



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.

Minnesota's Rankings

KEY **G** Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively

Overall

G R O W

Improving Outcomes

Good Health

G R O W

Improving Outcomes

Strong Families

G R O W

Improving Outcomes

Positive Early Learning Experiences

G R O W

Improving Outcomes



Demographics

Infants and toddlers in Minnesota

Overview

Minnesota is home to 210,197 babies, representing 3.7 percent of the state's population. As many as 31.0 percent live in households with incomes less than twice the federal poverty line (in 2018, about \$50,000 a year for a family of four), placing them at economic disadvantage. America's youngest children are diverse and are raised in a variety of family contexts. In Minnesota, 31.1 percent of babies are children of color and 13.8 percent of the state's infants and toddlers live in rural areas. A broad array of policies and services are required to ensure all of them have an equitable start in life.

MINNESOTA **NATIONAL AVERAGE**

Race/ethnicity of infants and toddlers

Non-Hispanic White **68.9%**
49.3%

Non-Hispanic Black **9.6%**
13.7%

Hispanic **8.9%**
26.2%

Non-Hispanic Other **6.7%**
5.9%

Non-Hispanic Asian **5.9%**
4.9%

American Indian/Alaska Native **1.4%**
0.8%

Working moms

Mothers in the Labor Force **74.4%**
61.6%

Poverty status of infants and toddlers

Above Low-Income **69.0%**
57.9%

Low-Income **18.3%**
22.3%

In Poverty **12.7%**
19.8%

Infants and toddlers in poverty, by race

Non-Hispanic Black **38.7%**
37.0%

Hispanic **20.3%**
27.2%

Non-Hispanic Other **17.7%**
16.9%

Non-Hispanic White **6.9%**
12.3%

Family structure

2-Parent Family **80.1%**
76.7%

1-Parent Family **18.0%**
20.9%

No Parents Present **1.9%**
2.4%

Grandparent-headed households

3.2%
8.5%

Rural/Non-metro area

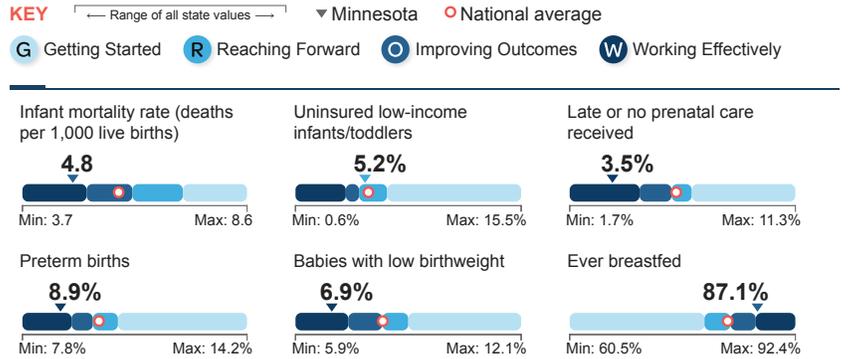
Living Outside of a Metro Area **13.8%**
8.6%

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any later stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care is essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Minnesota 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 food security, nutrition, and mental health. Minnesota performs better than national averages on key indicators, such as the percentages of women receiving late or no prenatal care and babies born at low birthweight. The state is performing worse than national averages on indicators such as the percentage of mothers reporting less than favorable mental health and babies receiving preventive dental care. Minnesota is a Medicaid expansion state. The state Medicaid program covers 5 of 5 screenings and services that support socioemotional well-being and maternal and infant and early childhood mental health (IECMH).

