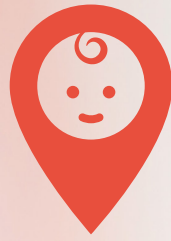




# STATE OF BABIES YEARBOOK 2019





# ***Babies are born with unlimited potential.***

Every parent knows this from the earliest moments of holding their child and looking into the child's eyes. The first three years are a time in human development that is unmatched by any other point later in life. There are 12 million infants and toddlers who live in the United States. The foundation we lay for them today is the most important investment we can make for our society tomorrow.

**Yet the data are clear: What state a baby is born in makes a big difference in their chance for a strong start in life.**









The *State of Babies Yearbook: 2019* is a collaborative effort between ZERO TO THREE and Child Trends, and was produced as part of ZERO TO THREE's *Think Babies*™ campaign. Funding partners for *Think Babies* include the Robert Wood Johnson Foundation, which supports the campaign's public education aspects, and the Perigee Fund, which supports the campaign's public education and advocacy aspects. Learn more at [thinkbabies.org](http://thinkbabies.org).

ZERO TO THREE works to ensure all infants and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals, and policymakers.

Child Trends is the nation's leading nonprofit research organization focused exclusively on improving the lives and prospects of children, youth, and their families. For 40 years, decision makers have relied on our rigorous research, unbiased analyses, and clear communications to improve public policies and interventions that serve children and families.

*Author Credit: Kim Keating, Sarah Daily, Patricia Cole, David Murphey, Gabriel Pina, Renee Ryberg, Leanna Moron, and Jessie Laurore*





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# Executive Summary

**For the 12 million infants and toddlers in the United States, the state where they are born and raised during their first three years makes a big difference in their chance for a strong start in life.**

Each of these young children is born with unlimited potential. They are our society's next generation of parents, workers, and leaders. How they are faring today gives us clues to how strong our nation will be when they assume those roles. We cannot afford to squander the potential of a single child if our nation is to thrive. Today's young children are more diverse than at any other time in our nation's history. More than half (51 percent) of babies in the United States are children of color. We have to embrace the changing portrait of our nation's babies and their families and ensure our policies are responsive to their diverse needs.

Decades of research from numerous disciplines demonstrates that the first three years of a child's life are a period of incredible growth and opportunity that shape every year that follows.

- It is the time in life when we have the best chance to help children develop the capacities they need to weather adversity and take full advantage of future opportunities.
- From birth to age 3, infants and toddlers experience the most rapid physical, cognitive, and emotional development of their lives.
- By age 3, children acquire the abilities to speak, learn, and reason.
- During this uniquely sensitive time, young children's interactions and experiences combine with the influences of genes to shape the architecture of their brains; enduring in ways that lay the foundation for lifelong health, well-being, and success.

Young children can achieve this foundation for a healthy future when their needs are met, ranging from essentials like food and housing to safe, stable, and nurturing care. The social and economic returns to society of such investments are well-documented. Yet, infants and toddlers are seldom at the forefront of national and state policy agendas. **We need policymakers to “think babies” by making their potential our priority through policies and programs that support their healthy development.**

**The State of Babies Yearbook: 2019** is a first-of-its-kind resource for stakeholders who recognize the critical importance of supporting the healthy development and well-being of America's babies and toddlers. It seeks to bridge the gap between science and policy with a state-by-state snapshot of how babies and their families are faring. The national and state profiles provide the building blocks for strong policies which support parents and caregivers in nurturing the youngest

children and placing them firmly on a path to success in school and in life. The data presented in the *Yearbook* will help to

- increase policymakers' awareness of the unique needs of infants, toddlers, and their families;
- garner greater support for child- and family-friendly policies and practices; and
- provide early childhood advocates and policymakers with the information they require to advance national and state policies responsive to these needs.

**ZERO TO THREE's policy framework**, grounded in the science of early childhood development, promotes supports for infants and toddlers' healthy development in three domains: Good Health, Strong Families, and Positive Early Learning Experiences. These domains form the basis for the indicators in the *State of Babies Yearbook: 2019*.



### **Good Health**

Health Care Access/Affordability  
Food Security  
Nutrition  
Maternal Health  
Child Health  
Infant and Early Childhood Mental Health



### **Strong Families**

Basic Needs Support  
Child Welfare  
Home Visiting  
Supportive Policies/Paid Leave



### **Positive Early Learning Experiences**

Early Care and Education Opportunities  
Early Intervention and Prevention Services

**When babies and toddlers do not have the supports they need to thrive, their development can suffer, leading to lifelong consequences.**

A range of experiences pose challenges for young children's development. They may live with chronic, unrelenting stress; they may know hunger or unstable housing; they may lack opportunities for positive interactions with caregivers. Consequently, these children may fall behind early, lag in later educational and earnings achievements, and experience health problems later in life or even have a shorter life span.



The national profile of our nation's infants and toddlers signals significant shifts toward great diversity as well as some early warnings that we are not giving infants and toddlers the ingredients they need to thrive.

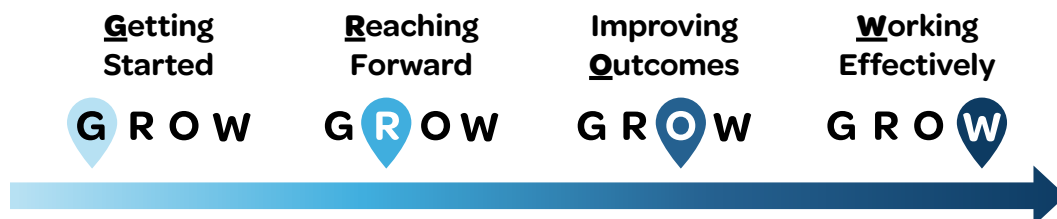
- 45 percent live in households with incomes less than twice the federal poverty level.
- 21 percent live with a single parent, 9 percent live in grandparent-headed households.
- 61 percent have mothers in the work force.

Science tells us that these indicators underscore the need to ensure that every baby has equitable opportunities to thrive. Research consistently finds negative effects of poverty and racial disparities among young children in low-income families and children of color, caused by differences in access to resources and services as well as contributing historical and social factors. The effects of disparities appear early and are critical—within their first two years infants from higher and lower socioeconomic status families already exhibit a 6-month gap in processing skills critical to language development.<sup>1</sup> These outcomes affect our international status. The United States lags behind other developed nations on several indicators of well-being, particularly in the health area, where the underlying story is told by looking at the wide disparities in infant mortality rates and birth outcomes for children of color.

## Ensuring all babies have a strong foundation to GROW

The true picture of the state of America's babies emerges from the range of conditions in the 50 states and the District of Columbia. **All states have room to grow in how they support parents in caring for their young children. Yet, some states are more advanced than others** in giving babies and their families the chance to overcome adversity and reach their full potential.

The *State of Babies Yearbook: 2019* uses a transparent ranking process to group states into one of four tiers to provide a quick snapshot of how states fare on the selected indicators and domains. These tiers represent four groupings of states that are approximately equal in size and ordered from highest to lowest performing. We use the following tiering symbols to designate a given state's placement in one of the four tiers.



1 Cosse, Ruth, et al. (2018). *Building Strong Foundations: Racial inequity in policies that impact infants, toddlers, and families*. CLASP and ZERO TO THREE, Washington, DC. [www.zerotothree.org/resources/2561-building-strong-foundations-racial-inequity-in-policies-that-impact-infants-toddlers-and-families](http://www.zerotothree.org/resources/2561-building-strong-foundations-racial-inequity-in-policies-that-impact-infants-toddlers-and-families)

A state's lower overall rank should not obscure the fact that in an individual domain, the state may have promising indicators that may reflect initiatives to improve babies' outcomes. Individual state profiles provide stakeholders with a map of where their support for their babies is lagging behind or forging ahead of other states and the national average. **States with higher rankings should not be complacent and those at the lower end should not feel overwhelmed.** Rather, each should use this map to identify challenging areas that the state needs to work on and muster the will to give its babies the best start in life.

## The State of Babies Yearbook 2019: Overall Rankings

### Working Effectively

G R O  W

Colorado  
Connecticut  
Delaware  
Maine  
Maryland

Massachusetts  
Minnesota  
Montana  
New Hampshire  
Rhode Island

Vermont  
Washington

### Improving Otcomes

G R  W

Alaska  
District of Columbia  
Hawaii  
Iowa  
Missouri

Nebraska  
New Jersey  
New Mexico  
North Carolina  
Ohio

Oregon  
Pennsylvania  
South Dakota

### Reaching Forward

G  R O W

California  
Georgia  
Idaho  
Indiana  
Kansas

Louisiana  
Michigan  
New York  
North Dakota  
South Carolina

Utah  
Virginia  
Wisconsin

### Getting Started

 G R O W

Alabama  
Arizona  
Arkansas  
Florida  
Illinois

Kentucky  
Mississippi  
Nevada  
Oklahoma  
Tennessee

Texas  
West Virginia  
Wyoming





# The State of Babies Yearbook: 2019

The current state of infants and toddlers in the United States tells us an important story about what it is like to be a very young child in this country, and where we are headed as a nation. The littlest among us face big challenges. Far too many families have limited access to social and economic resources and face persistent hardships—such as food insecurity, unstable housing, unsafe neighborhoods and exposure to violence—creating unrelenting stress that hampers families’ ability to provide for their babies with the nurturing experiences they need to thrive.

The data are clear: **What state a baby is born in makes a big difference in their chance for a strong start in life**, and babies in every state face a different set of circumstances that affects their development.

To do better for our babies and our nation’s future, we need federal and state policymakers to make babies a priority through policies built on the science of brain development, as well as budgets that put babies and families first. The future of our nation depends on how we treat babies and their families today, and we can’t afford to squander the unlimited potential of a single child.



ZERO TO THREE and Child Trends have created the *State of Babies Yearbook: 2019*, a first-of-its-kind resource that looks holistically at the well-being of babies in all 50 states and the District of Columbia. The national and state profiles provide clear insight into the bright spots that exist throughout the country and the places we have room to grow. The aim of this in-depth report is to increase policymakers' awareness of the unique needs of infants, toddlers, and their families; garner greater support for child- and family-friendly policies and practices; and provide early childhood advocates and policymakers with the information they require to advance national and state policies responsive to these needs.

The time to make every baby our national priority is now. Babies, families, and the nation as a whole are counting on us to get this right.

**The early years matter most.** The first three years of a child's life are a period of incredible growth and opportunity to support and nurture children in ways that will have significant and lasting impacts. From birth to age 3, infants and toddlers experience the most rapid physical, cognitive, and emotional development of their lives. By age 3, children acquire the abilities to speak, learn, and reason. During this uniquely sensitive time, young children's interactions and experiences combine with the influences of genes to shape the architecture of their brains in enduring ways that can potentially lay the foundation for lifelong health, well-being, and success.

**Babies' brains grow at a faster rate during the first three years of life than at any later point in their lifetimes**—creating more than 1 million neural connections per second.<sup>1</sup> These connections form the foundational brain architecture on which all later

*The time  
to make  
every  
baby our  
national  
priority  
is now.*



learning and development will rest. A baby's earliest experiences determine whether that foundation will be strong or fragile, and this brain development is dependent on multiple inputs. Relationships and social interactions, as well as nutrition, safety and protection, provision of basic needs, and regular medical care are all important to how a baby's brain grows.<sup>2</sup>

**It is critical that every baby have equitable opportunities to thrive; however, significant disparities exist in opportunities and related outcomes.** Research consistently finds negative effects of poverty and racial discrimination among young children, linked to differences in access to critical resources and services. These effects

*What state  
a baby is  
born in  
makes a big  
difference in  
their chance  
for a strong  
start in life.*

appear early; at age 2, children in the lowest socioeconomic group already lag behind their peers on measures of language, cognitive abilities, and attachment.<sup>3</sup> The wide disparities in birth outcomes and infant mortality that are associated with race and ethnicity in the United States are largely responsible for our country's poor ranking, among other developed nations, on these indicators. In the State of the Nation's Babies, we provide an initial look at some of these disparities; more in-depth analyses and state-level perspectives on racial equity will be addressed in a future brief.

**Early experiences and early intervention matter.** When babies and toddlers do not have the supports they need to thrive, their development can suffer, leading to lifelong consequences. Fortunately, the same rapid brain development that makes babies and toddlers so vulnerable to adversities also offers a window of opportunity. Early in life, the brain is most adaptable to a wide range of environments and interactions, and thus can be rewired in response to significant changes in children's circumstances.

This points to the importance of early intervention—it is easier and more effective to influence the architecture of a young child's developing brain than to rely upon remedial programs later in life.<sup>4</sup>

## What research tells us about the building blocks of development

**Good health, strong families, and positive early learning experiences** are the building blocks for a strong start in life. All babies require healthy development in these three domains to reach their full potential. These fundamental areas are intertwined: Good physical and mental health are influenced by the child's environment and the stress their family may experience. Early learning opportunities are affected by a family's income and neighborhood. Family stability may be shaken due to a health crisis or inability to get mental health treatment.



A close-up photograph of a Black man with a grey beard and a gold chain, smiling warmly at a young Black child with curly hair who is laughing joyfully. The man is wearing a white tank top, and the child is wearing a white t-shirt. The background is a plain, light color.

# 51%

51 percent of  
America's babies are  
children of color.





## Good Health

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. Access to good nutrition, support for mothers to breastfeed, and affordable maternal, pediatric, and family health care are essential to ensure all babies get a strong start.

Infants and toddlers also need positive relationships to support their healthy social and emotional development, which is critical for positive cognitive development. They and their families may require access to infant and early childhood mental health (IECMH) services, such as maternal depression screening and interventions to support the parent-child relationship, detect mental health problems, or prevent them from taking root. When social and emotional development suffers significantly, infants and toddlers can experience mental health problems. Even babies can show signs of depression (e.g., inconsolable crying, slow growth, sleep problems).<sup>5</sup> Maternal depression and anxiety disorders affect approximately 10 percent of mothers with young children.<sup>6</sup> Mental health disorders in young children often reflect problems in the attachment relationships, which can be impaired if caregivers suffer from depression. Skilled providers can accurately screen for, diagnose, and treat mental health disorders before they affect other areas of development. However, nearly one-third of state Medicaid programs do not permit reimbursement for maternal depression screenings that are provided during pediatric visits.

Federal and state policymakers can strengthen these early foundations by improving the continuum of services that promote early childhood health and mental health, as well as targeted interventions for infants and toddlers who face barriers to receiving care.

Poor nutrition and recurrent exposure to infectious diseases in early childhood are linked to chronic cardiovascular, respiratory, and mental health problems in adulthood.<sup>7</sup> Research finds that infants and toddlers with access to health coverage are more likely than their uninsured peers to see a doctor regularly and receive preventive health care and treatments. Routine checkups and other preventive care, such as recommended vaccinations and screening for early detection of harmful risk factors, help prevent more costly health issues as children get older. Nearly half of children under age 3 receive medical coverage through Medicaid, and those covered have better long-term health, educational, and employment outcomes than those who were uninsured. Healthy parents are more likely to have healthy children. Research confirms that access to health insurance is a family affair, as children are more likely to be covered if their parents have coverage as well. Medicaid expansion has improved parents' access to care, and it has been associated with lower rates of infant mortality in states that adopted that policy.



## Strong Families

Young children develop in the context of their families, where stability and supportive relationships best nurture their growth. Babies need unhurried time with their parents to form healthy attachment. Nurturing and responsive relationships offer both immediate and long-term benefits, fostering trust, positive social-emotional development, and the capability to form strong relationships in the future. 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 needs. Key supports include home visiting services and family-friendly employer policies that provide paid sick and family leave.

Adversities experienced early in life—such as hunger, abuse and neglect, or household instability and violence—can create stress that undermines lifelong development.<sup>8</sup> Chronic, unrelenting stress experienced in early childhood, such as that caused by extreme poverty, repeated abuse or prolonged neglect, or severe maternal depression, for example, can

be toxic to the developing brain and may lead to problems with self-regulation, lags in cognitive and social-emotional development, and chronic health problems in adulthood. However, caring relationships with trusted caregivers can buffer babies’ exposure to adverse events and mitigate long-term negative effects.

Infants and toddlers are the age group most vulnerable to abuse and neglect, and they experience the highest rates of maltreatment.<sup>9</sup> Too few families receive early supports that could prevent the circumstances that increase the risk for maltreatment, the most frequent form of which is neglect. Infants and toddlers who have experienced maltreatment frequently experience delays in their emotional, social, and cognitive development, making prevention and early intervention efforts especially important.<sup>10</sup> Foster care practices not attuned to early development can compound these problems. Child welfare systems should be responsive to the needs of very young children in their policies and practices, but seldom are.<sup>11</sup>



## 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 has lasting impact on their preparedness for lifelong learning and success. Parents who require child care to work or attend school need access to affordable, high-quality care options that promote positive development. Low-income children particularly can benefit from high-quality early care and learning opportunities, but they are less likely to have access to these programs and care settings.<sup>12</sup>

Second only to the early learning experience within the immediate family, child care is the context in which early childhood development most frequently unfolds, starting in infancy.<sup>13</sup> Parents of children under age 3 are more likely to use informal child care (provided by friends, family, or neighbors) than formal child care.<sup>14</sup> The federal Early Head Start (EHS) program was created to help minimize the disparities caused by poverty by supporting the healthy development of expectant mothers and low-income infants and toddlers. However, only 7 percent of babies and toddlers who are eligible for Early Head Start are currently being served.





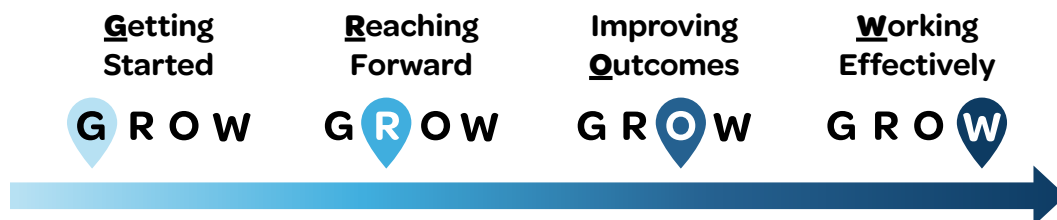
# Ensuring all babies have a strong foundation to GROW

While research makes the case for investing in policies that support early development, infants and toddlers are seldom at the forefront of policy agendas.


