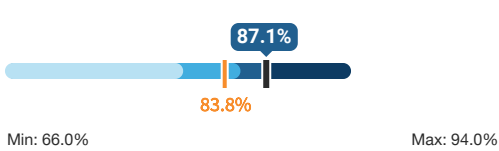
Uninsured low-income infants and toddlers



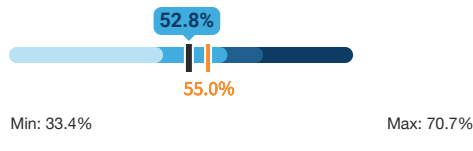
Medical home



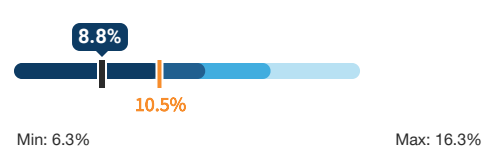
Infants ever breastfed



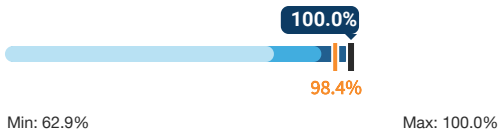
Infants breastfed at 6 months



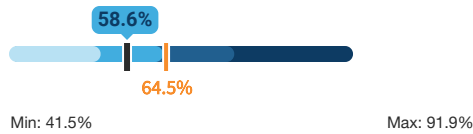
High weight-for-length in WIC



WIC coverage for infants *



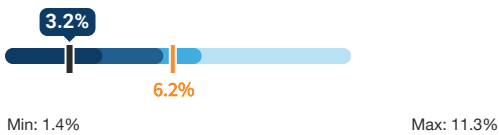
WIC coverage for one-year-olds *



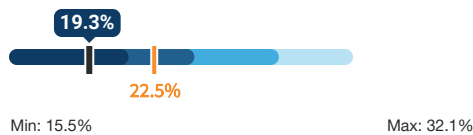
WIC coverage for two-year-olds *



Late or no prenatal care received



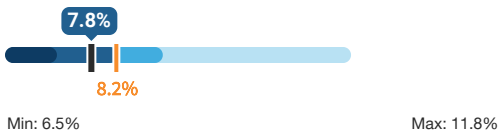
Mothers reporting less than optimal mental health



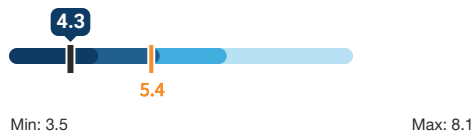
Babies born preterm



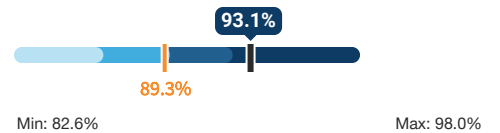
Babies with low birthweight



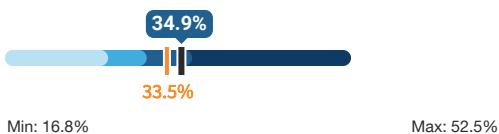
Infant mortality rate (deaths per 1,000 live births)



Preventive medical care received



Preventive dental care received



Received recommended vaccines



*Numbers are small; use caution in interpreting.

Good Health Policy in Connecticut

Medicaid expansion state	Yes
CHIP maternal coverage for unborn child option NR	No
Postpartum extension of Medicaid coverage	Law covering all pregnant people for 1 year post-partum
Pregnant workers protection	Limited coverage: State employees and private employees with exceptions
State Medicaid policy for maternal depression screening in well-child visits	Allowed
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 Connecticut

State Indicator National Avg

Health Care Coverage and Affordability

Eligibility limit (% FPL) for pregnant women in Medicaid	263.0 200.0	Uninsured low-income infants and toddlers	3.8% 5.2%
Medical home	59.8% 51.0%		

Nutrition

Infants ever breastfed NR	87.1% 83.8%	Infants breastfed at 6 months	52.8% 55.0%
High weight-for-length in WIC NR	8.8% NA	WIC coverage for infants	100.0% 98.4%
WIC coverage for one-year-olds	58.6% 64.5%	WIC coverage for two-year-olds	46.7% 48.1%