Six Key Indicators of Good Health



Good Health Policy in Minnesota

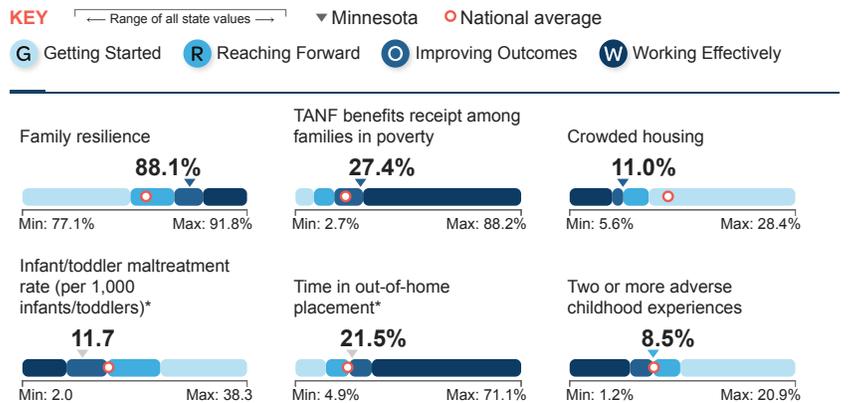
| | |
|--|---|
| Medicaid expansion state | Yes <input checked="" type="checkbox"/> |
| State Medicaid policy for maternal depression screening in well-child visits | Recommended |
| Medicaid plan covers social-emotional screening for young children | Yes <input checked="" type="checkbox"/> |
| Medicaid plan covers IECMH services at home | Yes <input checked="" type="checkbox"/> |
| Medicaid plan covers IECMH services at pediatric/family medicine practices | Yes <input checked="" type="checkbox"/> |
| Medicaid plan covers IECMH services in early childhood education settings | Yes <input checked="" type="checkbox"/> |

What Defines Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families benefit from parenting supports, and many—particularly those challenged by economic instability—require access to additional resources that help them meet their children's daily and developmental needs. Key supports include 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.

Minnesota falls in the Achieving Outcomes (O) 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 receiving TANF and parents who report living in unsafe neighborhoods. Minnesota is doing worse than the national average on indicators such as the percentage of babies experiencing housing insecurity (moved 3 or more times). Policy-wise, the state has implemented 2 of 5 policies that promote strong families, such as paid sick and family leave, Temporary Assistance to Needy Families (TANF) options, the Child Tax Credit, and Earned Income Tax Credit.

Six Key Indicators of Strong Families



Strong Families Policy in Minnesota

| | |
|---|---|
| Paid family leave | No <input checked="" type="checkbox"/> |
| Paid sick time that covers care for child | No <input checked="" type="checkbox"/> |
| TANF Work Exemption | Yes <input checked="" type="checkbox"/> |
| State Child Tax Credit | No <input checked="" type="checkbox"/> |
| State Earned Income Tax Credit (EITC) | Yes <input checked="" type="checkbox"/> |



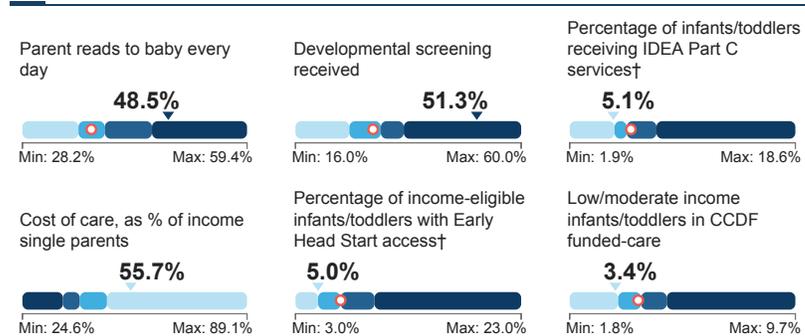
What Defines Positive Early Learning Experiences?

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings impacts how prepared they are for life-long learning and success. Parents who work or attend school require access to affordable, high-quality care options that foster their babies' development. During this rapid period of growth, access to screening and early intervention is essential to address potential developmental delays.

Minnesota scores in the Improving Outcomes (O) 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 percentages of parents who read to their babies daily and babies who received developmental screening. Minnesota is doing worse than the national average on indicators such as the lower percentage of income-eligible babies with access to Early Head Start and babies who receive IDEA Part C services. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking. The state does not offer child care subsidy assistance to families with incomes above 200 percent of the Federal Poverty Level.

