



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.



Nebraska's Rankings

KEY



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

Overall

G R O W

Reaching Forward

Good Health

G R O W

Reaching Forward

Strong Families

G R O W

Improving Outcomes

Positive Early Learning Experiences

G R O W

Reaching Forward



Demographics

Infants and toddlers in Nebraska

Overview

Nebraska is home to 78,751 babies, representing 4.1 percent of the state's population. As many as 38.0 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 Nebraska, 33.2 percent of babies are children of color and 23.7 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.

■ NEBRASKA ■ NATIONAL AVERAGE

Race/ethnicity of infants and toddlers

Non-Hispanic White 66.8%
49.3%

Hispanic 19.0%
26.2%

Non-Hispanic Black 5.9%
13.7%

Non-Hispanic Other 5.5%
5.9%

Non-Hispanic Asian 2.8%
4.9%

American Indian/Alaska Native 1.2%
0.8%

Working moms

Mothers in the Labor Force 73.4%
61.6%

Poverty status of infants and toddlers

Above Low-Income 62.0%
57.9%

Low-Income 22.8%
22.3%

In Poverty 15.2%
19.8%

Infants and toddlers in poverty, by race

Hispanic 29.2%
27.2%

Non-Hispanic Other 22.2%
16.9%

Non-Hispanic White 9.1%
12.3%

Non-Hispanic Black N/A
37.0%

Family structure

2-Parent Family 75.6%
76.7%

1-Parent Family 22.4%
20.9%

No Parents Present 2.0%
2.4%

Grandparent-headed households

5.4%
8.5%

Rural/Non-metro area

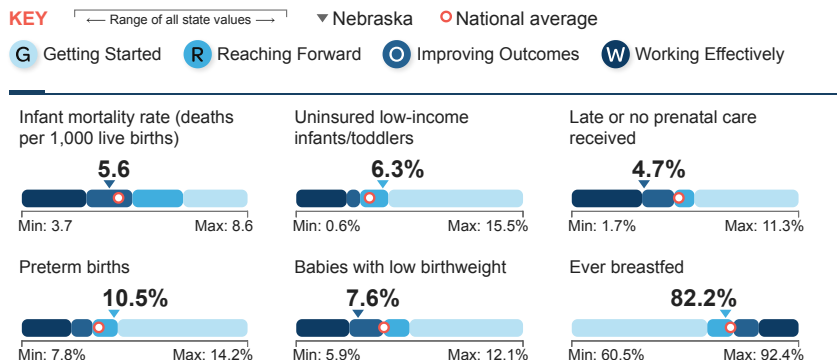
Living Outside of a Metro Area 23.7%
8.6%

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.

Nebraska falls in the Reaching Forward (R) 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. Nebraska performs better than national averages on key indicators, such as the percentages of women receiving late or no prenatal care and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and babies receiving preventive medical care. Nebraska is a Medicaid expansion state. The state Medicaid program covers 3 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 Nebraska

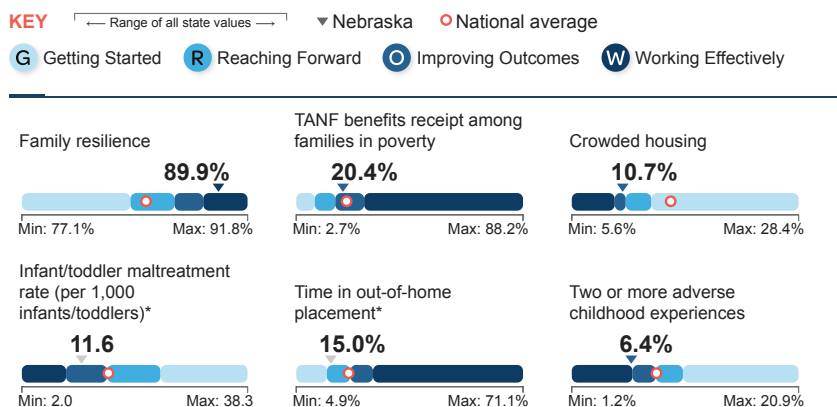
Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	No policy
Medicaid plan covers social-emotional screening for young children	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at home	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	No <input 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.