Research from a variety of disciplines confirms the importance of the infant and toddler years, and the profound influences babies' early experiences have on their future development and capabilities. Those experiences, in turn, are affected by public policies and resources. Increased public awareness of the importance of the first three years has resulted in some increases in funding directed primarily at infants and toddlers, such as for home visiting and expansion of Early Head Start. Many states are implementing initiatives that could improve opportunities and outcomes for all babies but must garner the political will to bring them to scale. Yet a wide gap remains between the compelling science pointing to greater investment and the policies that could help all babies realize their potential.

ZERO TO THREE's policy framework, grounded in the science of early childhood development, incorporates the three domains of healthy development described above to identify and promote comprehensive policies to meet these needs: Good Health, Strong Families, and Positive Early Learning Experiences. Indicators in each of those policy domains describe child and family well-being, status and reach of programs and services, and the presence or absence of key policies that promote healthy development.

The *State of Babies Yearbook: 2019* uses a transparent ranking process to group states into one of four tiers to provide a quick snapshot of how states fare on the selected indicators and domains. These tiers represent four groupings of states that are approximately equal in size and ordered from highest to lowest performing. We use the tiering symbols throughout the *Yearbook* to designate a given state's placement in one of the four tiers.



The profiles and state rankings are intended to be a catalyst for action—to move babies to the top of policy agendas and mobilize the public will to make investments where they generate the greatest return over the lifetimes of today's 12 million infants and toddlers, and those who will follow. Improving the state of babies will require stakeholders at all levels to grasp the significance of the story the data tells, both at the national level and in individual states. These stakeholders must then take meaningful action to tackle challenges and make nurturing the full potential of America's babies a national priority.

A close-up photograph of a newborn baby wrapped in a bright blue blanket. The baby is sleeping peacefully, with its eyes closed and a small hand near its face. The baby is being held by a man wearing a dark blue polo shirt. The background is softly blurred, showing what appears to be an indoor setting with light-colored walls and some furniture.

Nearly half of children  
under the age of 3 receive  
medical coverage through  
Medicaid, and those covered  
have better long-term  
health, educational, and  
employment outcomes than  
those who were uninsured.

1/2



# State of the Nation's Babies

The nation's babies reflect the growing diversity of the United States. The current generation of parents, millennials, are the most diverse in our nation's history.<sup>15</sup> In 2011, for the first time, more than half (50.4 percent) of our nation's population under age 1 were children of color, up from 49.5 percent the previous year. In 2017, 51 percent of babies were non-white. These changing demographics have substantial implications for planning policies and services that best meet the increasingly diverse familial, cultural, and language needs of our youngest children. Opportunities to grow and flourish are not shared equally by the nation's infants, toddlers, and families, reflecting past and present systemic barriers to critical resources, such as limited access to quality health care services, stable housing, reliable income and employment, and quality child care.<sup>16</sup> Infants and toddlers of color (i.e., black, Hispanic, and Native American) are disproportionately at risk for poorer outcomes in the three domains of well-being. The negative immediate and long-term consequences of early inequities are well documented.

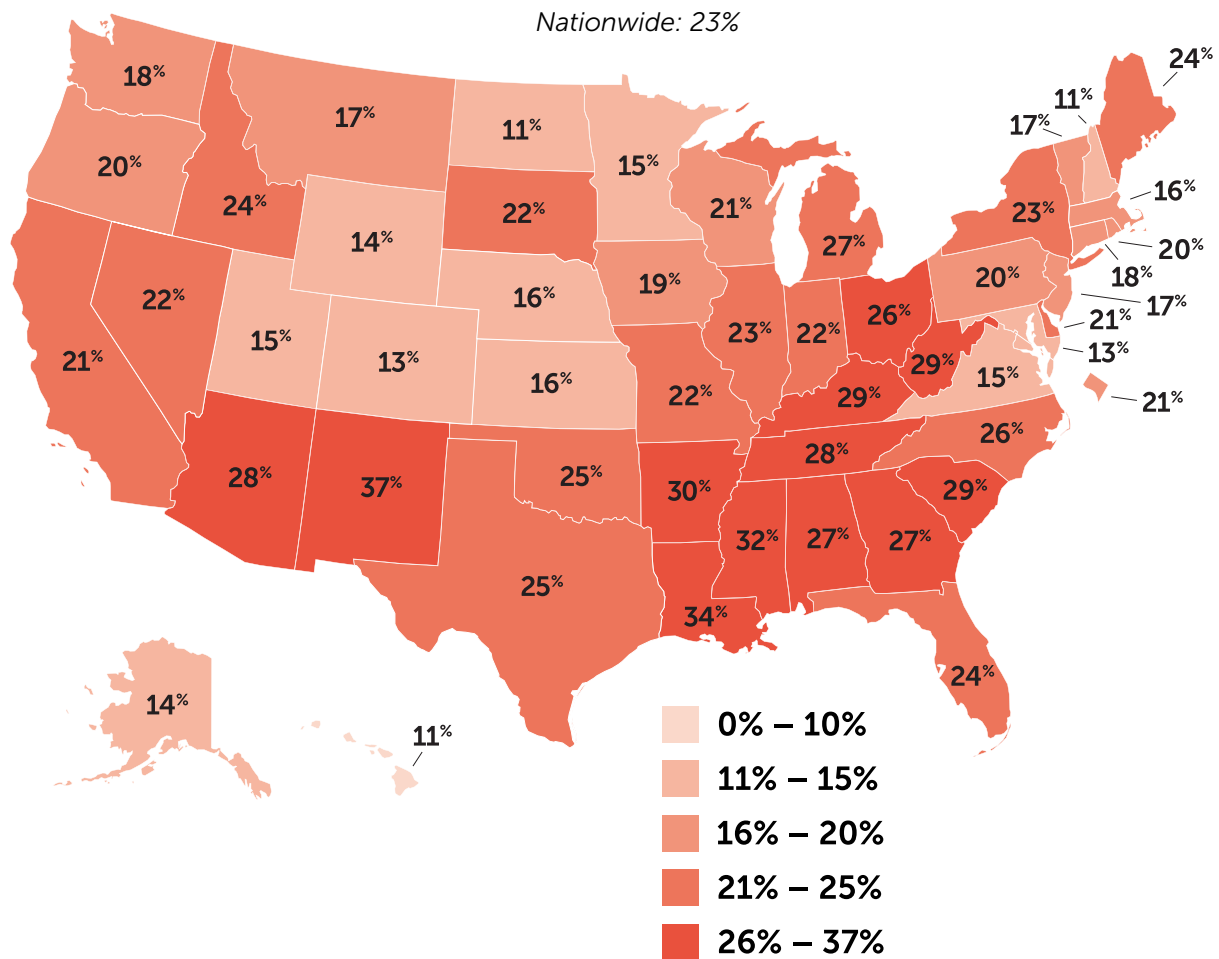
Infants and toddlers represent only 4 percent of the nation's population but 6 percent of those in poverty. As many as 45 percent of infants and toddlers live in households with incomes less than twice the federal poverty level (about \$50,000 a year for a family of four in 2017)—23 percent are below poverty level—challenging their ability to meet basic needs. Almost 17 percent of households with infants and toddlers experience low or very low food security, and as many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize their development. America's youngest children are raised in a variety of family contexts that reflect changing characteristics of the society overall. One in five babies (21 percent) lives with a single parent, 9 percent live in grandparent-headed households, and most (61 percent) have mothers in the workforce. The changing portrait of the nation's babies and their families requires policies and services that are responsive to their diverse needs.

Another powerful indicator of the status of babies in the United States can be found in our standing among other developed nations. Our country ranks 31<sup>st</sup> for relative child



poverty among 38 economically advanced countries.<sup>17</sup> The youngest Americans live in disproportionately low-income and poor families. Research shows that poverty at an early age can be especially harmful, affecting later achievement and employment.<sup>18</sup>

## 1 in 4 American Babies is Living in Poverty





## **A Matter of Equity**

### ***Good Health***

Despite improvements in babies' health over time in the U.S., in aggregate, infants and toddlers of color experience significant disparities in key areas of maternal and child health. Notably, black and American Indian/Alaska Native (AI/AN; Native American) babies experience disproportionately higher rates of infant mortality and low birthweight than babies of other races.<sup>19</sup> While the national infant mortality rate was 5.9 deaths per 1,000 births in 2016, the rates for black and American Indian or Alaska Native infants were 11.2 and 7.6, respectively. By comparison, rates were 5.0 for Hispanic, 4.9 for non-Hispanic white, and 4.0 for Asian or Pacific Islander infants. While the overall rate of low birthweight is 8.2 percent nationally, it is markedly higher (13.6 percent) among black babies—compared to 7 percent for white, 7.3 percent for Hispanic, and 8.2 percent for AI/AN babies.<sup>20</sup> Similar patterns exist in maternal health, with women of color more likely to receive late or no prenatal care. Nationally, 6.2 percent of all mothers receive late or no prenatal care. However, this differs widely by race, with the highest incidence of late or no care among Native Hawaiian/Pacific Islander (19.2 percent), Native American (12.5 percent), and black (10 percent) mothers, compared to 4.3 percent of white mothers.<sup>21</sup>

# 21%

**21 percent of  
babies live with  
a single parent.**







## **A Matter of Equity** ***Strong Families***

Infants and toddlers of color, in addition to living disproportionately in poor families, are more likely to live in neighborhoods their parents characterize as unsafe, to experience housing instability (i.e., crowded homes and frequent moves), and to have been exposed to one or more potentially traumatic experiences.<sup>22</sup> Instability and hardship—particularly during the earliest years of life—are known to have negative long-term consequences for children’s well-being.<sup>23</sup> Despite their high rates of employment, parents of color are more likely to work in low-wage jobs with unstable schedules and few employer-sponsored benefits (such as paid time off, retirement plans, or health insurance). Low-wage work undermines parents’ ability to care for their young children during this critical period of development.

Young children of color, particularly black and Hispanic babies, are also disproportionately represented in the child welfare system, and their permanency outcomes differ from those of their white peers. Children of color are less likely to receive family preservation services and are more likely to be removed. While black infants and toddlers comprise 14 percent of the national population under age 3, they represent 23 percent of young children in the child welfare system. Once removed from their parents, black children are more likely to experience negative outcomes, including longer stays in foster care. Specifically, in normal child welfare practice, white children—despite their parents’ similar skills, receipt of services, and absence of substance problems—are more than twice as likely to be reunified with their parents as black children. Much of this difference is attributed to structural and institutional biases in decision-making within the child welfare system. Interventions to reduce these disparities, such as the Safe Babies Court Team™ approach, report marked differences in reunification of black children with their parents, successfully closing the reunification gap with white children.



## **A Matter of Equity**

### ***Positive Early Learning Experiences***

A number of factors make access to positive early learning experiences particularly challenging for babies of color. Because they are two to three times more likely to be affected by poverty than their white counterparts, parents of color are, on average, less able to afford the high cost of infant and toddler child care, and they are more likely to live in economically disadvantaged communities that lack high-quality early care providers. Options for care are further limited by the fact that women of color make up more than half of mothers with very young children in low-wage jobs (i.e., jobs paying \$10.50 or less per hour) that have irregular, unpredictable work schedules and non-traditional hours.<sup>24</sup> Of mothers with infants and toddlers in low-wage jobs, 21 percent are black and 30 percent are Hispanic. As a result, they are more likely to use informal child care arrangements provided by relatives or friends<sup>25</sup> and are less likely to access formal child care arrangements that could provide an extra boost to support optimal cognitive and social-emotional development. The combined stressors of economic instability and unpredictable work schedules also undermine these parents' availability to engage in important early learning experiences at home,<sup>26</sup> such as daily reading and singing, that promote early literacy skills and language development.

While supports, such as Early Head Start and Child Care Development Block Grant (CCDBG) funding, are designed to decrease the gap in access to early learning opportunities, the reach of this assistance is limited and varies by race. Underfunding of Early Head Start is limiting its reach. In 2017, just 7 percent of eligible infants and toddlers accessed Early Head Start. Similarly, the share of state-eligible infants and toddlers (household income < 180 percent FPL) served in CCDBG varies widely by race, with Asian and Hispanic babies less likely to receive child care assistance—7 percent and 10 percent, respectively, compared to 42 percent of Native Hawaiian or Pacific Islander children, 25 percent of black children, 13 percent of white children, and 12 percent of Native American children.<sup>27</sup>

## Overall State Rankings

A state's lower overall rank should not obscure the fact that in an individual domain, the state may have promising indicators that may reflect initiatives to improve babies' outcomes. Individual state profiles provide stakeholders with a map of where their care for their babies is lagging behind or forging ahead of other states and the national average.

### Working Effectively

G R O  W

Colorado  
Connecticut  
Delaware  
Maine  
Maryland

Massachusetts  
Minnesota  
Montana  
New Hampshire  
Rhode Island

Vermont  
Washington

### Improving Outcomes

G R  W

Alaska  
District of Columbia  
Hawaii  
Iowa  
Missouri

Nebraska  
New Jersey  
New Mexico  
North Carolina  
Ohio

Oregon  
Pennsylvania  
South Dakota

### Reaching Forward

G  R O W

California  
Georgia  
Idaho  
Indiana  
Kansas

Louisiana  
Michigan  
New York  
North Dakota  
South Carolina

Utah  
Virginia  
Wisconsin

### Getting Started

 G R O W

Alabama  
Arizona  
Arkansas  
Florida  
Illinois

Kentucky  
Mississippi  
Nevada  
Oklahoma  
Tennessee

Texas  
West Virginia  
Wyoming



**States in the Northeast and West were more likely to score in the top two tiers of states across all three domains, as compared to states in the Midwest and South.**

For example, four states in the Northeast (Massachusetts, New Hampshire, Rhode Island, and Vermont) received scores in the highest tier across all three domains. A few states stand out because they received scores in the top tier in one domain, but their scores for the remaining two domains were in the bottom two tiers. For example, New Mexico ranked in the first or top tier (i.e., “GROW—Working Effectively”) for Positive Early Learning Experiences, but in the lower two tiers for Good Health and Strong Families. Similarly, Delaware received scores in the highest tiers for positive early learning experiences and strong families but scored in the third tier for good health. Minnesota and Washington received scores in the highest tiers for good health and strong families but scored in the third tier for positive early learning experiences.

## 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 three 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 are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

There are several areas in which infants and toddlers are doing well, and several where the national picture is concerning. States also vary widely on indicators of good health, and there are several indicators for which national averages tell only part of the story. For example, noteworthy differences exist in the income eligibility limits states set for pregnant women to participate in Medicaid, with limits ranging from 138 percent to 380 percent of the federal poverty level (FPL).

Positive findings include, for example, the number of babies (90.7 percent) who have received regularly scheduled medical care in the past 12 months.

Indicators of serious concern include the proportion of infants and toddlers who are not insured, incidence of low birthweight, infant mortality, and maternal and infant and early childhood mental health.

- Despite coverage available through Medicaid and the Children’s Health Insurance Program, 5.8 percent of low-income infants and toddlers lack health insurance.
- As many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize development.
- The national infant mortality rate is 5.9 deaths per 1,000 births (ranging from 3.7 per 1,000 births in New Hampshire to an alarming 9.1 per 1,000 births in Alabama).
- More than one in five mothers of infants and toddlers (22 percent) rate their mental health as worse than “excellent” or “very good.” Responsive policies are evident in the Medicaid programs of a majority of states, with 36 states covering screening for maternal depression as part of Early and Periodic Screening, Diagnostic, and Treatment, and 41 states offering social-emotional screening of young children.



## The State of Babies: Good Health

### Getting Started

G

Alabama  
Arkansas  
Florida  
Kentucky  
Louisiana  
Mississippi  
Missouri  
Nevada  
Oklahoma  
Tennessee  
Texas  
West Virginia  
Wyoming

### Reaching Forward

R

Alaska  
Arizona  
Delaware  
Georgia  
Illinois  
Indiana  
Kansas  
Michigan  
Nebraska  
New Jersey  
New Mexico  
North Dakota  
South Carolina

### Improving Outcomes

O

District of Columbia  
Idaho  
Maine  
Montana  
New York  
North Carolina  
Ohio  
Oregon  
Pennsylvania  
South Dakota  
Utah  
Virginia  
Wisconsin

### Working Effectively

W

California  
Colorado  
Connecticut  
Hawaii  
Iowa  
Maryland  
Massachusetts  
Minnesota  
New Hampshire  
Rhode Island  
Vermont  
Washington

← States that are overall **below** the national median on the selected Good Health indicators



→ States that are overall **above** the national median on the selected Good Health indicators

Good Health		
Subdomain	Indicator	National Average/ Policy Count
Health Care Access/ Affordability	Income cutoff (percentage of the federal poverty line) for Medicaid eligibility for pregnant women in Medicaid	200%
	State adopted Medicaid expansion under the Affordable Care Act	34 States
	Percentage of low-income infants/toddlers who are uninsured	5.8%
Food Security	Percentage of households with infants/toddlers experiencing low or very low food security	16.5%
Nutrition	Percentage of infants ever breastfed	83.2%
	Percentage of infants breastfed at 6 months	57.6%
Maternal Health	State Medicaid policy requires, recommends, or allows maternal depression screenings during well-child visits	36 States
	Percentage of women receiving late/no prenatal care	6.2%
	Percentage of mothers of infants/toddlers who rate their mental health as worse than "excellent" or "very good"	22.0%
Child Health	Percentage of infants/toddlers who had a preventive medical visit in the past year	90.7%
	Percentage of infants/toddlers who had a preventive dental visit in the past year	30.0%
	Percentage of babies with low birthweight	8.2%
	Infant mortality rate (deaths per 1,000 live births)	5.9
	Percentage of infants/toddlers receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by ages 19 through 35 months	70.7%
Infant/ Toddler Mental Health	State Medicaid plan covers social-emotional screening for young children (ages 0 through 6 years) with a tool specifically designed for this purpose	41 States
	State Medicaid plan covers Infant and Early Childhood Mental Health services in home settings	46 States
	State Medicaid plan covers Infant and Early Childhood Mental Health services in pediatric/ family medicine settings	45 States
	State Medicaid plan covers Infant and Early Childhood Mental Health services in early care and education program settings	34 States



# *1 in 12*

As many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize development.





## Strong Families

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children’s daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children’s needs, and family-friendly employer policies that provide paid sick and family leave.