Six Key Indicators of Positive Early Learning Experiences

KEY ← Range of all state values → ▼ Minnesota ○ National average
G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively



Positive Early Learning Experiences Policy in Minnesota

| | |
|---|---------------------|
| Families above 200% of FPL eligible for child care subsidy | No ❌ |
| Allocated CCDBG funds | Yes ✅ |
| Group size requirements meet or exceed EHS standards | 1 age group |
| Adult/child ratio requirements meet or exceed EHS standards | 1 age group |
| Level of teacher qualification required by the state | High school diploma |
| Infant/toddler credential adopted | Yes ✅ |
| State reimburses center based child care at/above 75th percentile of market rates | No ❌ |
| State includes 'at-risk' children as eligible for IDEA Part C services | No ❌ |

All indicators for Minnesota

G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively

Good Health

| | | | | | |
|--|-------|-------------------------|--|-------|-------------------------|
| W Eligibility limit (% FPL) for pregnant women in Medicaid | 283.0 | National average: 200.0 | R Uninsured low-income infants/toddlers | 5.2% | National average: 5.4% |
| O Low or very low food security | 10.5% | National average: 15.9% | O Ever breastfed | 87.1% | National average: 82.9% |
| W Infants breastfed at 6 months | 61.6% | National average: 54.6% | R WIC coverage | 84.1% | National average: 85.9% |
| O High weight-for-length among WIC recipients | 11.3% | National average: N/A | W Late or no prenatal care received | 3.5% | National average: 6.2% |
| R Mothers reporting less than optimal mental health | 26.4% | National average: 19.8% | O Infant mortality rate (deaths per 1,000 live births) | 4.8 | National average: 5.8 |
| W Babies with low birthweight | 6.9% | National average: 8.3% | W Preterm births | 8.9% | National average: 10.0% |
| G Preventive medical care received | 87.8% | National average: 91.1% | G Preventive dental care received | 24.3% | National average: 31.9% |
| G Received recommended vaccines | 66.1% | National average: 70.4% | | | |

Strong Families

| | | | |
|--|---|---|---|
| O TANF benefits receipt among families in poverty | 27.4% National average: 21.7% | G Housing instability | 7.3% National average: 2.7% |
| O Crowded housing | 11.0% National average: 15.5% | W Unsafe neighborhoods | 1.1% National average: 5.8% |
| O Family resilience | 88.1% National average: 85.2% | R One adverse childhood experience | 21.9% National average: 22.4% |
| R Two or more adverse childhood experiences | 8.5% National average: 8.6% | G Infant/toddler maltreatment rate (per 1,000 infants/toddlers)* | 11.7 National average: 15.9 |
| G Time in out-of-home placement* | 21.5% National average: 20.2% | G Infants/toddlers exiting foster care to permanency* | 99.4% National average: 98.6% |
| O Potential home visiting beneficiaries served | 2.0% National average: 1.9% | | |

Positive Early Learning Experiences

| | | | |
|---|---|---|---|
| W Parent reads to baby every day | 48.5% National average: 37.8% | O Parent sings to baby every day | 63.2% National average: 57.6% |
| G Percentage of income-eligible infants/toddlers with Early Head Start access† | 5.0% National average: 7.0% | G Cost of care, as % of income married families | 15.3% National average: N/A |
| G Cost of care, as % of income single parents | 55.7% National average: N/A | G Low/moderate income infants/toddlers in CCDF funded-care | 3.4% National average: 4.2% |
| W Developmental screening received | 51.3% National average: 31.1% | G Infants/toddlers with developmental delay* | 0.3% National average: 1.0% |
| G Percentage of infants/toddlers receiving IDEA Part C services† | 5.1% National average: 6.4% | R Timeliness of Part C services | 96.3% National average: N/A |

*This indicator is not factored into the GROW tier rankings. | Note: N/A indicates Not Available.
†Data for this indicator revised as of December 2020.