

The State of District of Columbia'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

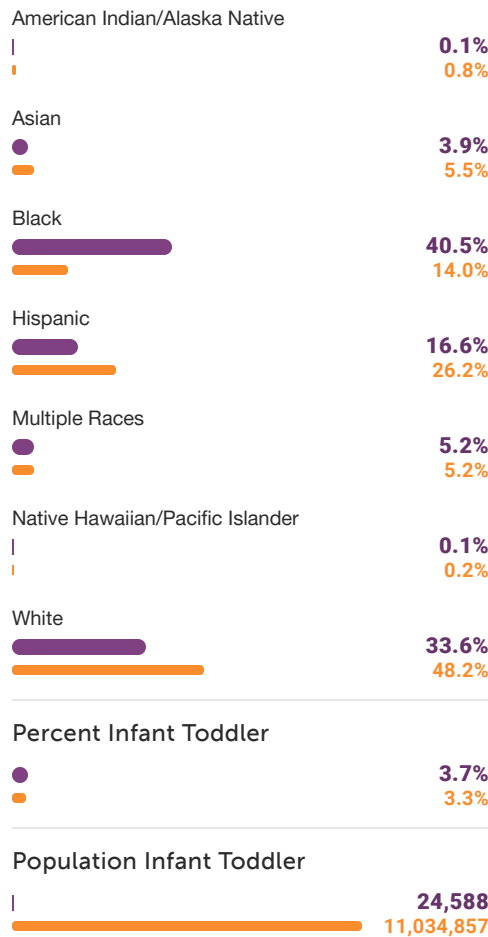
 DC  National Average

Infants and toddlers in District of Columbia

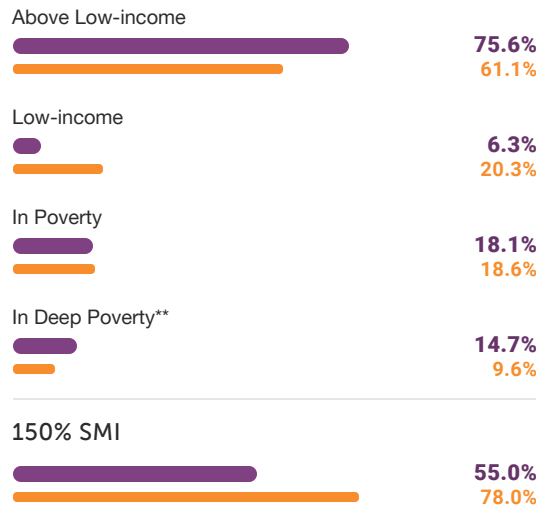
The District of Columbia is home to 24,588 babies, representing 3.7 percent of the state's population. As many as 24.4 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four¹), placing them at economic disadvantage. The District's 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



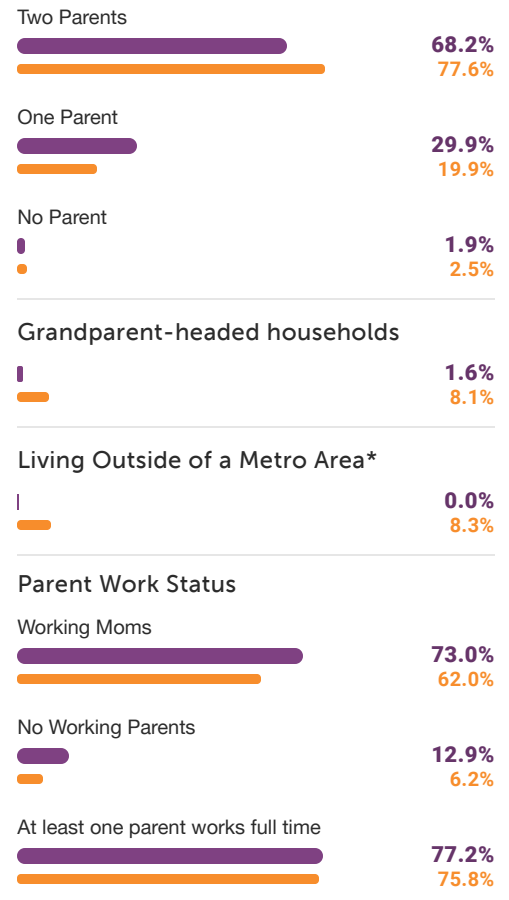
Poverty status of infants and toddlers



Infants and toddlers in poverty, by race



Family Structure



*Numbers are small; use caution in interpreting.