While most indicators in this area address challenges, an encouraging four out of five families (82.6 percent nationally) with an infant or toddler report a favorable level of resilience, with results among states ranging from 63 percent to 94 percent. However, infants and toddlers are uniquely sensitive to challenges in their environments, such as housing instability (i.e., moving three or more times since birth) or crowded housing that jeopardize development.

- Nationally, 2.5 percent of babies experience housing instability (i.e., have moved three or more times since birth).
- A higher proportion, 15.6 percent, live in crowded housing.

Findings for several indicators in this domain vary across states, with the largest differences found in rates of maltreatment, exposure to adverse experiences, and participation in TANF.

- Infants and toddlers have the highest rates of abuse and neglect of any age group, at 16 per 1,000 for children ages 0 to 2. Wide differences were found in states’ maltreatment rates, which range from 1.6 per 1,000 infants and toddlers in Pennsylvania to 39.0 per 1,000 in Massachusetts.
- Nationally, on average, 8.3 percent of infants and toddlers have already been exposed to two or more adverse experiences. While state averages on this indicator range from as low as 2.0 percent in Massachusetts to 27.3 percent in Arizona, most states (31) report less than 10 percent of their babies have had two or more adverse experiences.
- At the policy level, the wide variation in the proportion of families in poverty with a child under age 3 that receive TANF benefits—which ranges from 2.6 percent in Wyoming to 69.7 percent in Maryland—suggests this is an area for further exploration.



## The State of Babies: Strong Families

### Getting Started

G

Alabama  
Alaska  
Arizona  
Arkansas  
Indiana  
Louisiana  
Michigan  
Nevada  
New Mexico  
New York  
Oklahoma  
South Dakota  
Wyoming

### Reaching Forward

R

Florida  
Georgia  
Kentucky  
Maine  
Mississippi  
Montana  
North Carolina  
North Dakota  
South Carolina  
Tennessee  
Texas  
Utah  
West Virginia

### Oimproving Outcomes

O

California  
Colorado  
Hawaii  
Idaho  
Illinois  
Iowa  
Kansas  
Nebraska  
Ohio  
Oregon  
Pennsylvania  
Virginia  
Wisconsin

### Working Effectively

W

Connecticut  
Delaware  
District of Columbia  
Maryland  
Massachusetts  
Minnesota  
Missouri  
New Hampshire  
New Jersey  
Rhode Island  
Vermont  
Washington

← .....  
States that are overall **below** the national median  
on the selected Strong Families indicators



..... →  
States that are overall **above** the national median  
on the selected Strong Families indicators





61%

61 percent of babies have  
mothers in the workforce.

Strong Families		
Subdomain	Indicator	National Average/ Policy Count
Basic Needs Support	Housing instability: Percentage of infants/toddlers who have moved 3 or more times since birth	2.5%
	Percentage of infants/toddlers who live in crowded housing	15.6%
	Percentage of families with infants/toddlers living below 100 percent of the federal poverty line that receive TANF benefits	20.6%
Child Welfare	Percentage of infants/toddlers living in unsafe neighborhoods, as reported by parents	6.3%
	Percentage of families with infants/toddlers who report "family resilience"	82.6%
	Percentage of infants/toddlers who have experienced one adverse childhood experience	21.9%
	Percentage of infants/toddlers who have experienced two or more adverse childhood experiences	8.3%
	Maltreatment rate per 1,000 infants/toddlers	16.0
	Percentage of infants/toddlers exiting foster care who achieve permanency	98.4%
Home Visiting	Percentage of infants/toddlers who could benefit from evidence-based home visiting and are receiving those services	1.9%
Supportive Policies/ Paid Leave	State requires employers to provide paid sick days that cover care for child	11 States
	State has a paid family leave program	7 States



## 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. Language and literacy skills begin developing at birth and are fostered through sharing books, telling stories, singing songs and talking to one another. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for lifelong learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Despite the importance of the early learning that takes place at home, surprisingly few parents report engaging in daily reading or singing with their babies, interactions that are closely related to children's language development. These low rates of language interaction, particularly for reading, suggest that many parents and other caregivers may not understand that children begin acquiring language skills from birth and are not too young to enjoy books with those who nurture them.

- Nationally, only 38.2 percent of infants and toddlers are read to every day, with state averages ranging from a low of 26 percent to a high of 59 percent.
- Parents frequently talked and sang to their young children (56.4 percent), with averages ranging from 45 percent to 69 percent. Averages were more than 50 percent in 47 states.

The extent to which states support families in accessing and affording early care and learning opportunities varies significantly by state. Child care costs can take more than one-third of the paycheck of a single parent in some states. Despite the high cost of infant care, few families receive financial assistance for it.

- Only 12 states allow child care subsidies for families with incomes above 200 percent of the federal poverty level (FPL)—approximately \$50,000 for a family of four—and only 4.2 percent of infants and toddlers in low- or moderate-income families that feel the pinch of the high cost of care receive subsidies.
- Infants and toddlers in families with incomes below the FPL are eligible for Early Head Start, which provides comprehensive services that promote positive child development. However, as few as 7 percent of eligible infants and toddlers have access to these services. Access varies widely across states, ranging from a low of 3 percent in Tennessee to 21 percent in Vermont.

Early intervention efforts also differ across states, despite the rapid growth of babies in the first three years.

- Nationally, only 30 percent of infants and toddlers received a developmental screening in the past year. The percentage of infants and toddlers, ages 9 through 35 months, who received a developmental screening ranged from a low of 17.2 percent in Mississippi to as many as 58.8 percent in Oregon. Only 11 states had rates above 40 percent.
- Parents of approximately 1 percent of children reported their child had been identified with developmental delays, and 3.1 percent received early intervention services.





## The State of Babies: Positive Early Learning Experiences

### Getting Started

**G**

Arizona  
Arkansas  
California  
Florida  
Idaho  
Illinois  
Nevada  
South Carolina  
Tennessee  
Texas  
Utah  
Virginia  
Wisconsin

### Reaching Forward

**R**

Alabama  
Georgia  
Hawaii  
Kansas  
Michigan  
Minnesota  
Mississippi  
Missouri  
New York  
Oregon  
Washington  
West Virginia  
Wyoming

### Improving Outcomes

**O**

Alaska  
Connecticut  
District of Columbia  
Indiana  
Iowa  
Kentucky  
Maryland  
New Jersey  
North Carolina  
North Dakota  
Oklahoma  
Ohio  
Pennsylvania

### Working Effectively

**W**

Colorado  
Delaware  
Louisiana  
Maine  
Massachusetts  
Montana  
Nebraska  
New Hampshire  
New Mexico  
Rhode Island  
South Dakota  
Vermont

← States that are overall **below** the national median on the selected Early Learning indicators



→ States that are overall **above** the national median on the selected Early Learning indicators

## Positive Early Learning Experiences

Subdomain	Indicator	National Average/ Policy Count
Early Care and Education Opportunities	Percentage of parents who report reading to their infants/toddlers every day	38.2%
	Percentage of parents who report singing songs or telling stories to their infants/toddlers every day	56.4%
	Percentage of infants/toddlers below 100 percent of the federal poverty line with access to Early Head Start	7.0%
	Average state cost of center-based infant care as a percentage of median income for married families	N/A
	Average state cost of center-based infant care as a percentage of median income for single parents	N/A
	Income eligibility level for child care subsidy above 200 percent of the federal poverty line	12 States
	Percentage of infants/toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy	4.2%
Early Intervention and Prevention Services	Percentage of infants/toddlers, ages 9 through 35 months, who received a developmental screening using a parent-completed tool in the past year	30.4%
	Percentage of infants/toddlers with moderate/severe developmental delay	1.1%
	Percentage of infants/toddlers receiving the Individuals with Disabilities Education Act Part C services	3.1%





# 10%

Maternal depression and anxiety disorders affect approximately 10 percent of mothers with young children.



# About the selected indicators

## The selection process

The indicators used for the *State of Babies Yearbook: 2019* are objective measures of progress across three domains: Good Health, Strong Families, and Positive Early Learning Experiences. While there are many measures we might have included in each of these domains, we limited our selection to those indicators that meet three criteria:




- They draw from a reliable, ongoing source that yields data for all 50 states.
- They are of central importance to the domain, either because they directly measure a component of well-being or are policy choices strongly linked to well-being.
- They can be readily understood by a broad audience.

### Examples of what the selected indicators can tell us about infant and toddler development in each domain

**Good Health:** *Low birthweight* (less than 5.5 pounds) is strongly associated with poor developmental outcomes, beginning in infancy but extending into adult life.<sup>28</sup> Factors that can contribute to the likelihood of low weight at birth include maternal smoking during pregnancy and maternal stress during pregnancy.<sup>29</sup>

**Strong Families:** *Housing instability* and *crowded housing* can undermine the environmental quality infants and toddlers need to thrive. Frequent moves can disrupt many aspects of families' lives, including their connections with social support networks and formal services such as child care. When families are crowded, parents may be less responsive or use punitive discipline, and children are more likely to have health problems or food insecurity.

**Positive Early Learning Experiences:** Children who are read to, sung to, or talked to gain rich language experiences that influence how their brains develop. These experiences help them to better understand and use language, which affects their later language skills, cognitive abilities, and academic achievement.

Domain	Topics Covered by the Selected Indicators
<b>Good Health</b> 	Health Care Access/Affordability Food Security Nutrition Maternal Health Child Health Infant and Early Childhood Mental Health
<b>Strong Families</b> 	Basic Needs Support Child Welfare Home Visiting Supportive Policies/Paid Leave
<b>Positive Early Learning Experiences</b> 	Early Care and Education Opportunities Early Intervention and Prevention Services

To view individual state profiles and the data dictionary—including full list of indicators, definitions, and data sources—download the full *State of Babies Yearbook: 2019* at [stateofbabies.org](http://stateofbabies.org).

In making our final selection, ZERO TO THREE and Child Trends reviewed potential indicators and obtained input from a panel of experts in the field. Panelists also provided feedback on our approach to ranking states. We know some important topics are absent here, such as rates of overweight/obesity and measures of positive social-emotional development. In these cases, we reluctantly decided that the available data did not meet our criteria for this inaugural report. Other topics may have to wait until improvements are made in measures used to collect data about young children. We view the *State of Babies Yearbook: 2019* as a starting place and intend to continue to refine indicators in future editions and consider creative ways to measure state policies.

Note that many of the indicators here are interrelated within and across the three domains of Good Health, Strong Families, and Positive Early Learning Experiences. We discourage users from focusing on any single indicator in isolation. For instance, when it comes to child care, access, affordability, and quality are three dynamically related legs of a stool. All states struggle with the trade-offs that come with policies that emphasize one or more of these at the expense of the others.

## The state ranking process

We developed a transparent ranking process to facilitate users' understanding of how states fare on the selected indicators and policy domains. The ranking process follows three steps: rescaling the indicators, calculating domain scores, and calculating the state's overall ranking.

## Rescaling the indicators

Because indicators vary in their units of measurement, as well as in the range of values observed across the states, their values are standardized—that is, mathematically transformed to facilitate comparisons across indicators and across states.

The performance of each state on a given indicator is compared with the highest and lowest values, to create a score ranging from 0 to 100<sup>1</sup>:

$$\text{Score (Rescaled Value)} = \frac{(\text{Observed Value} - \text{Lowest Value})}{(\text{Highest Value} - \text{Lowest Value})} \times 100$$

For indicators (such as low birthweight or poverty) where higher scores mark less desirable outcomes, we adjust the directionality before calculating the score, so that higher scores consistently mark more desirable outcomes, while lower scores are less desirable. For example, the percentage of births with low birthweight was changed to percentage of births that are not low birthweight before computing the score. With this adjustment, higher values are more desirable for all indicators.

Policy indicators with “yes” or “no” values (e.g., whether the state has expanded Medicaid), are grouped within a domain, and we compute a composite index measuring the percentage of policies a state has enacted. For example, we counted the number of affirmative scores related to the states’ provision of mental health services at home, at pediatric/family practices, and at early care and education programs, and expressed the total as a percentage of the possible maximum (three, in this example). The one exception to this rule is the indicator “Medicaid allows maternal depression screening in well-child visits,” for which we created a scale from 1 to 4, with scores depending on whether such screening was “not covered,” “allowed,” “recommended,” or “required.” These values were then transformed to a 0 to 100 scale, as with the other indicators.

## Calculating domain scores

To create state-level composite scores for each of the three domains (Good Health, Strong Families, and Positive Early Learning Experiences), we simply used an unweighted average of the scores of the component indicators for that domain. Likewise, to compute overall state scores, we used an unweighted average of the domain-level scores.

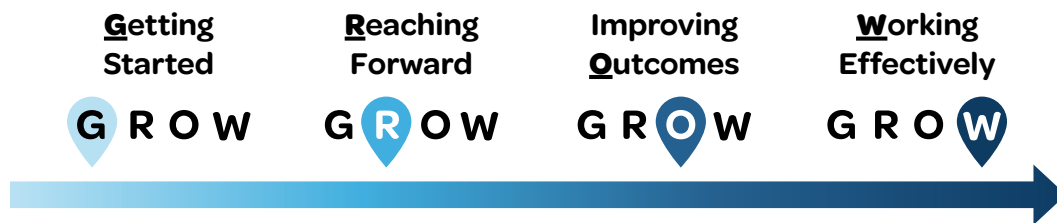
## Assigning states to tiers

Once the state-level data for each indicator were rescaled to scores ranging from 0 to 100, we divided the rescaled data into four tiers to show a state’s performance on each indicator relative to other states, overall, and by domain. These tiers, also referred to as quartiles, represent four roughly equal-size groupings of states, ordered from

<sup>1</sup> We used a “min-max” scaling procedure, based on the indicators’ maximum and minimum values. We chose this method over Z-scores (another standardization method), as its interpretation is more transparent.



lowest-performing, to next-to-lowest-, to next-to-highest-, to highest-performing. We use the tiering symbols throughout the *Yearbook* to designate a given state's placement in one of the four tiers.



In contrast to individualized state rankings (ranging from 1 to 51), this approach emphasizes that differences between any two states can be relatively minor and/or not statistically significant, and all states have room for improvement. Since most of the indicators are based on survey data, minor differences between states may be within the standard error intrinsic to sample designs. We experimented with different numbers of tiers and found that using four groups yielded statistically significant differences on most of the indicators among states' scores falling in the middle of each group.

## Giving advocates the tools to connect data to policy

To take effective action, advocates, program administrators, and legislators require basic information about the infants and toddlers in their state, starting with the size of this population, where infants and toddlers are being cared for, and the economic circumstances of their families. Assessing current policies and practices is also important to inform new policy decisions. National and state profiles in the *Yearbook* present a snapshot of how the nation's babies—particularly those who begin life exposed to selective risk factors—are faring in the domains essential for a good start in life: Good Health, Strong Families, and Positive Early Learning Experiences. Key indicators at the child, family, and policy levels in each of these domains are reported for all states and the District of Columbia.

The *State of Babies Yearbook: 2019* is a tool to help advocates and policymakers:

1. "Tell the story" of infants and toddlers in their states and nationally.
2. Compare their state's progress for infants and toddlers with that of other states, using a common set of indicators.
3. Identify indicators on which babies and toddlers are lagging, so that states can work on responsive policy.
4. Use annual updates to monitor trends in the experiences of infants, toddlers, and their families, and track progress in the states' policies.

State policymakers and advocates can use the data to understand where their youngest children are doing well, and where they face challenges. Improving

outcomes for young children can be achieved by building on the strengths of existing practices and taking innovative steps where the data indicate challenges still exist, as shown below.

**In the short-term:**

- **Communicate:** Use indicator data and state rankings to communicate how a state compares to the nation and other states.
- **Identify challenges:** Use indicator data to identify opportunities where potentially easy interventions could produce measurable and compelling results.
- **Strengthen support for current initiatives:** Use state profile information to bolster the rationale for programmatic, policy, and legislative changes.

**In the long-term:**

- **Track progress:** Monitor changes to key indicators, and track policy wins with annual updates of the *State of Babies Yearbook*.
- **Improve data collection:** Identify missing indicators. We know that not all important measures of infant and toddler well-being are included in the *Yearbook*. In some cases, their absence reflects the fact that current data collection systems do not provide the consistent state-level information required for the *State of Babies Yearbook: 2019*; in other cases, valid measurement strategies have yet to be identified. Policymakers and advocates can work together to strengthen the country's data infrastructure concerning infants and toddlers.
- **Collaborate:** Use information about the progress being made in the states to foster sharing of information among states, create opportunities to learn from one other's experiences (challenges and successes), and develop ongoing connections. States are often incubators for innovative ideas. Their experiences can show others which policy strategies are effective, and which are not.

Resources such as [ZERO TO THREE Policy Center's brief, A Place to Get Started: Innovation in State Infant and Toddler Policies](#), describe strategies that policymakers can consider as they determine how to begin developing infant/toddler policies and include examples of states currently implementing each of the strategies.

For the early childhood field, this is an exciting time of policy innovation. The importance of children's earliest years of life has gained more attention than ever before. Across states, this new awareness is translating into creative policy strategies that seek to address the needs of children prenatally to age 3. The key to further success, especially for states where challenges across all the domains seem daunting, is to find a manageable place to begin, and to be thoughtful about how policy choices fit within a broader system of supports for infants, toddlers, and their families. One such example is provided in South Carolina's ongoing use of data to monitor progress toward improving infant health.

In this *Yearbook* we take an initial look at major areas of disparity at the national level. More in-depth analysis and state-level perspectives will be addressed in an upcoming special topic brief. In keeping with the Robert Wood Johnson Foundation's commitment to achieving a Culture of Health that reduces health disadvantages, the brief will focus on maternal health and birth outcome inequities.



SPOTLIGHT ON  
**SOUTH CAROLINA**

## Reaching Forward and Making Measurable Improvements in Infant Health

All states, regardless of their ranking, are engaged in efforts to improve the well-being of their youngest children. South Carolina offers an example of the many ways the State Profile data can be used to support this work. These include, but are not limited to, using indicator data and tier rankings to **communicate** how infants and toddlers in the state are faring, compared to the nation and individual states; **strengthen support for current initiatives**; and **track progress** over time using baseline data from the *State of Babies Yearbook: 2019* and subsequent annual updates. Examples of areas in which data from the *State of Babies Yearbook: 2019* can be applied include South Carolina's continuous quality improvement program and Birth Outcomes Initiative.