Nebraska 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 babies living in crowded housing and parents who report being resilient. Nebraska is doing worse than the national average on indicators such as the percentages of families in poverty with babies receiving TANF and babies who have had one adverse experience. Policy-wise, the state has implemented 1 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 Nebraska

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

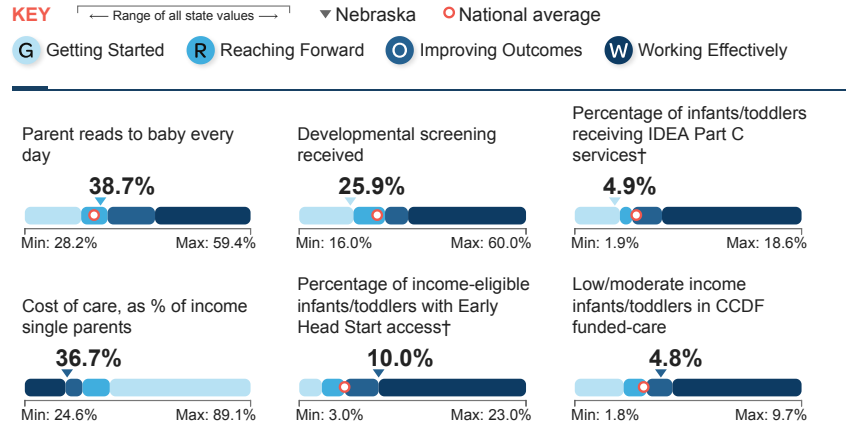


What Defines Positive Early Learning Experiences?

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.

Nebraska scores in the Reaching Forward (R) 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 sing/tell stories to their babies daily and income-eligible babies with access to Early Head Start. Nebraska is doing worse than the national average on indicators such as the lower percentages of babies who received developmental screening 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



Positive Early Learning Experiences Policy in Nebraska

Families above 200% of FPL eligible for child care subsidy	No ❌
Allocated CCDBG funds	Yes ✅
Group size requirements meet or exceed EHS standards	No 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	No ❌
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 Nebraska

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











Good Health

R Eligibility limit (% FPL) for pregnant women in Medicaid	199.0 National average: 200.0	R Uninsured low-income infants/toddlers	6.3% National average: 5.4%
G Low or very low food security	22.6% National average: 15.9%	R Ever breastfed	82.2% National average: 82.9%
O Infants breastfed at 6 months	55.7% National average: 54.6%	O WIC coverage	85.8% National average: 85.9%
R High weight-for-length among WIC recipients	12.5% National average: N/A	O Late or no prenatal care received	4.7% National average: 6.2%
O Mothers reporting less than optimal mental health	17.9% National average: 19.8%	O Infant mortality rate (deaths per 1,000 live births)	5.6 National average: 5.8
O Babies with low birthweight	7.6% National average: 8.3%	R Preterm births	10.5% National average: 10.0%
G Preventive medical care received	88.9% National average: 91.1%	O Preventive dental care received	30.9% National average: 31.9%
W Received recommended vaccines	77.9% National average: 70.4%		

Strong Families

 TANF benefits receipt among families in poverty	20.4% <i>National average: 21.7%</i>	 Housing instability	0.3% <i>National average: 2.7%</i>
 Crowded housing	10.7% <i>National average: 15.5%</i>	 Unsafe neighborhoods	5.6% <i>National average: 5.8%</i>
 Family resilience	89.9% <i>National average: 85.2%</i>	 One adverse childhood experience	24.8% <i>National average: 22.4%</i>
 Two or more adverse childhood experiences	6.4% <i>National average: 8.6%</i>	 Infant/toddler maltreatment rate (per 1,000 infants/toddlers)*	11.6 <i>National average: 15.9</i>
 Time in out-of-home placement*	15.0% <i>National average: 20.2%</i>	 Infants/toddlers exiting foster care to permanency*	98.0% <i>National average: 98.6%</i>
 Potential home visiting beneficiaries served	1.6% <i>National average: 1.9%</i>		

Positive Early Learning Experiences

 Parent reads to baby every day	38.7% <i>National average: 37.8%</i>	 Parent sings to baby every day	58.6% <i>National average: 57.6%</i>
 Percentage of income-eligible infants/toddlers with Early Head Start access†	10.0% <i>National average: 7.0%</i>	 Cost of care, as % of income married families	13.8% <i>National average: N/A</i>
 Cost of care, as % of income single parents	36.7% <i>National average: N/A</i>	 Low/moderate income infants/toddlers in CCDF funded-care	4.8% <i>National average: 4.2%</i>
 Developmental screening received	25.9% <i>National average: 31.1%</i>	 Infants/toddlers with developmental delay*	1.5% <i>National average: 1.0%</i>
 Percentage of infants/toddlers receiving IDEA Part C services†	4.9% <i>National average: 6.4%</i>	 Timeliness of Part C services	97.2% <i>National average: N/A</i>

*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.