**Subset of "In Poverty"

Note: N/A indicates Not Available

How are District of Columbia'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.

The District of Columbia falls in the Improving Outcomes (O) 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. The District of Columbia performs better than national averages on key indicators, such as the percentage of uninsured babies in families with low incomes and Medicaid income eligibility level for pregnant women. The District is performing worse than national averages on indicators such as the percentage of women receiving late or no prenatal care and babies born at low birthweight.

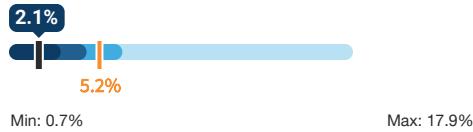
Key Indicators of Good Health

● DC ● National Avg

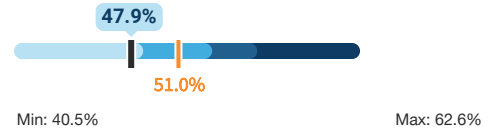
Eligibility limit (% FPL) for pregnant women in Medicaid



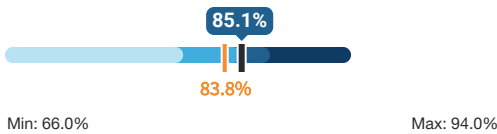
Uninsured low-income infants and toddlers



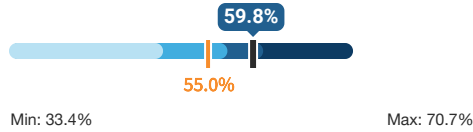
Medical home



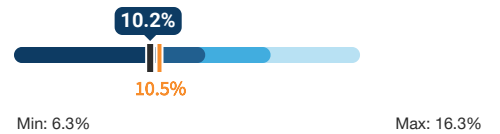
Infants ever breastfed **NR**



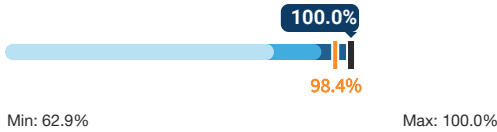
Infants breastfed at 6 months



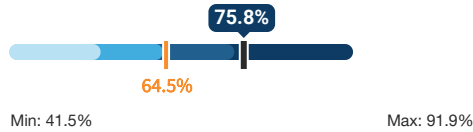
High weight-for-length in WIC **NR**



WIC coverage for infants *



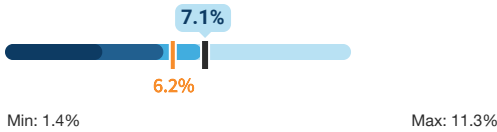
WIC coverage for one-year-olds *



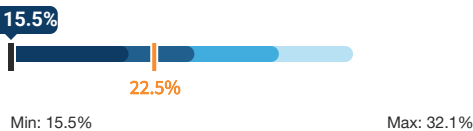
WIC coverage for two-year-olds *



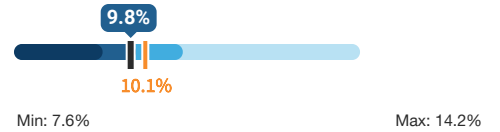
Late or no prenatal care received



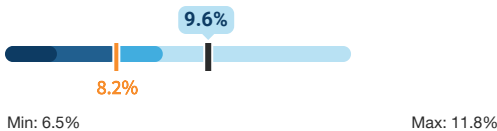
Mothers reporting less than optimal mental health



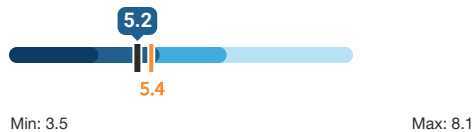
Babies born preterm



Babies with low birthweight



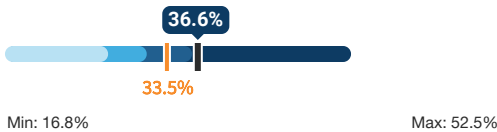
Infant mortality rate (deaths per 1,000 live births)



Preventive medical care received



Preventive dental care received



Received recommended vaccines



*Numbers are small; use caution in interpreting.