### Quality through Technology and Innovation in Pediatrics (QTIP)

South Carolina's statewide continuous quality improvement program, **Quality through Technology and Innovation in Pediatrics** (QTIP), has transformed its Medicaid program to promote the wellness of infants and toddlers through quality services. Initially funded in 2010, QTIP is focused on applying best practices, eliminating duplication of services, and successfully linking babies to qualified providers through completed referral pathways. South Carolina's goals for families with children from birth to age 3 are addressed through a variety of state- and federally funded initiatives (e.g., SC Birth Outcomes Initiative and SC Behavioral Health Quality Matrix) that are improving babies' health. The state reported multiple areas of success in 2017, including many for which data are presented in the *State of Babies Yearbook: 2019* indicators. These areas include breastfeeding, postpartum depression screening, social-emotional risk screening, and developmental screenings. The following *State of Babies Yearbook: 2019* indicators align with the state's reported successes:

- Uninsured low-income infants and toddlers: Lower percentage of babies uninsured than national average—5.0 percent compared to 5.8 percent
- Well-child visits: Higher percentage of babies up-to-date on visits than national average—91.4 percent vs. 90.7 percent





- State Medicaid policies supporting infant and early childhood mental health (IECMH) include reimbursement requirements for:
  - Maternal depression screening
  - Infant and early childhood mental health services delivered at home, at pediatric/family medicine practices, and at early care and education programs

South Carolina's priorities going forward include preventive medical and oral health, immunizations, and behavioral health. Their progress in all of these areas can be tracked in annual *State of Babies Yearbook* updates.

## South Carolina Birth Outcomes Initiative—Reducing Infant Mortality

At first glance, South Carolina's infant mortality rate is troubling, at 7 deaths per 1,000 live births (higher than the national rate of 5.9). But taking the state's progress on this indicator into consideration, it is evident that South Carolina has set itself on a course to successfully address the crisis of infant deaths. In 2005, South Carolina's infant mortality rate of 9.7 was the nation's second highest. From 2005 to 2014, the state reduced its infant mortality rate by nearly 21 percent to 6.5, the fourth largest decline in the nation. The marked drop was attributed to South Carolina's implementation of prenatal care initiatives and related Medicaid payment reforms aimed at reducing early elective deliveries, a practice associated with increased risk of maternal and neonatal morbidity. In fact, South Carolina was the first state Medicaid program in the nation to partner with a commercial insurer to adopt a non-payment policy to improve birth outcomes.

In 2011, through the South Carolina Birth Outcomes Initiative and South Carolina Hospital Association (SCHA), the state's 43 birthing hospitals signed a pledge to stop early elective deliveries. By summer 2012, these inductions were reduced by 50 percent. In 2013, the state implemented a policy of non-payment (i.e., denying providers' claims for reimbursement for these services) to improve birth outcomes, which further reduced early elective deliveries and NICU stays. The state's efforts continue. As of 2016, the state experienced a moderate uptick in infant mortality to 7.0; the increase was attributed to both birth defects and sleep-related accidents. In response, the state's health department increased its recommendation of multivitamins during pregnancy and expanded education on safe sleep strategies for parents of newborns—efforts that the state hopes will result in a renewed downward trend in future *State of Babies Yearbook* updates.

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# 9%

**9 percent of  
babies live in  
grandparent-  
headed  
households.**





# State Profiles

Alabama	49	Kentucky	117	North Dakota	185
Alaska	53	Louisiana	121	Ohio	189
Arizona	57	Maine	125	Oklahoma	193
Arkansas	61	Maryland	129	Oregon	197
California	65	Massachusetts	133	Pennsylvania	201
Colorado	69	Michigan	137	Rhode Island	205
Connecticut	73	Minnesota	141	South Carolina	209
District of Columbia	77	Mississippi	145	South Dakota	213
Delaware	81	Missouri	149	Tennessee	217
Florida	85	Montana	153	Texas	221
Georgia	89	Nebraska	157	Utah	225
Hawaii	93	Nevada	161	Vermont	229
Idaho	97	New Hampshire	165	Virginia	233
Illinois	101	New Jersey	169	Washington	237
Indiana	105	New Mexico	173	West Virginia	241
Iowa	109	New York	177	Wisconsin	245
Kansas	113	North Carolina	181	Wyoming	249





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Alabama's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Alabama

#### Overview

Alabama is home to 176,395 infants and toddlers, representing 3.6 percent of the state's population. As many as 49 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

ALABAMA NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White **55.4%**  
49.3%

Non-Hispanic Black **30.1%**  
13.8%

Hispanic **8.7%**  
26.1%

Non-Hispanic other **4.0%**  
5.1%

Non-Hispanic Asian **1.4%**  
4.9%

American Indian/Alaska Native **0.4%**  
0.8%

#### Working moms

Mothers in the Labor Force **64.2%**  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income **50.8%**  
55.4%

In Poverty **26.9%**  
22.7%

Low-Income **22.3%**  
22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black **46.0%**  
39.5%

Hispanic **36.9%**  
30.8%

Non-Hispanic Other **23.6%**  
20.0%

Non-Hispanic White **16.2%**  
14.6%

#### Family structure

2-Parent Family **63.1%**  
76.3%

1-Parent Family **32.7%**  
21.5%

No Parents Present **4.2%**  
2.2%

#### Grandparent-headed households

**17.4%**  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area **16.6%**  
8.7%





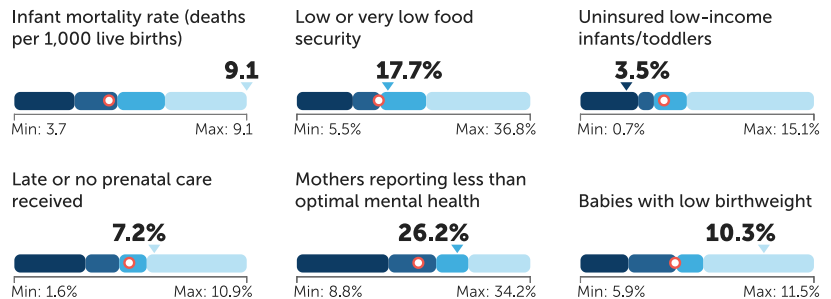
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Alabama falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators of maternal health, food security, and nutrition, such as the percentage of infants ever breastfed. However, Alabama is doing better than national averages when it comes to the percentage of low-income infants and toddlers who are uninsured, and the percentage of infants and toddlers who had a preventive dental visit in the past year. Alabama's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Alabama

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	Allowed
Medicaid plan covers social-emotional screening for young children	No ❌
Medicaid plan covers IECMH services at home	Yes ✅
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✅
Medicaid plan covers IECMH services at ECE programs	Yes ✅



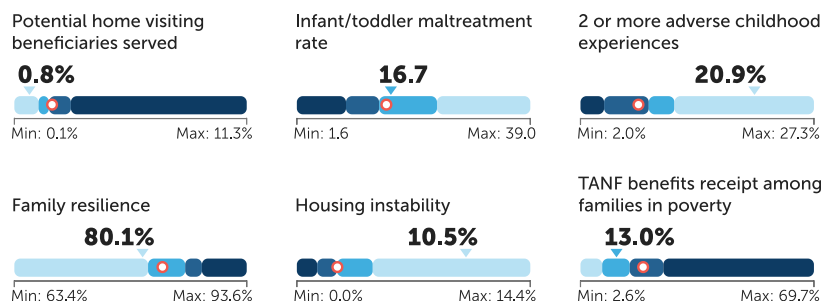
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Alabama falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects the relatively higher percentage of young children experiencing housing instability and adverse childhood experiences, compared to other states. However, Alabama is doing better than the national average in terms of crowded housing. Alabama does not require employers to offer paid sick days that cover care for children. The state does not have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Alabama

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



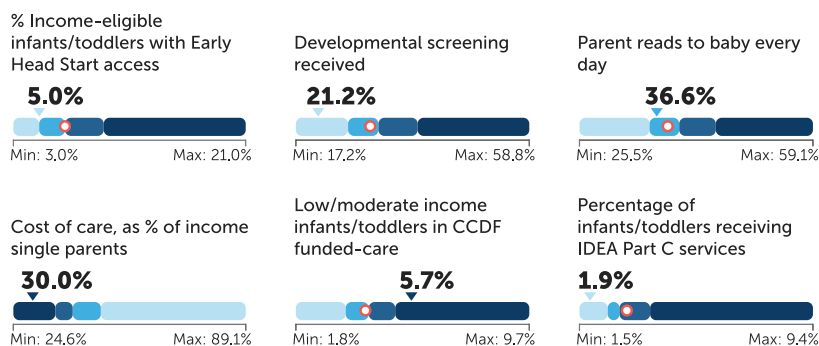
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Alabama scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain primarily reflects its scores in early intervention and prevention services, such as the percentage of infants and toddlers receiving developmental screenings. However, in comparison to other states, Alabama's average infant care costs as a percentage of single parents' and married parents' incomes are less burdensome.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Alabama

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Alabama

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>146.0</b> <i>National average: 200.0</i>	<b>W</b> Uninsured low-income infants/toddlers	<b>3.5%</b> <i>National average: 5.8%</i>
<b>R</b> Low or very low food security	<b>17.7%</b> <i>National average: 16.5%</i>	<b>G</b> Infants ever breastfed	<b>68.1%</b> <i>National average: 83.2%</i>
<b>G</b> Infants breastfed at 6 months	<b>39.1%</b> <i>National average: 57.6%</i>	<b>G</b> Late or no prenatal care received	<b>7.2%</b> <i>National average: 6.2%</i>
<b>R</b> Mothers reporting less than optimal mental health	<b>26.2%</b> <i>National average: 22.0%</i>	<b>G</b> Preventive medical care received	<b>87.7%</b> <i>National average: 90.7%</i>
<b>W</b> Preventive dental care received	<b>41.7%</b> <i>National average: 30.0%</i>	<b>G</b> Babies with low birthweight	<b>10.3%</b> <i>National average: 8.2%</i>
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>9.1</b> <i>National average: 5.9</i>	<b>W</b> Received recommended vaccines	<b>77.3%</b> <i>National average: 70.7%</i>

## Strong Families

**G** Housing instability

**10.5%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**13.0%**

National average: 20.6%

**O** Unsafe neighborhoods

**3.4%**

National average: 6.3%

**W** 1 adverse childhood experience

**14.7%**

National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency

**97.6%**

National average: 98.4%

**W** Crowded housing

**8.9%**

National average: 15.6%

**R** Infant/toddler maltreatment rate

**16.7**

National average: 16.0

**G** Family resilience

**80.1%**

National average: 82.6%

**G** 2 or more adverse childhood experiences

**20.9%**

National average: 8.3%

**G** Potential home visiting beneficiaries served

**0.8%**

National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day

**36.6%**

National average: 38.2%

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

**5.0%**

National average: 7.0%

**W** Cost of care, as % of income single parents

**30.0%**

National average: N/A

**G** Developmental screening received

**21.2%**

National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services

**1.9%**

National average: 3.1%

**G** Parent sings to baby every day

**53.7%**

National average: 56.4%

**W** Cost of care, as % of income married families

**7.6%**

National average: N/A

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

**5.7%**

National average: 4.2%

**G** Infants/toddlers with developmental delay

**2.6%**

National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Alaska's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Improving Outcomes

### Good Health

**G R O W**

Reaching Forward

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

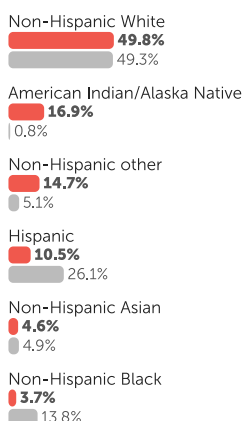
### Infants and toddlers in Alaska

### Overview

Alaska is home to 32,631 infants and toddlers, representing 4.4 percent of the state's population. As many as 41 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

ALASKA NATIONAL AVERAGE

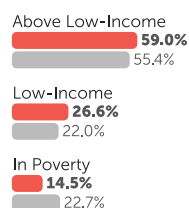
#### Race/ethnicity of infants and toddlers



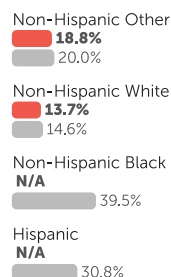
#### Working moms



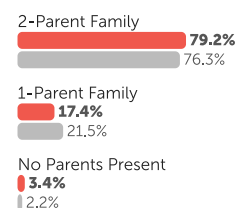
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





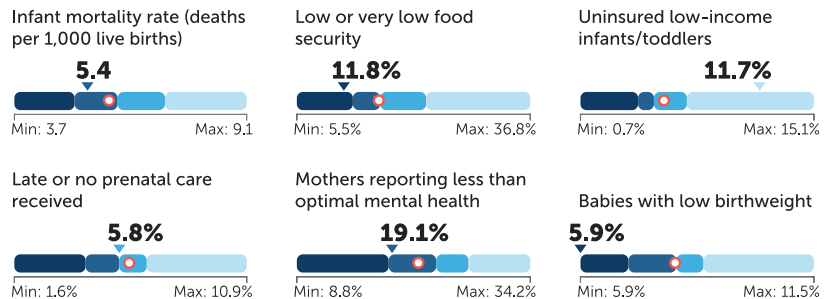
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Alaska falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators of maternal health and children's health, such as preventive medical care and recommended vaccines received among infants and toddlers. However, young children in Alaska experience greater food security in comparison to those in other states, which puts Alaska in the Working Effectively (W) tier for this indicator. Alaska's Medicaid plan covers early childhood mental health services in home settings, but not in pediatric/family medicine practices or in early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Alaska

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	No <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	No <input checked="" type="checkbox"/>



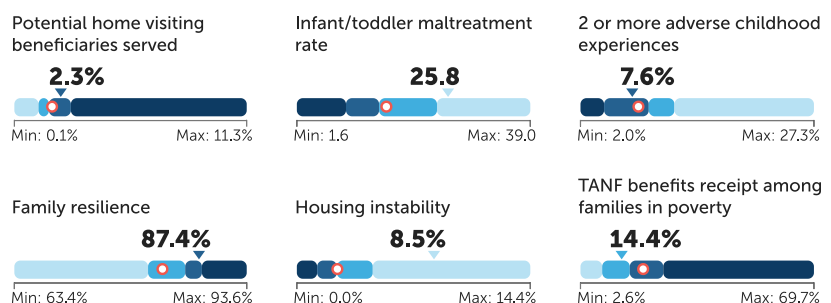
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Alaska falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects indicators of access to basic needs and supports, such as TANF benefits for families living in poverty. However, Alaska has, for example, a relatively lower prevalence of adverse childhood experiences, and higher prevalence of resilient families, compared to national averages, which puts it in the Improving Outcomes (O) tier for these indicators.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Alaska

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



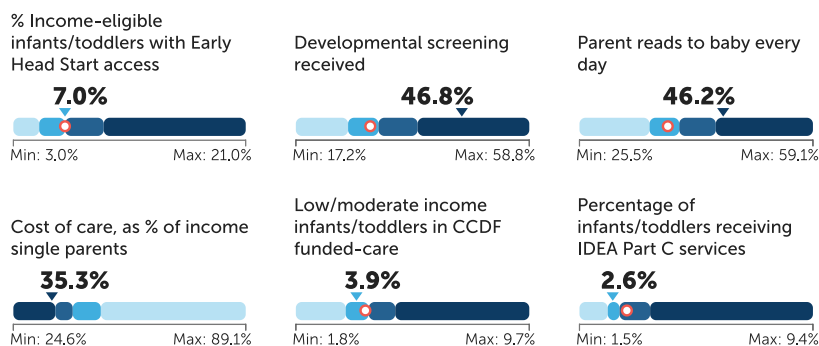
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Alaska scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects that Alaska is in the Working Effectively (W) tier for the percentages of parents who report reading or singing songs to their babies every day. However, Alaska is in the Reaching Forward (R) tier when it comes to the percentage of income-eligible children with access to Early Head Start and the percentage of young children receiving IDEA Part C services.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Alaska

Families above 200% of FPL eligible for child care subsidy **Yes** ✓

## All indicators for Alaska

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>205.0</b>	National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>11.7%</b>	National average: 5.8%
<b>W</b> Low or very low food security	<b>11.8%</b>	National average: 16.5%	<b>W</b> Infants ever breastfed	<b>93.1%</b>	National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>69.2%</b>	National average: 57.6%	<b>R</b> Late or no prenatal care received	<b>5.8%</b>	National average: 6.2%
<b>O</b> Mothers reporting less than optimal mental health	<b>19.1%</b>	National average: 22.0%	<b>G</b> Preventive medical care received	<b>87.1%</b>	National average: 90.7%
<b>O</b> Preventive dental care received	<b>31.1%</b>	National average: 30.0%	<b>W</b> Babies with low birthweight	<b>5.9%</b>	National average: 8.2%
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.4</b>	National average: 5.9	<b>R</b> Received recommended vaccines	<b>68.8%</b>	National average: 70.7%



## Strong Families

**G** Housing instability

**8.5%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**14.4%**

National average: 20.6%

**O** Unsafe neighborhoods

**2.6%**

National average: 6.3%

**W** 1 adverse childhood experience

**14.4%**

National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency

**93.9%**

National average: 98.4%

**G** Crowded housing

**18.6%**

National average: 15.6%

**G** Infant/toddler maltreatment rate

**25.8**

National average: 16.0

**O** Family resilience

**87.4%**

National average: 82.6%

**O** 2 or more adverse childhood experiences

**7.6%**

National average: 8.3%

**O** Potential home visiting beneficiaries served

**2.3%**

National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day

**46.2%**

National average: 38.2%

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

**7.0%**

National average: 7.0%

**W** Cost of care, as % of income single parents

**35.3%**

National average: N/A

**W** Developmental screening received

**46.8%**

National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services

**2.6%**

National average: 3.1%

**O** Parent sings to baby every day

**62.3%**

National average: 56.4%

**R** Cost of care, as % of income married families

**12.1%**

National average: N/A

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

**3.9%**

National average: 4.2%

**R** Infants/toddlers with developmental delay

**1.4%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Arizona's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Reaching Forward

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

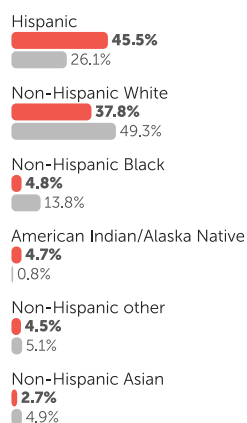
### Infants and toddlers in Arizona

#### Overview

Arizona is home to 260,427 infants and toddlers, representing 3.7 percent of the state's population. As many as 53 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ ARIZONA ■ NATIONAL AVERAGE