Maternal Health

Late or no prenatal care received	3.6% 6.4%	Maternal mortality rate (deaths per 100,000 live births) NR	NA 23.8
Mothers reporting less than optimal mental health	19.6% 21.9%		

Children's Health

Babies born preterm	9.2% 10.1%	Babies with low birthweight	7.8% 8.2%
Infant mortality rate (deaths per 1,000 live births)	4.3 5.4	Preventive dental care received	34.9% 33.5%
Preventive medical care received	93.1% 89.3%	Received recommended vaccines	85.8% 72.5%

Note: N/A indicates Not Available.

Strong Families

How are Connecticut'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.

Connecticut falls in the Working Efficiently (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 percentage of babies living in crowded housing and babies experiencing housing instability (moved 3 or more times). Connecticut is doing worse than the national average on indicators such as the percentage of babies who have had two or more adverse experiences.

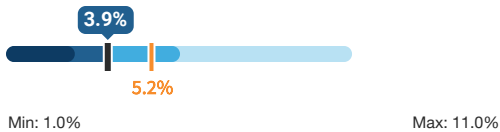
Key Indicators of Strong Families

● Connecticut ● National Avg

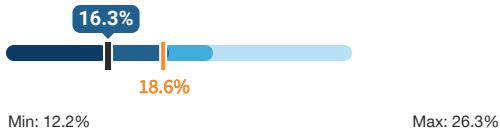
TANF benefits receipt among families in poverty



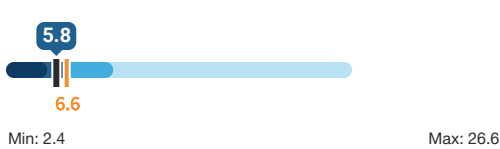
Unsafe neighborhoods



1 adverse childhood experience



Removed from home **NR**



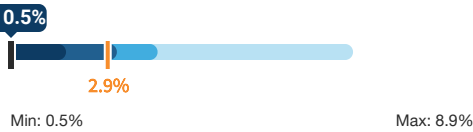
Permanency: Guardian **NR**



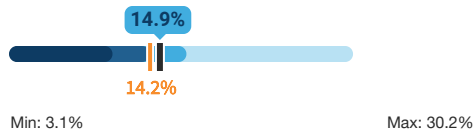
Potential home visiting beneficiaries served



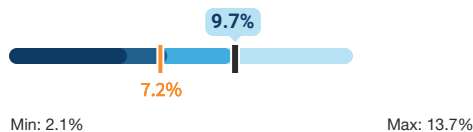
Housing instability



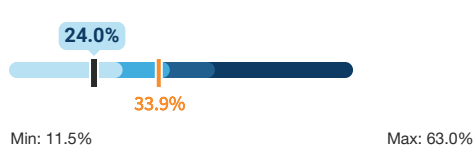
Low or very low food security



2 or more adverse childhood experiences



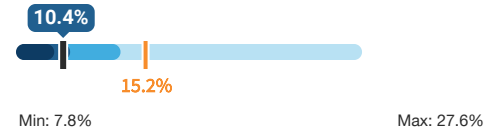
Time in out-of-home placement **NR**



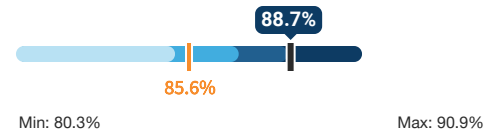
Permanency: Relative **NR**



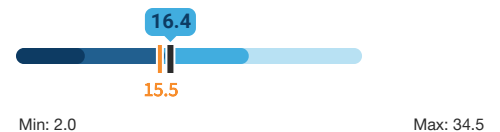
Crowded housing



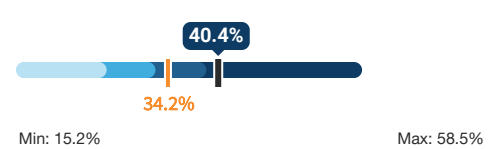
Family resilience



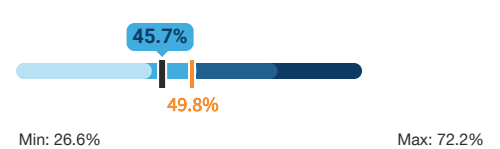
Infant/toddler maltreatment rate (per 1,000 children ages 0-2) **NR**



Permanency: Adopted **NR**



Permanency: Reunified **NR**



*Numbers are small; use caution in interpreting.