Good Health Policy in DC

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	All employees covered (private and state)
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	No ✗
Medicaid plan covers IECMH services at pediatric/family medicine practices	No ✗
Medicaid plan covers IECMH services in early childhood education settings	No ✗

Note: N/A indicates Not Available

All Good Health Indicators for DC

● State Indicator ● National Avg

Health Care Coverage and Affordability

W Eligibility limit (% FPL) for pregnant women in Medicaid	324.0 200.0	W Uninsured low-income infants and toddlers	2.1% 5.2%
G Medical home	47.9% 51.0%		

Nutrition

Infants ever breastfed NR	85.1% 83.8%	O Infants breastfed at 6 months	59.8% 55.0%
High weight-for-length in WIC NR	10.2% NA	W WIC coverage for infants	100.0% 98.4%
W WIC coverage for one-year-olds	75.8% 64.5%	R WIC coverage for two-year-olds	41.4% 48.1%

Maternal Health

G Late or no prenatal care received	7.4% 6.4%	Maternal mortality rate (deaths per 100,000 live births) NR	NA 23.8
W Mothers reporting less than optimal mental health	14.4% 21.9%		

Children's Health

O Babies born preterm	9.8% 10.1%	G Babies with low birthweight	9.6% 8.2%
O Infant mortality rate (deaths per 1,000 live births)	5.2 5.4	W Preventive dental care received	36.6% 33.5%
G Preventive medical care received	83.8% 89.3%	R Received recommended vaccines	71.4% 72.5%

Note: N/A indicates Not Available.

Strong Families

How are The District of Columbia'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.

The District of Columbia falls in the Working Efficiently (W) tier of states when it comes to indicators of Strong Families. The District'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 food insecurity. The District of Columbia is doing worse than the national average on indicators such as the percentage of babies experiencing housing instability (moved 3 or more times) and babies who could benefit from home visiting receiving those services.

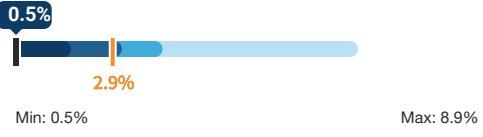
Key Indicators of Strong Families

● DC ● National Avg

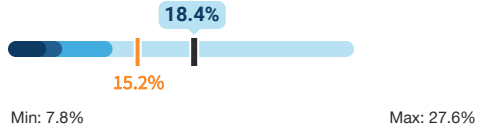
TANF benefits receipt among families in poverty



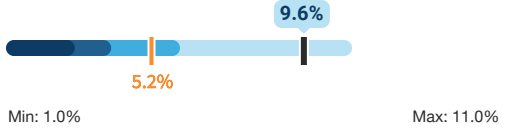
Housing instability



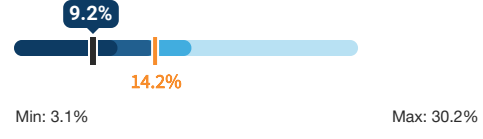
Crowded housing



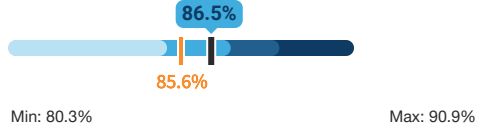
Unsafe neighborhoods



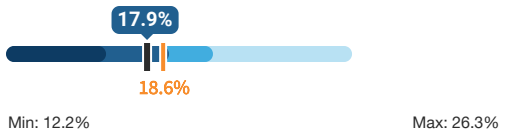
Low or very low food security



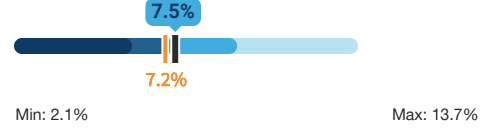
Family resilience



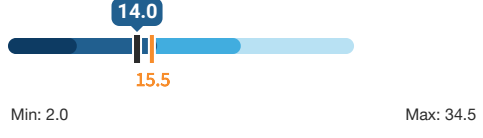
1 adverse childhood experience



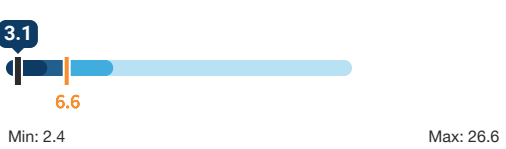
2 or more adverse childhood experiences



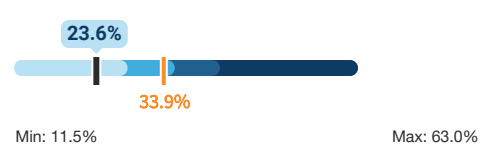
Infant/toddler maltreatment rate (per 1,000 children ages 0-2)