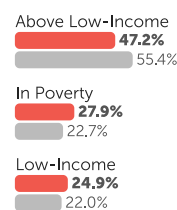
#### Race/ethnicity of infants and toddlers



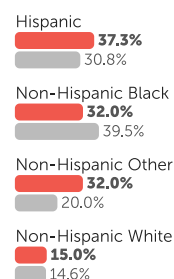
#### Working moms



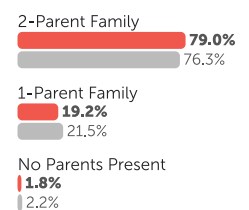
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



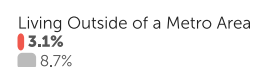
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





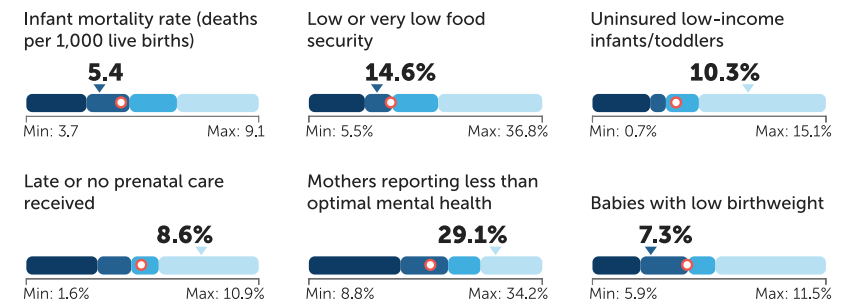
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Arizona falls in the Reaching Forward (R) tier of states when it comes to the overall health of its infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators of maternal health, as well as health care access and affordability. However, Arizona is in the Working Effectively (W) tier when it comes to the percentage of infants and toddlers who had a preventive dental visit in the past year. Arizona has expanded Medicaid, and its Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Arizona

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 at ECE programs	Yes <input checked="" type="checkbox"/>



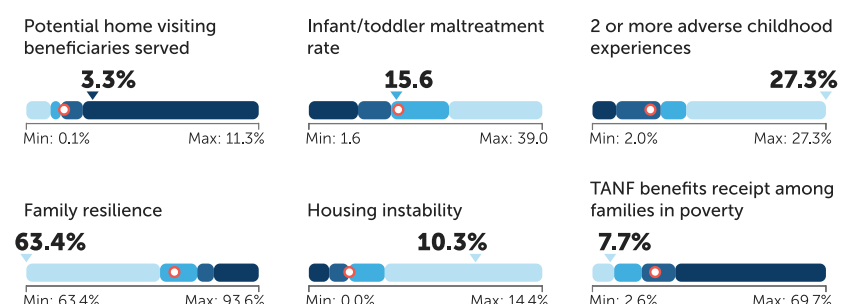
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Arizona falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects indicators related to child welfare and access to basic needs and supports, such as TANF benefits for families living in poverty. However, Arizona is in the Working Effectively (W) tier when it comes to the percentage of infants and toddlers who are receiving home visiting services.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Arizona

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>





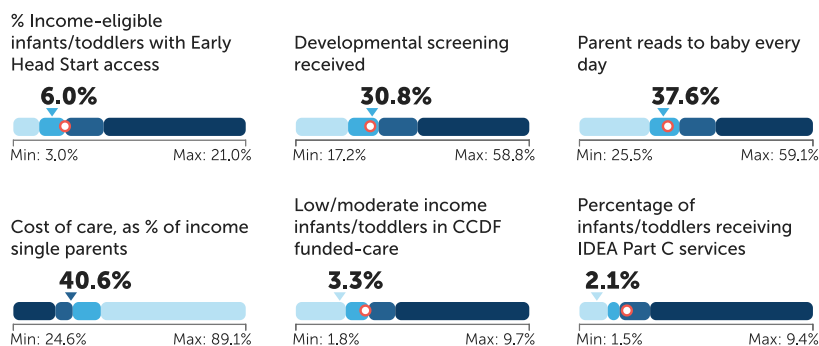
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Arizona scores in the Getting Started (G) tier of states when considering key indicators related to early care and education opportunities and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of low/moderate income infants and toddlers in CCDF-funded care and the percentage receiving IDEA Part C services. However, Arizona is in the Improving Outcomes (O) tier when it comes to the percentage of infants and toddlers with a moderate/severe developmental delay.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Arizona

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Arizona

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>161.0</b> <i>National average: 200.0</i>	<b>G</b> Uninsured low-income infants/toddlers	<b>10.3%</b> <i>National average: 5.8%</i>
<b>O</b> Low or very low food security	<b>14.6%</b> <i>National average: 16.5%</i>	<b>R</b> Infants ever breastfed	<b>82.7%</b> <i>National average: 83.2%</i>
<b>R</b> Infants breastfed at 6 months	<b>55.3%</b> <i>National average: 57.6%</i>	<b>G</b> Late or no prenatal care received	<b>8.6%</b> <i>National average: 6.2%</i>
<b>G</b> Mothers reporting less than optimal mental health	<b>29.1%</b> <i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>91.3%</b> <i>National average: 90.7%</i>
<b>W</b> Preventive dental care received	<b>43.3%</b> <i>National average: 30.0%</i>	<b>O</b> Babies with low birthweight	<b>7.3%</b> <i>National average: 8.2%</i>
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.4</b> <i>National average: 5.9</i>	<b>R</b> Received recommended vaccines	<b>69.9%</b> <i>National average: 70.7%</i>

## Strong Families

**G** Housing instability **10.3%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **7.7%**  
National average: 20.6%

**G** Unsafe neighborhoods **9.7%**  
National average: 6.3%

**W** 1 adverse childhood experience **16.3%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **97.2%**  
National average: 98.4%

**G** Crowded housing **17.1%**  
National average: 15.6%

**R** Infant/toddler maltreatment rate **15.6**  
National average: 16.0

**G** Family resilience **63.4%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **27.3%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **3.3%**  
National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day **37.6%**  
National average: 38.2%

**R** % Income-eligible infants/toddlers with Early Head Start access **6.0%**  
National average: 7.0%

**O** Cost of care, as % of income single parents **40.6%**  
National average: N/A

**R** Developmental screening received **30.8%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **2.1%**  
National average: 3.1%

**G** Parent sings to baby every day **52.6%**  
National average: 56.4%

**R** Cost of care, as % of income married families **13.9%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **3.3%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Arkansas' Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Arkansas

#### Overview

Arkansas is home to 115,242 infants and toddlers, representing 3.8 percent of the state's population. As many as 59 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ ARKANSAS ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 61.5%  
■ 49.3%

Non-Hispanic Black  
■ 18.4%  
■ 13.8%

Hispanic  
■ 12.5%  
■ 26.1%

Non-Hispanic other  
■ 5.0%  
■ 5.1%

Non-Hispanic Asian  
■ 1.8%  
■ 4.9%

American Indian/Alaska Native  
■ 0.8%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 62.8%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 40.9%  
■ 55.4%

In Poverty  
■ 30.2%  
■ 22.7%

Low-Income  
■ 28.9%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 40.5%  
■ 39.5%

Non-Hispanic Other  
■ 38.5%  
■ 20.0%

Hispanic  
■ 31.6%  
■ 30.8%

Non-Hispanic White  
■ 26.1%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 73.8%  
■ 76.3%

1-Parent Family  
■ 24.9%  
■ 21.5%

No Parents Present  
■ 1.3%  
■ 2.2%

#### Grandparent-headed households

■ 8.2%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 22.9%  
■ 8.7%





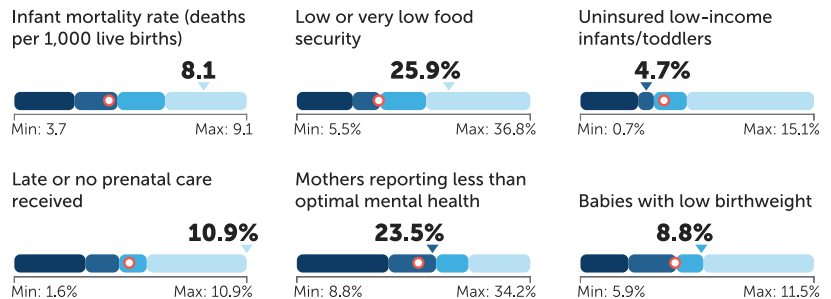
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Arkansas falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects the indicators of food security, nutrition, and maternal health. However, Arkansas has a lower percentage of uninsured low-income infants and toddlers compared to many other states. The state's Medicaid plan covers early childhood mental health services in home and pediatric/family medicine practice settings, but not in early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Arkansas

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	No <input 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 at ECE programs	No <input type="checkbox"/>



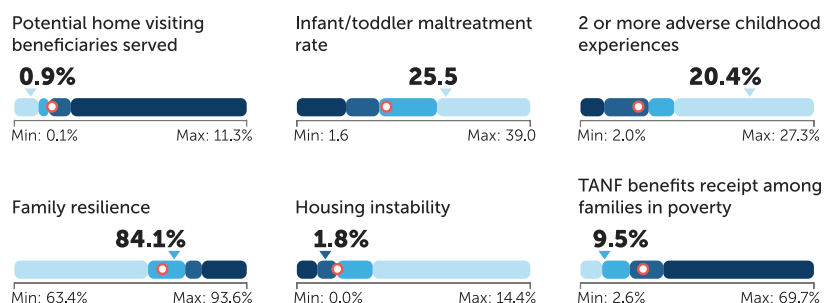
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Arkansas falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators of access to basic needs and supports, such as TANF benefits for families living in poverty, as well as the prevalence of adverse childhood experiences among infants and toddlers. However, a lower percentage of young Arkansans have experienced housing instability compared to those in many other states, which puts Arkansas in the Improving Outcomes (O) tier for this indicator.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Arkansas

Paid sick time that covers care for child	No <input type="checkbox"/>
Paid family leave	No <input type="checkbox"/>



# Positive Early Learning Experiences

## In Arkansas

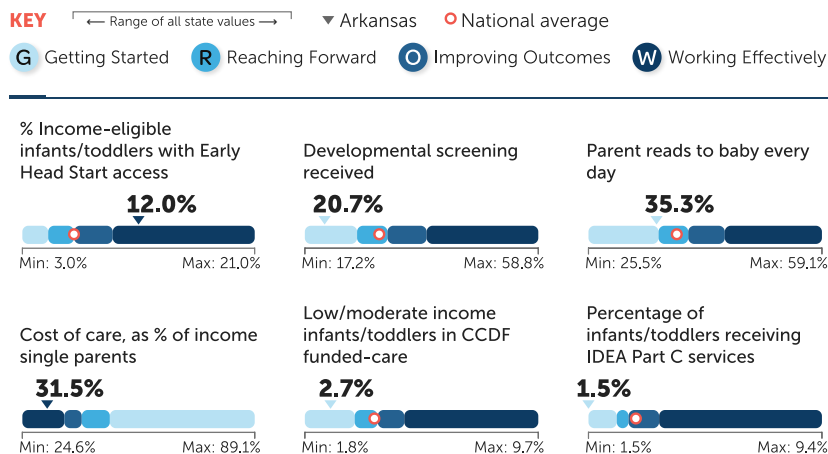
G R O W

### 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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Arkansas scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain primarily reflects indicators of early intervention and prevention services, such as IDEA Part C services. However, the state's average infant care costs, as a percentage of single parents' and married parents' incomes, are less burdensome compared to other states, which puts the state in the Working Effectively (W) tier for these indicators.

### Six Key Indicators of Positive Early Learning Experiences



### Positive Early Learning Experiences Policy in Arkansas

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Arkansas

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>214.0</b> National average: 200.0	<b>O</b> Uninsured low-income infants/toddlers	<b>4.7%</b> National average: 5.8%
<b>G</b> Low or very low food security	<b>25.9%</b> National average: 16.5%	<b>G</b> Infants ever breastfed	<b>73.8%</b> National average: 83.2%
<b>G</b> Infants breastfed at 6 months	<b>45.2%</b> National average: 57.6%	<b>G</b> Late or no prenatal care received	<b>10.9%</b> National average: 6.2%
<b>O</b> Mothers reporting less than optimal mental health	<b>23.5%</b> National average: 22.0%	<b>R</b> Preventive medical care received	<b>92.0%</b> National average: 90.7%
<b>G</b> Preventive dental care received	<b>17.5%</b> National average: 30.0%	<b>R</b> Babies with low birthweight	<b>8.8%</b> National average: 8.2%
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>8.1</b> National average: 5.9	<b>G</b> Received recommended vaccines	<b>67.8%</b> National average: 70.7%

## Strong Families

**O** Housing instability **1.8%**  
National average: 2.5%

**R** TANF benefits receipt among families in poverty **9.5%**  
National average: 20.6%

**R** Unsafe neighborhoods **6.3%**  
National average: 6.3%

**W** 1 adverse childhood experience **16.1%**  
National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency **98.7%**  
National average: 98.4%

**R** Crowded housing **13.3%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **25.5**  
National average: 16.0

**R** Family resilience **84.1%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **20.4%**  
National average: 8.3%

**G** Potential home visiting beneficiaries served **0.9%**  
National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day **35.3%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **12.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **31.5%**  
National average: N/A

**G** Developmental screening received **20.7%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **1.5%**  
National average: 3.1%

**R** Parent sings to baby every day **56.8%**  
National average: 56.4%

**W** Cost of care, as % of income married families **9.2%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **2.7%**  
National average: 4.2%

**G** Infants/toddlers with developmental delay **3.5%**  
National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## California's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in California

### Overview

California is home to 1,476,631 infants and toddlers, representing 3.7 percent of the state's population. As many as 43 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ CALIFORNIA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Hispanic ■ **51.7%**  
■ 26.1%

Non-Hispanic White ■ **25.9%**  
■ 49.3%

Non-Hispanic Asian ■ **11.2%**  
■ 4.9%

Non-Hispanic other ■ **5.8%**  
■ 5.1%

Non-Hispanic Black ■ **5.0%**  
■ 13.8%

American Indian/Alaska Native ■ **0.4%**  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ **56.4%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **56.7%**  
■ 55.4%

Low-Income ■ **22.1%**  
■ 22.0%

In Poverty ■ **21.2%**  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ **34.3%**  
■ 39.5%

Hispanic ■ **27.3%**  
■ 30.8%

Non-Hispanic Other ■ **14.4%**  
■ 20.0%

Non-Hispanic White ■ **11.3%**  
■ 14.6%

#### Family structure

2-Parent Family ■ **80.4%**  
■ 76.3%

1-Parent Family ■ **17.6%**  
■ 21.5%

No Parents Present ■ **2.1%**  
■ 2.2%

#### Grandparent-headed households

■ **10.7%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **1.8%**  
■ 8.7%



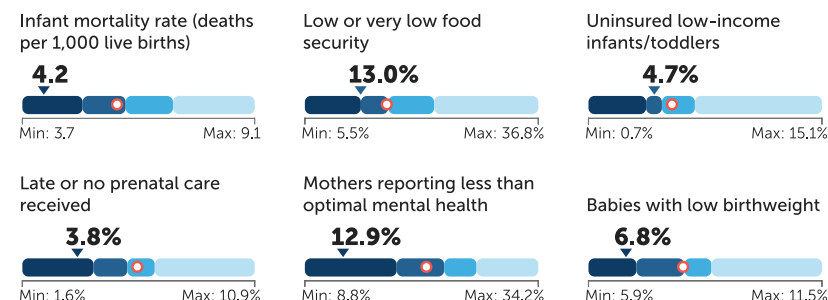
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

California falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators of maternal health, nutrition, food security, and health care access and affordability. However, California is in the Getting Started (G) tier of states when it comes to the percentage of young children who had a preventive medical and dental visit in the past year.