Strong Families Policy in Connecticut

Paid family leave	Yes ✓
Paid sick time that covers care for child	Yes ✓
TANF work exemption	Yes ✓
State child tax credit	Yes ✓
State Earned Income Tax Credit	Yes ✓

Note: N/A indicates Not Available

All Strong Families Indicators for Connecticut

● State Indicator

● National Avg

Basic Needs

T TANF benefits receipt among families in poverty	20.3% 19.0%	W Housing instability	0.5% 2.9%
O Crowded housing	10.4% 15.2%	O Unsafe neighborhoods	3.6% 5.0%
R Low or very low food security	14.9% 14.2%		

Child Well-being and Resilience

W Family resilience	88.7% 85.6%	1 adverse childhood experience NR	16.3% 18.6%
G 2 or more adverse childhood experiences	9.7% 7.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2) NR	16.4 15.5
Removed from home NR	5.8 6.6	Time in out-of-home placement NR	24.0% 33.9%
Permanency: Adopted NR	40.4% 34.2%	Permanency: Guardian NR	9.3% 7.9%
Permanency: Relative NR	NA 7.0%	Permanency: Reunified NR	45.7% 49.8%
O Potential home visiting beneficiaries served	2.2% 2.1%		

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Connecticut's babies faring in Positive Early Learning?

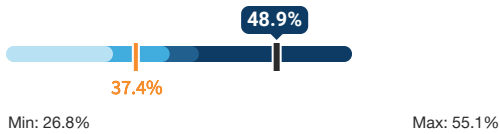
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early 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.

Connecticut scores in the Working Efficiently (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 percentage of infants/toddlers who received a developmental screening in the past year. Connecticut is doing worse than the national average on indicators such as the percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. 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.

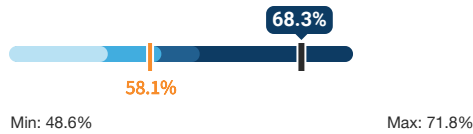
Key Indicators of Positive Early Learning Experiences

● Connecticut ● National Avg

Parent reads to baby every day



Parent sings to baby every day



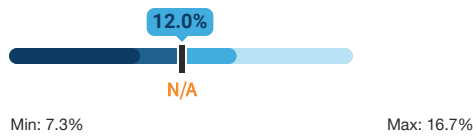
% Income-eligible infants/toddlers with Early Head Start access



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



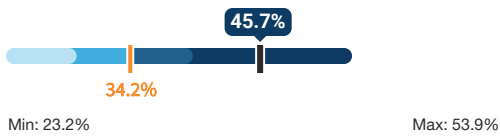
Cost of care, as % of income married families



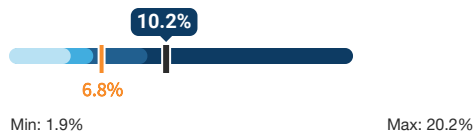
Cost of care, as % of income single parents



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 Connecticut

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

Note: N/A indicates Not Available

All Positive Early Learning Experiences Indicators for Connecticut

● State Indicator ● National Avg

Activities that Support Early Learning

W Parent reads to baby every day	48.9% 37.4%	W Parent sings to baby every day	68.3% 58.1%
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Access to Early Learning Programs

G % Income-eligible infants/toddlers with Early Head Start access	9.0% 11.0%	R Low/moderate income infants/toddlers in CCDF-funded care	4.5% 4.7%
Cost of care, as % of income married families NR	12.0% NA	Cost of care, as % of income single parents NR	47.2% NA

Early Intervention

W Developmental screening received	45.7% 34.2%	W Percentage of infants/toddlers receiving IDEA Part C services	10.2% 6.8%
Timeliness of Part C services NR	99.8% NA		

Note: N/A indicates Not Available.