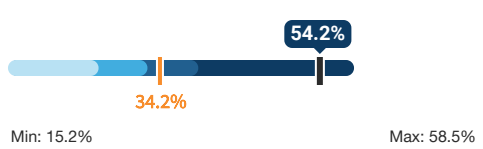
Removed from home NR



Time in out-of-home placement NR



Permanency: Adopted NR



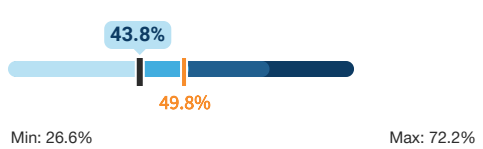
Permanency: Guardian NR



Permanency: Relative NR



Permanency: Reunified NR



Potential home visiting beneficiaries served



*Numbers are small; use caution in interpreting.

Strong Families Policy in DC

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

Note: N/A indicates Not Available

All Strong Families Indicators for DC

● State Indicator

● National Avg

Basic Needs

TANF benefits receipt among families in poverty	NA 19.0%	W Housing instability	0.5% 2.9%
G Crowded housing	18.4% 15.2%	G Unsafe neighborhoods	10.8% 5.0%
W Low or very low food security	9.2% 14.2%		

Child Well-being and Resilience

R Family resilience	86.5% 85.6%	1 adverse childhood experience NR	17.9% 18.6%
R 2 or more adverse childhood experiences	7.5% 7.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2) NR	14.0 15.5
Removed from home NR	3.1 6.6	Time in out-of-home placement NR	23.6% 33.9%
Permanency: Adopted NR	54.2% 34.2%	Permanency: Guardian NR	NA 7.9%
Permanency: Relative NR	NA 7.0%	Permanency: Reunified NR	43.8% 49.8%
R Potential home visiting beneficiaries served	1.8% 2.1%		

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are the District of Columbia's babies faring in Positive Early Learning?

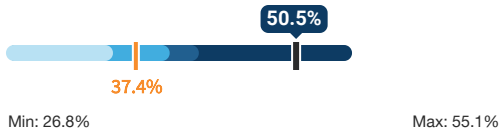
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early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

The District of Columbia scores in the Working Efficiently (W) tier for Positive Early Learning Experiences. The District's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. The District of Columbia is doing worse than the national average on indicators such as the percentage of infants/toddlers who received a developmental screening in the past year. Beginning with the 2022 profile, infant care costs as a percentage of the district's median income for single and married parents are not factored into the ranking.

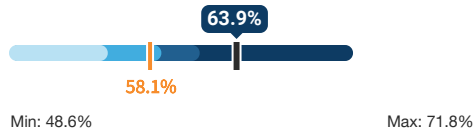
Key Indicators of Positive Early Learning Experiences

● DC ● National Avg

Parent reads to baby every day



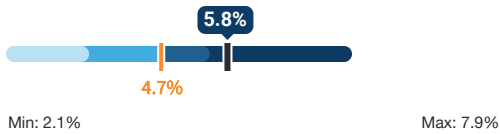
Parent sings to baby every day



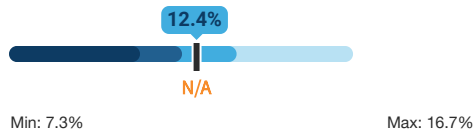
% Income-eligible infants/toddlers with Early Head Start access



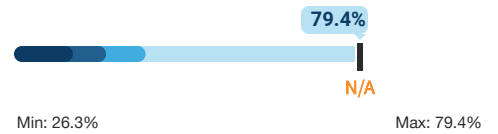
Low/moderate income infants/toddlers in CCDF funded-care



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 DC

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 credential beyond a high school diploma
Group size	EHS standards met for 2 of 3 age groups
Infant/toddler professional credential	NR No ✗
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 DC

● State Indicator ● National Avg

Activities that Support Early Learning

W Parent reads to baby every day	50.5% 37.4%	W Parent sings to baby every day	63.9% 58.1%
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Access to Early Learning Programs

W % Income-eligible infants/toddlers with Early Head Start access	31.0% 11.0%	W Low/moderate income infants/toddlers in CCDF-funded care	5.8% 4.7%
Cost of care, as % of income married families	NR 12.4% NA	Cost of care, as % of income single parents	NR 79.4% NA

Early Intervention

R Developmental screening received	31.2% 34.2%	O Percentage of infants/toddlers receiving IDEA Part C services	7.3% 6.8%
Timeliness of Part C services	NR 97.8% NA		

Note: N/A indicates Not Available.