## Six Key Indicators of Good Health

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



## Good Health Policy in California

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 at ECE programs	No <input type="checkbox"/>



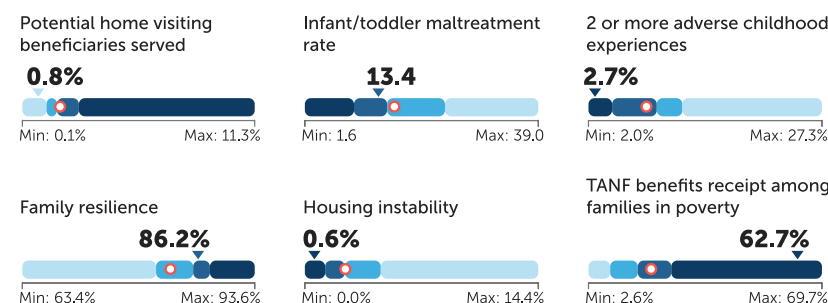
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

California falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects indicators of access to basic needs and supports, such as TANF benefits for families living in poverty. However, compared to other states, a relatively higher percentage of parents of infants and toddlers in California rate their neighborhoods as unsafe, a higher percentage of infants and toddlers live in crowded housing, and a lower percentage of eligible infants and toddlers receive home visiting services; for all these indicators, California is in the Getting Started (G) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in California

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>



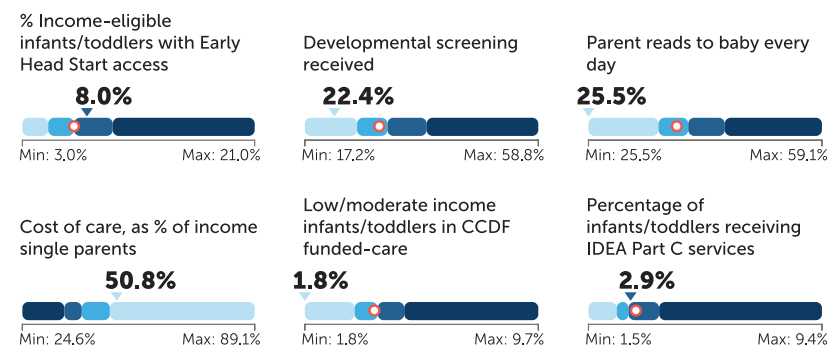
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

California scores in the Getting Started (G) tier of states when considering key factors related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects the state's more burdensome infant care costs as a percentage of single and married parents' incomes, and its lower percentage of parents who read to and sing songs to their babies daily, when compared to most other states. However, California is doing better when it comes to the percentage of income-eligible children with access to Early Head Start, which places the state in the Improving Outcomes (O) tier for this indicator.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in California

Families above 200% of FPL eligible for child care subsidy

Yes ☒

## All indicators for California

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>213.0</b>	National average: 200.0	<b>O</b> Uninsured low-income infants/toddlers	<b>4.7%</b>	National average: 5.8%
<b>O</b> Low or very low food security	<b>13.0%</b>	National average: 16.5%	<b>O</b> Infants ever breastfed	<b>87.2%</b>	National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>66.7%</b>	National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>3.8%</b>	National average: 6.2%
<b>W</b> Mothers reporting less than optimal mental health	<b>12.9%</b>	National average: 22.0%	<b>G</b> Preventive medical care received	<b>88.6%</b>	National average: 90.7%
<b>G</b> Preventive dental care received	<b>20.2%</b>	National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.8%</b>	National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.2</b>	National average: 5.9	<b>G</b> Received recommended vaccines	<b>65.3%</b>	National average: 70.7%



## Strong Families

<b>W</b> Housing instability	<b>0.6%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>28.3%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>62.7%</b> <i>National average: 20.6%</i>	<b>O</b> Infant/toddler maltreatment rate	<b>13.4</b> <i>National average: 16.0</i>
<b>G</b> Unsafe neighborhoods	<b>18.8%</b> <i>National average: 6.3%</i>	<b>O</b> Family resilience	<b>86.2%</b> <i>National average: 82.6%</i>
<b>O</b> 1 adverse childhood experience	<b>21.6%</b> <i>National average: 21.9%</i>	<b>W</b> 2 or more adverse childhood experiences	<b>2.7%</b> <i>National average: 8.3%</i>
<b>O</b> Infants/toddlers exiting foster care to permanency	<b>99.2%</b> <i>National average: 98.4%</i>	<b>G</b> Potential home visiting beneficiaries served	<b>0.8%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>G</b> Parent reads to baby every day	<b>25.5%</b> <i>National average: 38.2%</i>	<b>R</b> Parent sings to baby every day	<b>57.2%</b> <i>National average: 56.4%</i>
<b>O</b> % Income-eligible infants/toddlers with Early Head Start access	<b>8.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>15.9%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>50.8%</b> <i>National average: N/A</i>	<b>G</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>1.8%</b> <i>National average: 4.2%</i>
<b>G</b> Developmental screening received	<b>22.4%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>O</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>2.9%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Colorado's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Colorado

#### Overview

Colorado is home to 201,809 infants and toddlers, representing 3.6 percent of the state's population. As many as 32 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ COLORADO ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 56.1% ■ 49.3%

Hispanic ■ 31.0% ■ 26.1%

Non-Hispanic other ■ 5.0% ■ 5.1%

Non-Hispanic Black ■ 4.3% ■ 13.8%

Non-Hispanic Asian ■ 2.9% ■ 4.9%

American Indian/Alaska Native ■ 0.7% ■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 63.5% ■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 67.8% ■ 55.4%

Low-Income ■ 19.1% ■ 22.0%

In Poverty ■ 13.1% ■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ 37.7% ■ 39.5%

Hispanic ■ 20.0% ■ 30.8%

Non-Hispanic Other ■ 10.7% ■ 20.0%

Non-Hispanic White ■ 7.9% ■ 14.6%

#### Family structure

2-Parent Family ■ 83.9% ■ 76.3%

1-Parent Family ■ 16.0% ■ 21.5%

No Parents Present ■ 0.1% ■ 2.2%

#### Grandparent-headed households

■ 7.0% ■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 6.4% ■ 8.7%



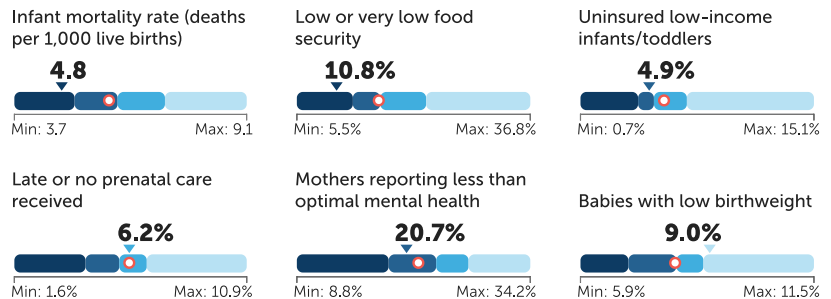
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Colorado falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain reflects indicators of nutrition, food security, and infant/toddler mental health. However, in comparison to other states, there is a greater percentage of Colorado babies with low birthweight, which puts the state in the Getting Started (G) tier for this indicator.

## Six Key Indicators of Good Health

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



## Good Health Policy in Colorado

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Allowed
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 at ECE programs	Yes <input checked="" type="checkbox"/>



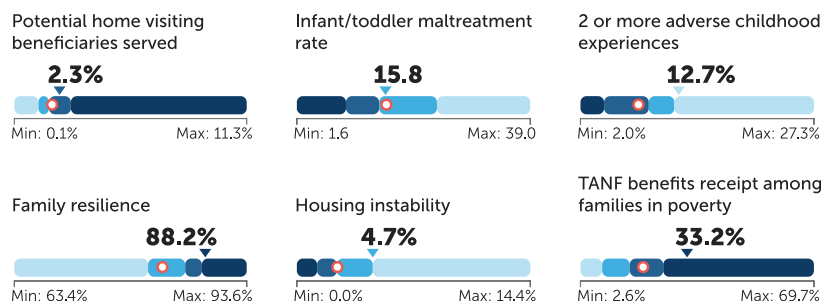
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Colorado falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects indicators of access to basic needs and supports, such as TANF benefits for families living in poverty, as well as family resilience. However, some of Colorado's child welfare indicators are in the Getting Started (G) tier, such as its greater prevalence of adverse childhood experiences as well as unsafe neighborhoods, when compared to most other states.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Colorado

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>

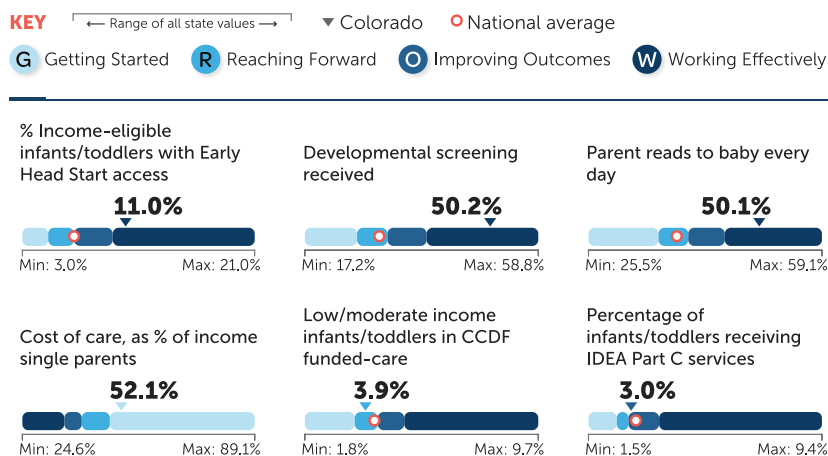


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Colorado scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as parental engagement in reading to and singing songs to their babies daily, and the percentage of income-eligible young children with access to Early Head Start. However, the average cost of infant care is more burdensome for families in Colorado in comparison to other states. In addition, Colorado has not set an income eligibility level for child care subsidies for low-income parents.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Colorado

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Colorado

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>200.0</b>	<i>National average: 200.0</i>	<b>O</b> Uninsured low-income infants/toddlers	<b>4.9%</b>	<i>National average: 5.8%</i>
<b>W</b> Low or very low food security	<b>10.8%</b>	<i>National average: 16.5%</i>	<b>W</b> Infants ever breastfed	<b>90.9%</b>	<i>National average: 83.2%</i>
<b>W</b> Infants breastfed at 6 months	<b>63.9%</b>	<i>National average: 57.6%</i>	<b>R</b> Late or no prenatal care received	<b>6.2%</b>	<i>National average: 6.2%</i>
<b>O</b> Mothers reporting less than optimal mental health	<b>20.7%</b>	<i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>92.5%</b>	<i>National average: 90.7%</i>
<b>O</b> Preventive dental care received	<b>34.9%</b>	<i>National average: 30.0%</i>	<b>G</b> Babies with low birthweight	<b>9.0%</b>	<i>National average: 8.2%</i>
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.8</b>	<i>National average: 5.9</i>	<b>W</b> Received recommended vaccines	<b>76.4%</b>	<i>National average: 70.7%</i>



## Strong Families

**R** Housing instability **4.7%**  
National average: 2.5%

**W** TANF benefits receipt among families in poverty **33.2%**  
National average: 20.6%

**G** Unsafe neighborhoods **8.1%**  
National average: 6.3%

**O** 1 adverse childhood experience **19.2%**  
National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency **98.3%**  
National average: 98.4%

**R** Crowded housing **12.0%**  
National average: 15.6%

**R** Infant/toddler maltreatment rate **15.8**  
National average: 16.0

**W** Family resilience **88.2%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **12.7%**  
National average: 8.3%

**O** Potential home visiting beneficiaries served **2.3%**  
National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day **50.1%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **11.0%**  
National average: 7.0%

**G** Cost of care, as % of income single parents **52.1%**  
National average: N/A

**W** Developmental screening received **50.2%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **3.0%**  
National average: 3.1%

**W** Parent sings to baby every day **64.0%**  
National average: 56.4%

**G** Cost of care, as % of income married families **16.7%**  
National average: N/A

**R** Low/moderate income infants/toddlers in CCDF funded-care **3.9%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Connecticut's Rankings

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

#### Overall

**G R O W**

Working Effectively

#### Good Health

**G R O W**

Working Effectively

#### Strong Families

**G R O W**

Working Effectively

#### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in Connecticut

#### Overview

Connecticut is home to 108,539 infants and toddlers, representing 3.0 percent of the state's population. As many as 35 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

CONNECTICUT NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White **52.0%**  
49.3%

Hispanic **26.4%**  
26.1%

Non-Hispanic Black **11.7%**  
13.8%

Non-Hispanic Asian **5.4%**  
4.9%

Non-Hispanic other **4.1%**  
5.1%

American Indian/Alaska Native **0.3%**  
0.8%

#### Working moms

Mothers in the Labor Force **71.8%**  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income **65.1%**  
55.4%

In Poverty **18.3%**  
22.7%

Low-Income **16.6%**  
22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black **38.0%**  
39.5%

Hispanic **30.2%**  
30.8%

Non-Hispanic Other **12.7%**  
20.0%

Non-Hispanic White **8.8%**  
14.6%

#### Family structure

2-Parent Family **88.4%**  
76.3%

1-Parent Family **10.2%**  
21.5%

No Parents Present **1.4%**  
2.2%

#### Grandparent-headed households

**7.4%**  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area **4.8%**  
8.7%



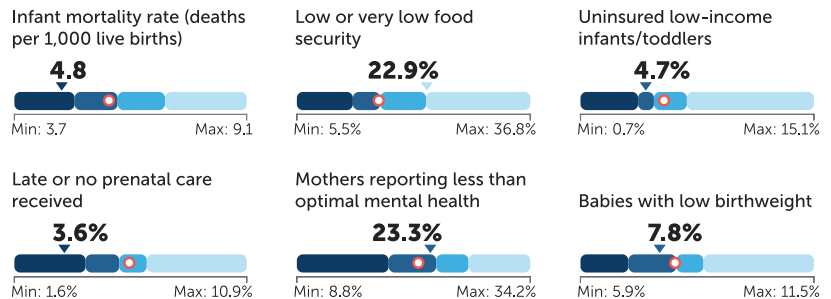
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Connecticut falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain reflects indicators such as the state's infant mortality rate and the percentage of women receiving late or no prenatal care. In contrast, Connecticut has a higher percentage of young children who experience low or very low food security when compared to other states, which puts the state in the Getting Started (G) tier for this indicator.

## Six Key Indicators of Good Health

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



## Good Health Policy in Connecticut

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Allowed
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 at ECE programs	Yes <input checked="" type="checkbox"/>



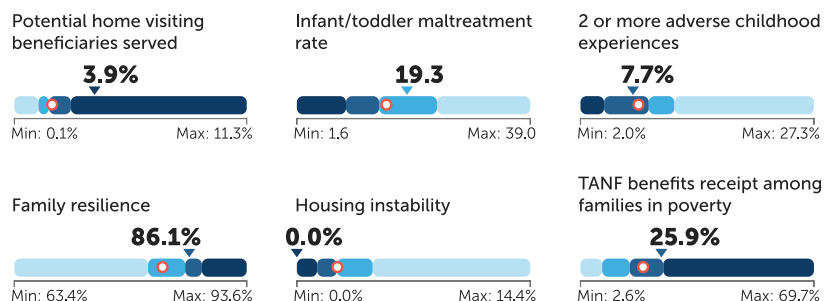
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Connecticut falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects the relatively higher prevalence of housing stability among families of young children, and the higher percentage of infants and toddlers who are receiving evidence-based home visiting services. However, Connecticut has a lower percentage of infants and toddlers exiting foster care to permanency, in comparison to most other states, putting the state in the lowest tier for this indicator.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Connecticut

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>

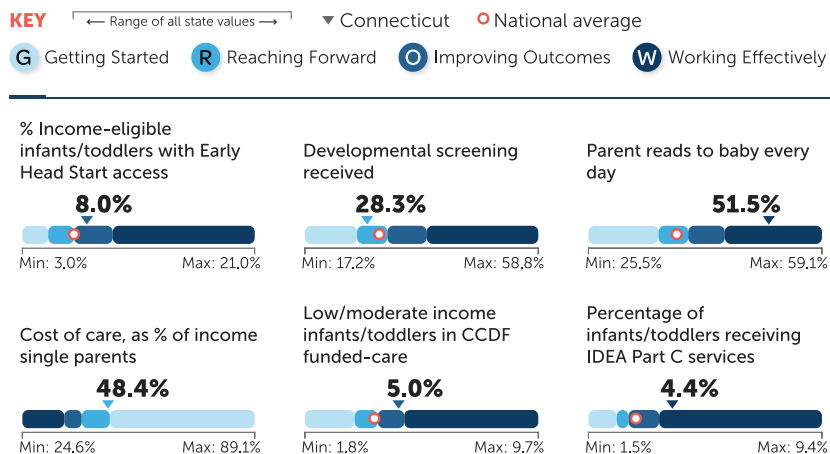


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Connecticut scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of parents who read to and sing songs to their babies every day, as well as the percentage of infants and toddlers receiving IDEA Part C services. However, Connecticut is in the Getting Started (G) tier when it comes to the percentage of infants and toddlers with a moderate/severe developmental delay.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Connecticut

Families above 200% of FPL eligible for child care subsidy

Yes ☒

## All indicators for Connecticut

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>263.0</b> <i>National average: 200.0</i>	<b>O</b> Uninsured low-income infants/toddlers	<b>4.7%</b> <i>National average: 5.8%</i>
<b>G</b> Low or very low food security	<b>22.9%</b> <i>National average: 16.5%</i>	<b>O</b> Infants ever breastfed	<b>86.3%</b> <i>National average: 83.2%</i>
<b>O</b> Infants breastfed at 6 months	<b>59.6%</b> <i>National average: 57.6%</i>	<b>W</b> Late or no prenatal care received	<b>3.6%</b> <i>National average: 6.2%</i>
<b>O</b> Mothers reporting less than optimal mental health	<b>23.3%</b> <i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>91.8%</b> <i>National average: 90.7%</i>
<b>R</b> Preventive dental care received	<b>29.7%</b> <i>National average: 30.0%</i>	<b>O</b> Babies with low birthweight	<b>7.8%</b> <i>National average: 8.2%</i>
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.8</b> <i>National average: 5.9</i>	<b>O</b> Received recommended vaccines	<b>75.7%</b> <i>National average: 70.7%</i>



## Strong Families

<b>W</b> Housing instability	<b>0.0%</b> <i>National average: 2.5%</i>	<b>O</b> Crowded housing	<b>10.6%</b> <i>National average: 15.6%</i>
<b>O</b> TANF benefits receipt among families in poverty	<b>25.9%</b> <i>National average: 20.6%</i>	<b>R</b> Infant/toddler maltreatment rate	<b>19.3</b> <i>National average: 16.0</i>
<b>O</b> Unsafe neighborhoods	<b>3.4%</b> <i>National average: 6.3%</i>	<b>O</b> Family resilience	<b>86.1%</b> <i>National average: 82.6%</i>
<b>R</b> 1 adverse childhood experience	<b>23.2%</b> <i>National average: 21.9%</i>	<b>O</b> 2 or more adverse childhood experiences	<b>7.7%</b> <i>National average: 8.3%</i>
<b>G</b> Infants/toddlers exiting foster care to permanency	<b>95.0%</b> <i>National average: 98.4%</i>	<b>W</b> Potential home visiting beneficiaries served	<b>3.9%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>W</b> Parent reads to baby every day	<b>51.5%</b> <i>National average: 38.2%</i>	<b>W</b> Parent sings to baby every day	<b>63.5%</b> <i>National average: 56.4%</i>
<b>O</b> % Income-eligible infants/toddlers with Early Head Start access	<b>8.0%</b> <i>National average: 7.0%</i>	<b>R</b> Cost of care, as % of income married families	<b>12.8%</b> <i>National average: N/A</i>
<b>R</b> Cost of care, as % of income single parents	<b>48.4%</b> <i>National average: N/A</i>	<b>O</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>5.0%</b> <i>National average: 4.2%</i>
<b>R</b> Developmental screening received	<b>28.3%</b> <i>National average: 30.4%</i>	<b>G</b> Infants/toddlers with developmental delay	<b>2.1%</b> <i>National average: 1.1%</i>
<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>4.4%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### D.C.'s Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

#### Overall

**G R O W**

Improving Outcomes

#### Good Health

**G R O W**

Improving Outcomes

#### Strong Families

**G R O W**

Working Effectively

#### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in District of Columbia

#### Overview

The District of Columbia is home to 28,203 infants and toddlers, representing 4.1 percent of the state's population. As many as 32 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ DISTRICT OF COLUMBIA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic Black  
■ 42.1%  
■ 13.8%

Non-Hispanic White  
■ 32.4%  
■ 49.3%

Hispanic  
■ 16.7%  
■ 26.1%

Non-Hispanic other  
■ 5.3%  
■ 5.1%

Non-Hispanic Asian  
■ 3.3%  
■ 4.9%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 81.3%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 67.5%  
■ 55.4%

In Poverty  
■ 20.8%  
■ 22.7%

Low-Income  
■ 11.7%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 31.8%  
■ 39.5%

Non-Hispanic Other  
■ 6.2%  
■ 20.0%

Non-Hispanic White  
■ 0.0%  
■ 14.6%

Hispanic  
■ N/A  
■ 30.8%

#### Family structure

2-Parent Family  
■ 69.4%  
■ 76.3%

1-Parent Family  
■ 28.9%  
■ 21.5%

No Parents Present  
■ 1.6%  
■ 2.2%

#### Grandparent-headed households

■ 9.6%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 0.0%  
■ 8.7%



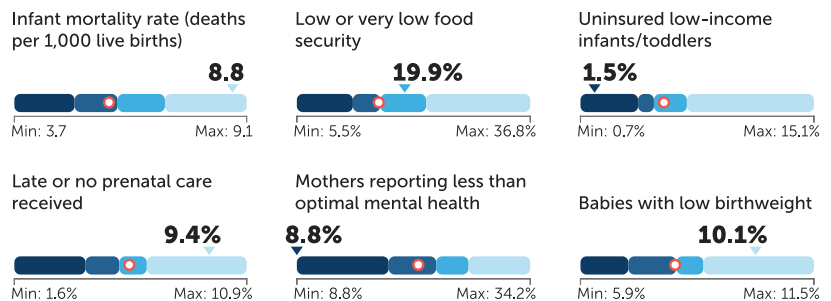
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

The District of Columbia falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The District of Columbia's high ranking in the Good Health domain reflects indicators of health care access and affordability, as well as some indicators of children's health. However, the District's relatively higher infant mortality rate, higher prevalence of babies with low birthweight, and higher percentage of women receiving late or no prenatal care, in comparison to other states, put the District in the Getting Started (G) tier for these indicators.

## Six Key Indicators of Good Health

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



## Good Health Policy in District of Columbia

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	No <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at pediatric/family medicine practices	No <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	No <input checked="" type="checkbox"/>



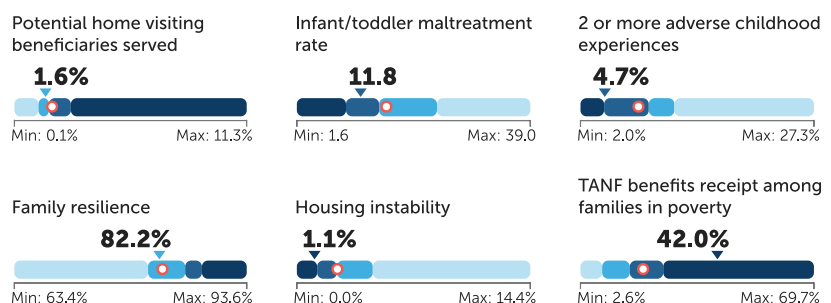
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

The District of Columbia falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The District of Columbia's high ranking in this domain reflects indicators of access to basic needs and supports, such as the higher percentage of families in poverty receiving TANF benefits, in comparison to most other states. However, the District's percentage of infants and toddlers receiving home visiting services puts it in the Reaching Forward (R) tier, while the prevalence of infants and toddlers in crowded housing, and those living in unsafe neighborhoods, put the District in the Getting Started (G) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in District of Columbia

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

## In District of Columbia



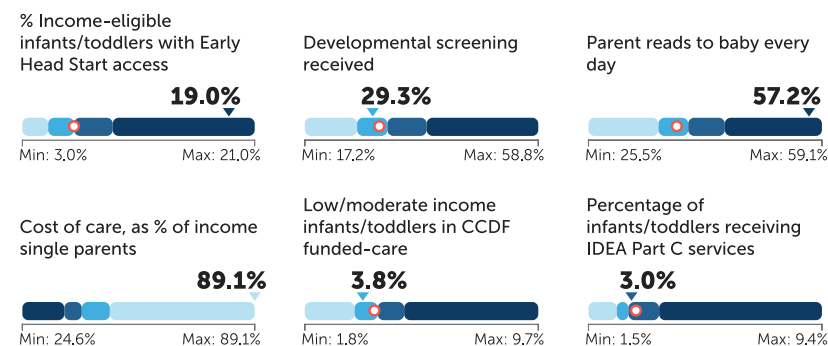
### What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

The District of Columbia scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The District of Columbia's high ranking in the Positive Early Learning Experiences domain reflects indicators such as parents who read to and sing song to their babies every day. Indicators for early intervention and prevention services, such as the percentage of infants and toddlers receiving developmental screenings, are primarily in the Reaching Forward (R) tier.

### Six Key Indicators of Positive Early Learning Experiences

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



### Positive Early Learning Experiences Policy in District of Columbia

Families above 200% of FPL eligible for child care subsidy

Yes ☒

## All indicators for District of Columbia

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>324.0</b>	<b>W</b> Uninsured low-income infants/toddlers	<b>1.5%</b>
<i>National average: 200.0</i>		<i>National average: 5.8%</i>	
<b>R</b> Low or very low food security	<b>19.9%</b>	<b>R</b> Infants ever breastfed	<b>83.0%</b>
<i>National average: 16.5%</i>		<i>National average: 83.2%</i>	
<b>W</b> Infants breastfed at 6 months	<b>65.5%</b>	<b>G</b> Late or no prenatal care received	<b>9.4%</b>
<i>National average: 57.6%</i>		<i>National average: 6.2%</i>	
<b>W</b> Mothers reporting less than optimal mental health	<b>8.8%</b>	<b>W</b> Preventive medical care received	<b>95.3%</b>
<i>National average: 22.0%</i>		<i>National average: 90.7%</i>	
<b>O</b> Preventive dental care received	<b>34.2%</b>	<b>G</b> Babies with low birthweight	<b>10.1%</b>
<i>National average: 30.0%</i>		<i>National average: 8.2%</i>	
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>8.8</b>	<b>R</b> Received recommended vaccines	<b>68.2%</b>
<i>National average: 5.9</i>		<i>National average: 70.7%</i>	



## Strong Families

<b>W</b> Housing instability	<b>1.1%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>19.8%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>42.0%</b> <i>National average: 20.6%</i>	<b>O</b> Infant/toddler maltreatment rate	<b>11.8</b> <i>National average: 16.0</i>
<b>G</b> Unsafe neighborhoods	<b>11.7%</b> <i>National average: 6.3%</i>	<b>R</b> Family resilience	<b>82.2%</b> <i>National average: 82.6%</i>
<b>G</b> 1 adverse childhood experience	<b>25.8%</b> <i>National average: 21.9%</i>	<b>O</b> 2 or more adverse childhood experiences	<b>4.7%</b> <i>National average: 8.3%</i>
<b>W</b> Infants/toddlers exiting foster care to permanency	<b>100.0%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.6%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>W</b> Parent reads to baby every day	<b>57.2%</b> <i>National average: 38.2%</i>	<b>W</b> Parent sings to baby every day	<b>67.4%</b> <i>National average: 56.4%</i>
<b>W</b> % Income-eligible infants/toddlers with Early Head Start access	<b>19.0%</b> <i>National average: 7.0%</i>	<b>R</b> Cost of care, as % of income married families	<b>14.0%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>89.1%</b> <i>National average: N/A</i>	<b>R</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>3.8%</b> <i>National average: 4.2%</i>
<b>R</b> Developmental screening received	<b>29.3%</b> <i>National average: 30.4%</i>	<b>R</b> Infants/toddlers with developmental delay	<b>1.2%</b> <i>National average: 1.1%</i>
<b>O</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>3.0%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Delaware's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Reaching Forward

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Delaware

#### Overview

Delaware is home to 32,984 infants and toddlers, representing 3.4 percent of the state's population. As many as 39 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ DELAWARE ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 48.8%  
■ 49.3%

Non-Hispanic Black  
■ 24.3%  
■ 13.8%

Hispanic  
■ 16.5%  
■ 26.1%

Non-Hispanic other  
■ 5.5%  
■ 5.1%

Non-Hispanic Asian  
■ 4.6%  
■ 4.9%

American Indian/Alaska Native  
■ 0.3%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 72.1%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 61.4%  
■ 55.4%

In Poverty  
■ 21.1%  
■ 22.7%

Low-Income  
■ 17.6%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 41.0%  
■ 30.8%

Non-Hispanic Black  
■ 29.8%  
■ 39.5%

Non-Hispanic White  
■ 15.5%  
■ 14.6%

Non-Hispanic Other  
■ 1.9%  
■ 20.0%

#### Family structure

2-Parent Family  
■ 75.9%  
■ 76.3%

1-Parent Family  
■ 21.3%  
■ 21.5%

No Parents Present  
■ 2.8%  
■ 2.2%

#### Grandparent-headed households

■ 14.3%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 0.0%  
■ 8.7%



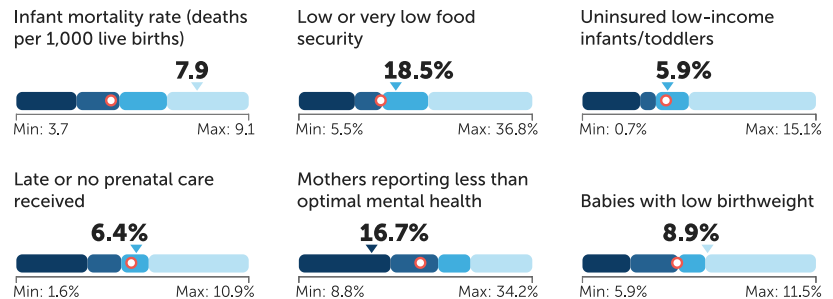
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Delaware falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators such as the state's relatively higher infant mortality rate, higher percentage of babies with low birthweight, and lower percentage of infants who have ever been breastfed, in comparison to other states. In contrast, Delaware's income eligibility limit for pregnant women in Medicaid (as a percentage of the federal poverty level), and the percentage of young children receiving recommended vaccines, put Delaware in the Working Effectively (W) tier for those indicators.

## Six Key Indicators of Good Health

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



## Good Health Policy in Delaware

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	No <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	No <input checked="" type="checkbox"/>



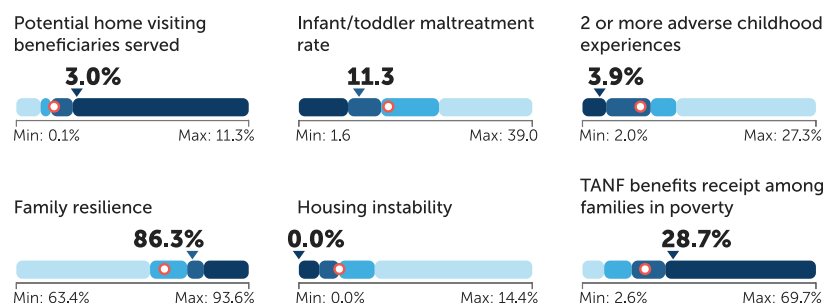
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Delaware falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects indicators such as access to basic needs and supports (e.g., TANF benefits for families living in poverty) as well as some indicators of child welfare. More young children in Delaware experience housing stability, compared to those in other states. For indicators such as the maltreatment rate of infants and toddlers and the percentage of infants and toddlers living in crowded housing, Delaware is in the Improving Outcomes (O) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Delaware

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>

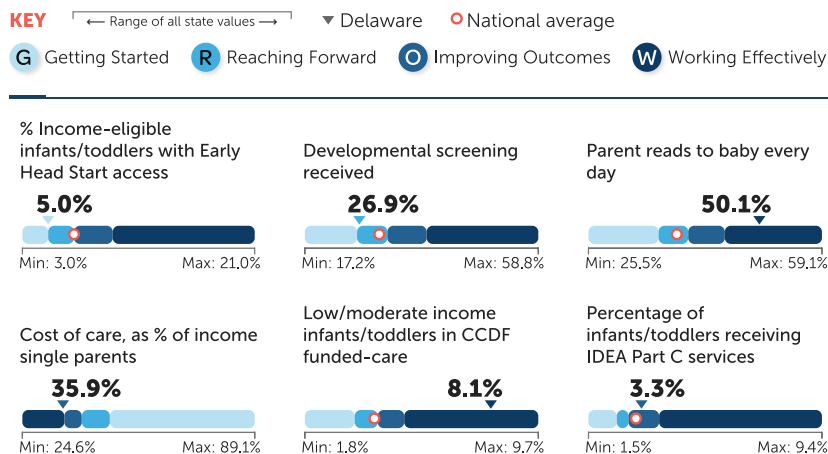


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Delaware scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as the higher percentage of parents who read and sing songs to their babies daily, and its less burdensome average infant care costs as a percentage of married parents' incomes, compared to most other states. However, Delaware is in the Getting Started (G) tier when it comes to the percentage of income-eligible infants and toddlers with access to Early Head Start.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Delaware

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Delaware

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

### Good Health

**W** Eligibility limit (% FPL) for pregnant women in Medicaid **217.0**  
National average: 200.0

**R** Low or very low food security **18.5%**  
National average: 16.5%

**R** Infants breastfed at 6 months **55.6%**  
National average: 57.6%

**W** Mothers reporting less than optimal mental health **16.7%**  
National average: 22.0%

**G** Preventive dental care received **18.0%**  
National average: 30.0%

**G** Infant mortality rate (deaths per 1,000 live births) **7.9**  
National average: 5.9

**R** Uninsured low-income infants/toddlers **5.9%**  
National average: 5.8%

**G** Infants ever breastfed **77.4%**  
National average: 83.2%

**R** Late or no prenatal care received **6.4%**  
National average: 6.2%

**O** Preventive medical care received **93.2%**  
National average: 90.7%

**G** Babies with low birthweight **8.9%**  
National average: 8.2%

**W** Received recommended vaccines **78.1%**  
National average: 70.7%



## Strong Families

**W** Housing instability **0.0%**  
National average: 2.5%

**W** TANF benefits receipt among families in poverty **28.7%**  
National average: 20.6%

**R** Unsafe neighborhoods **4.7%**  
National average: 6.3%

**O** 1 adverse childhood experience **19.3%**  
National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency **100.0%**  
National average: 98.4%

**O** Crowded housing **10.0%**  
National average: 15.6%

**O** Infant/toddler maltreatment rate **11.3**  
National average: 16.0

**O** Family resilience **86.3%**  
National average: 82.6%

**W** 2 or more adverse childhood experiences **3.9%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **3.0%**  
National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day **50.1%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **5.0%**  
National average: 7.0%

**O** Cost of care, as % of income single parents **35.9%**  
National average: N/A

**R** Developmental screening received **26.9%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **3.3%**  
National average: 3.1%

**W** Parent sings to baby every day **66.4%**  
National average: 56.4%

**W** Cost of care, as % of income married families **11.0%**  
National average: N/A

**W** Low/moderate income infants/toddlers in CCDF funded-care **8.1%**  
National average: 4.2%

**G** Infants/toddlers with developmental delay **1.8%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Florida's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Florida

#### Overview

Florida is home to 682,620 infants and toddlers, representing 3.3 percent of the state's population. As many as 50 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ FLORIDA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
41.2%  
49.3%

Hispanic  
32.0%  
26.1%

Non-Hispanic Black  
19.9%  
13.8%

Non-Hispanic other  
4.3%  
5.1%

Non-Hispanic Asian  
2.4%  
4.9%

American Indian/Alaska Native  
0.2%  
0.8%

#### Working moms

Mothers in the Labor Force  
60.9%  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
50.1%  
55.4%

Low-Income  
25.6%  
22.0%

In Poverty  
24.2%  
22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
35.1%  
39.5%

Hispanic  
28.1%  
30.8%

Non-Hispanic Other  
24.8%  
20.0%

Non-Hispanic White  
16.1%  
14.6%

#### Family structure

2-Parent Family  
70.3%  
76.3%

1-Parent Family  
27.8%  
21.5%

No Parents Present  
1.9%  
2.2%

#### Grandparent-headed households

10.2%  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
0.4%  
8.7%



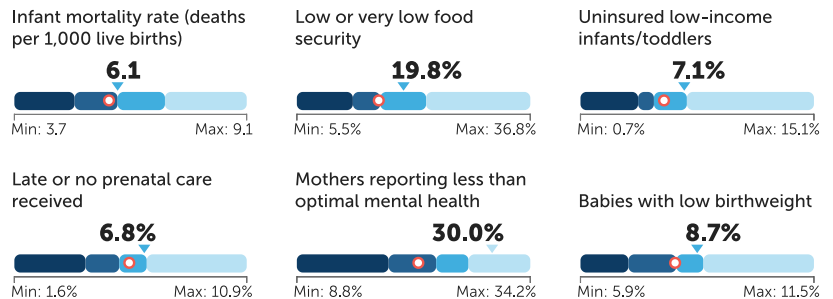
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Florida falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators of health care access and affordability, food security, nutrition, and maternal health. However, the percentage of infants and toddlers in Florida who had a preventive medical visit in the past year is in the Improving Outcomes (O) tier. The state's indicators in the mental health subdomain also are strong, falling in the Working Effectively (W) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Florida

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	No policy
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 at ECE programs	Yes ✅



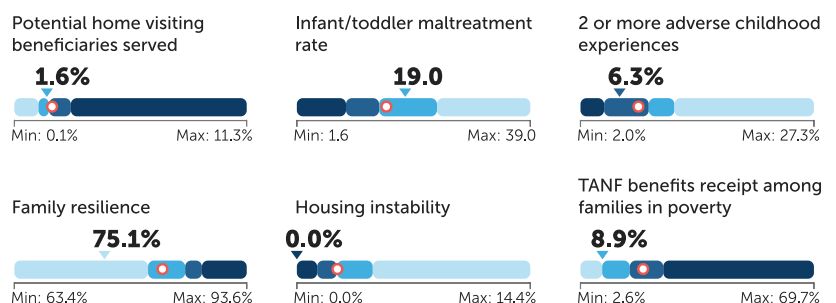
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Florida falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators such as crowded housing, family resilience, and home visiting. However, infants and toddlers in Florida experience greater housing stability and neighborhood safety, in comparison to those in most other states.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Florida

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



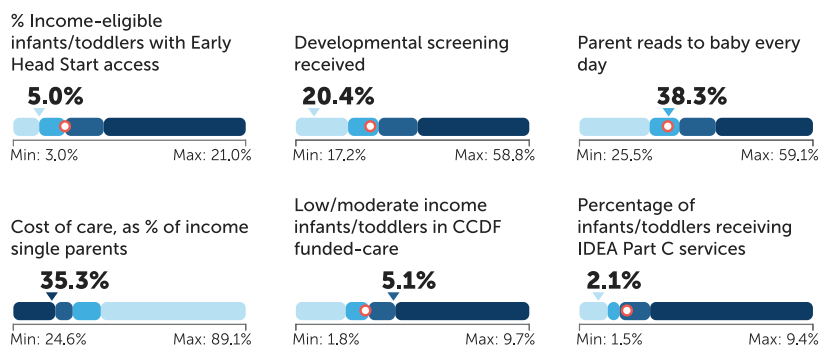
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Florida scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of infants and toddlers who received developmental screenings and the percentage of income-eligible children with access to Early Head Start. Florida's average infant care costs, as a percentage of single parents' and married parents' incomes, are relatively less burdensome compared to other states.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Florida

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Florida

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>196.0</b> National average: 200.0	<b>R</b> Uninsured low-income infants/toddlers	<b>7.1%</b> National average: 5.8%
<b>R</b> Low or very low food security	<b>19.8%</b> National average: 16.5%	<b>R</b> Infants ever breastfed	<b>82.6%</b> National average: 83.2%
<b>R</b> Infants breastfed at 6 months	<b>54.0%</b> National average: 57.6%	<b>R</b> Late or no prenatal care received	<b>6.8%</b> National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>30.0%</b> National average: 22.0%	<b>O</b> Preventive medical care received	<b>94.3%</b> National average: 90.7%
<b>R</b> Preventive dental care received	<b>26.1%</b> National average: 30.0%	<b>R</b> Babies with low birthweight	<b>8.7%</b> National average: 8.2%
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.1</b> National average: 5.9	<b>G</b> Received recommended vaccines	<b>67.1%</b> National average: 70.7%



## Strong Families

**W** Housing instability

**0.0%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**8.9%**

National average: 20.6%

**W** Unsafe neighborhoods

**1.6%**

National average: 6.3%

**G** 1 adverse childhood experience

**28.8%**

National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency

**99.6%**

National average: 98.4%

**G** Crowded housing

**14.1%**

National average: 15.6%

**R** Infant/toddler maltreatment rate

**19.0**

National average: 16.0

**G** Family resilience

**75.1%**

National average: 82.6%

**O** 2 or more adverse childhood experiences

**6.3%**

National average: 8.3%

**R** Potential home visiting beneficiaries served

**1.6%**

National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day

**38.3%**

National average: 38.2%

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

**5.0%**

National average: 7.0%

**W** Cost of care, as % of income single parents

**35.3%**

National average: N/A

**G** Developmental screening received

**20.4%**

National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services

**2.1%**

National average: 3.1%

**R** Parent sings to baby every day

**58.3%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.9%**

National average: N/A

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

**5.1%**

National average: 4.2%

**G** Infants/toddlers with developmental delay

**2.0%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Georgia'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**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Georgia

### Overview

Georgia is home to 395,184 infants and toddlers, representing 3.8 percent of the state's population. As many as 52 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ GEORGIA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 42.4%  
■ 49.3%

Non-Hispanic Black  
■ 33.6%  
■ 13.8%

Hispanic  
■ 15.8%  
■ 26.1%

Non-Hispanic other  
■ 4.3%  
■ 5.1%

Non-Hispanic Asian  
■ 3.6%  
■ 4.9%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 61.7%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 48.4%  
■ 55.4%

In Poverty  
■ 26.8%  
■ 22.7%

Low-Income  
■ 24.8%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 37.1%  
■ 30.8%

Non-Hispanic Black  
■ 35.3%  
■ 39.5%

Non-Hispanic Other  
■ 27.3%  
■ 20.0%

Non-Hispanic White  
■ 16.7%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 71.4%  
■ 76.3%

1-Parent Family  
■ 26.6%  
■ 21.5%

No Parents Present  
■ 2.0%  
■ 2.2%

#### Grandparent-headed households

■ 12.9%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 4.8%  
■ 8.7%



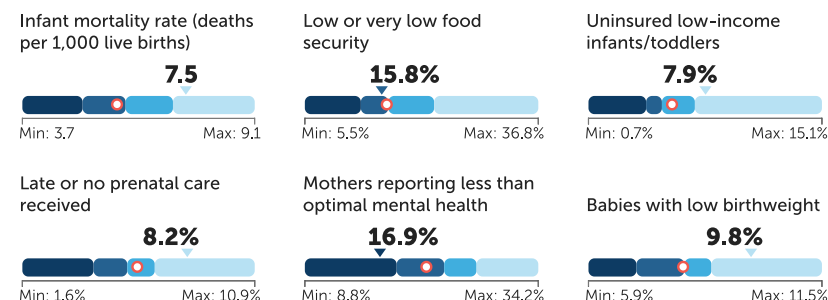
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Georgia falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators such as the state's relatively higher infant mortality rate and the prevalence of low birthweight, in comparison to most other states. However, on indicators of food security and nutrition, Georgia is in the Improving Outcomes (O) and Reaching Forward (R) tiers, respectively.

## Six Key Indicators of Good Health

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



## Good Health Policy in Georgia

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	Required
Medicaid plan covers social-emotional screening for young children	N/A
Medicaid plan covers IECMH services at home	N/A
Medicaid plan covers IECMH services at pediatric/family medicine practices	N/A
Medicaid plan covers IECMH services at ECE programs	N/A



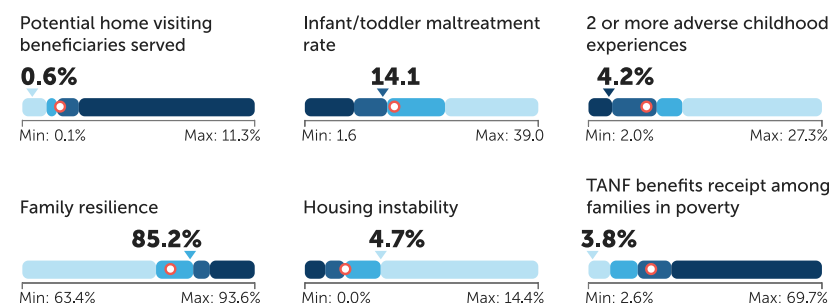
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Georgia falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators such as housing instability, TANF benefits receipt among families in poverty, and the percentage of infants and toddlers receiving home visiting services. Some of Georgia's child welfare indicators are in the Working Effectively (W) tier, such as neighborhood safety and the prevalence of adverse childhood experiences.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Georgia

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



# Positive Early Learning Experiences

In Georgia

G R O W

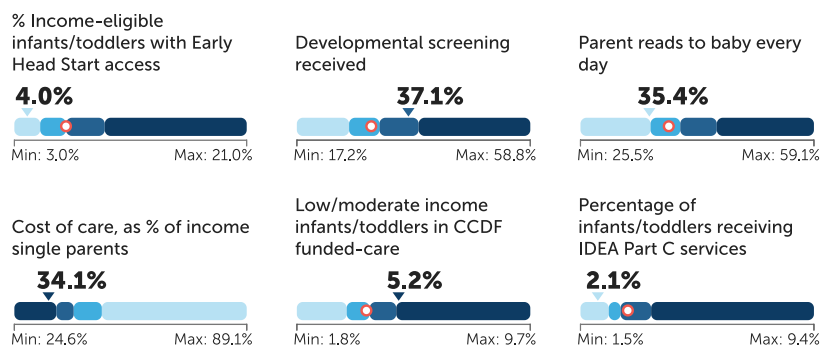
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Georgia scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects indicators of parents reading and singing songs to their babies daily, the percentage of income-eligible young children with access to Early Head Start, and the percentage of young children receiving IDEA Part C services. However, the average infant care costs, as a percentage of single parents' and married parents' incomes, are less burdensome in Georgia, which places the state in the Working Effectively (W) tier for these two indicators.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Georgia

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Georgia

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>225.0</b> National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>7.9%</b> National average: 5.8%
<b>O</b> Low or very low food security	<b>15.8%</b> National average: 16.5%	<b>O</b> Infants ever breastfed	<b>84.0%</b> National average: 83.2%
<b>R</b> Infants breastfed at 6 months	<b>55.5%</b> National average: 57.6%	<b>G</b> Late or no prenatal care received	<b>8.2%</b> National average: 6.2%
<b>W</b> Mothers reporting less than optimal mental health	<b>16.9%</b> National average: 22.0%	<b>O</b> Preventive medical care received	<b>93.0%</b> National average: 90.7%
<b>W</b> Preventive dental care received	<b>37.6%</b> National average: 30.0%	<b>G</b> Babies with low birthweight	<b>9.8%</b> National average: 8.2%
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>7.5</b> National average: 5.9	<b>W</b> Received recommended vaccines	<b>77.3%</b> National average: 70.7%



## Strong Families

**G** Housing instability

**4.7%**

National average: 2.5%

**G** TANF benefits receipt among families in poverty

**3.8%**

National average: 20.6%

**W** Unsafe neighborhoods

**0.0%**

National average: 6.3%

**R** 1 adverse childhood experience

**23.0%**

National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency

**96.7%**

National average: 98.4%

**R** Crowded housing

**11.8%**

National average: 15.6%

**O** Infant/toddler maltreatment rate

**14.1**

National average: 16.0

**R** Family resilience

**85.2%**

National average: 82.6%

**W** 2 or more adverse childhood experiences

**4.2%**

National average: 8.3%

**G** Potential home visiting beneficiaries served

**0.6%**

National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day

**35.4%**

National average: 38.2%

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

**4.0%**

National average: 7.0%

**W** Cost of care, as % of income single parents

**34.1%**

National average: N/A

**O** Developmental screening received

**37.1%**

National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services

**2.1%**

National average: 3.1%

**R** Parent sings to baby every day

**56.2%**

National average: 56.4%

**W** Cost of care, as % of income married families

**9.8%**

National average: N/A

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

**5.2%**

National average: 4.2%

**G** Infants/toddlers with developmental delay

**3.0%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Hawaii's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Improving Outcomes

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Hawaii

#### Overview

Hawaii is home to 53,613 infants and toddlers, representing 3.8 percent of the state's population. As many as 28 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ HAWAII ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic other  
■ 41.9%  
■ 5.1%

Hispanic  
■ 20.3%  
■ 26.1%

Non-Hispanic Asian  
■ 19.4%  
■ 4.9%

Non-Hispanic White  
■ 16.0%  
■ 49.3%

Non-Hispanic Black  
■ 2.2%  
■ 13.8%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 53.8%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 72.4%  
■ 55.4%

Low-Income  
■ 16.7%  
■ 22.0%

In Poverty  
■ 10.8%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 16.1%  
■ 30.8%

Non-Hispanic Other  
■ 10.4%  
■ 20.0%

Non-Hispanic White  
■ 6.8%  
■ 14.6%

Non-Hispanic Black  
■ N/A  
■ 39.5%

#### Family structure

2-Parent Family  
■ 70.4%  
■ 76.3%

1-Parent Family  
■ 26.0%  
■ 21.5%

No Parents Present  
■ 3.7%  
■ 2.2%

#### Grandparent-headed households

■ 20.4%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 16.6%  
■ 8.7%



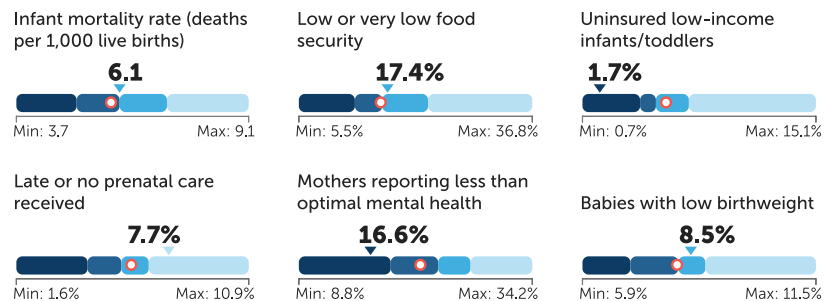
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Hawaii falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators of food security and maternal health. The percentage of infants and toddlers who had a preventive dental visit within the past year falls in the Working Effectively (W) tier, though the percentage who had a preventive medical visit within the past year is in the Getting Started (G) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Hawaii

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Allowed
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 at ECE programs	Yes <input checked="" type="checkbox"/>



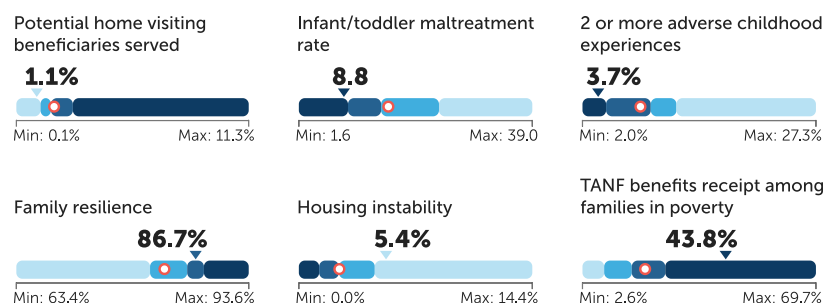
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Hawaii falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects its scores on child welfare indicators, such as Hawaii's lower prevalence of adverse childhood experiences in comparison to most other states. However, on some indicators related to access to basic needs and supports—notably, crowded housing and housing instability—Hawaii is within the Getting Started (G) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Hawaii

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



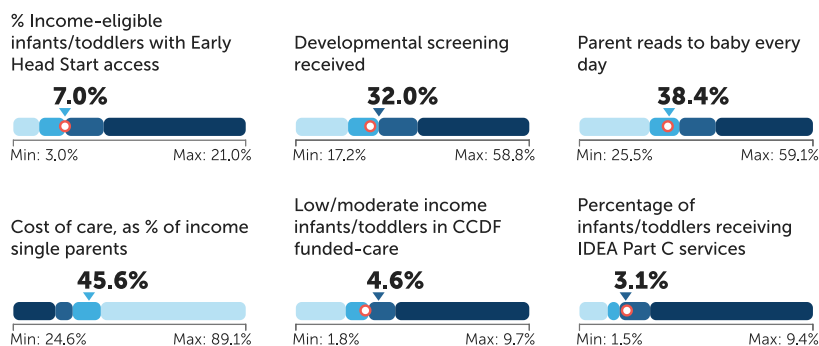
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Hawaii scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects the percentage of parents who read to and sing songs to their babies daily, as well as the state's more burdensome infant care costs, as a percentage of single parents' and married parents' incomes. However, the state's percentage of low-income families eligible for child care subsidies is in the Improving Outcomes (O) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Hawaii

Families above 200% of FPL eligible for child care subsidy **Yes** ✓

## All indicators for Hawaii

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>196.0</b> National average: 200.0	<b>W</b> Uninsured low-income infants/toddlers	<b>1.7%</b> National average: 5.8%
<b>R</b> Low or very low food security	<b>17.4%</b> National average: 16.5%	<b>W</b> Infants ever breastfed	<b>90.6%</b> National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>65.6%</b> National average: 57.6%	<b>G</b> Late or no prenatal care received	<b>7.7%</b> National average: 6.2%
<b>W</b> Mothers reporting less than optimal mental health	<b>16.6%</b> National average: 22.0%	<b>G</b> Preventive medical care received	<b>86.7%</b> National average: 90.7%
<b>W</b> Preventive dental care received	<b>44.3%</b> National average: 30.0%	<b>R</b> Babies with low birthweight	<b>8.5%</b> National average: 8.2%
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.1</b> National average: 5.9	<b>O</b> Received recommended vaccines	<b>75.1%</b> National average: 70.7%



## Strong Families

**G** Housing instability

**5.4%**

National average: 2.5%

**W** TANF benefits receipt among families in poverty

**43.8%**

National average: 20.6%

**O** Unsafe neighborhoods

**3.1%**

National average: 6.3%

**O** 1 adverse childhood experience

**19.9%**

National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency

**99.6%**

National average: 98.4%

**G** Crowded housing

**23.9%**

National average: 15.6%

**W** Infant/toddler maltreatment rate

**8.8**

National average: 16.0

**O** Family resilience

**86.7%**

National average: 82.6%

**W** 2 or more adverse childhood experiences

**3.7%**

National average: 8.3%

**G** Potential home visiting beneficiaries served

**1.1%**

National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day

**38.4%**

National average: 38.2%

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

**7.0%**

National average: 7.0%

**R** Cost of care, as % of income single parents

**45.6%**

National average: N/A

**O** Developmental screening received

**32.0%**

National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services

**3.1%**

National average: 3.1%

**R** Parent sings to baby every day

**57.2%**

National average: 56.4%

**G** Cost of care, as % of income married families

**15.3%**

National average: N/A

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

**4.6%**

National average: 4.2%

**O** Infants/toddlers with developmental delay

**0.4%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Idaho's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Improving Outcomes

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Idaho

#### Overview

Idaho is home to 70,091 infants and toddlers, representing 4.1 percent of the state's population. As many as 48 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ IDAHO ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 73.2%  
■ 49.3%

Hispanic  
■ 18.9%  
■ 26.1%

Non-Hispanic other  
■ 4.5%  
■ 5.1%

Non-Hispanic Asian  
■ 1.3%  
■ 4.9%

American Indian/Alaska Native  
■ 1.2%  
■ 0.8%

Non-Hispanic Black  
■ 0.9%  
■ 13.8%

#### Working moms

Mothers in the Labor Force  
■ 53.4%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 52.2%  
■ 55.4%

In Poverty  
■ 24.0%  
■ 22.7%

Low-Income  
■ 23.8%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 37.1%  
■ 30.8%

Non-Hispanic White  
■ 21.7%  
■ 14.6%

Non-Hispanic Other  
■ 16.2%  
■ 20.0%

Non-Hispanic Black  
N/A  
■ 39.5%

#### Family structure

2-Parent Family  
■ 87.8%  
■ 76.3%

1-Parent Family  
■ 11.3%  
■ 21.5%

No Parents Present  
■ 0.9%  
■ 2.2%

#### Grandparent-headed households

■ 7.3%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 24.9%  
■ 8.7%



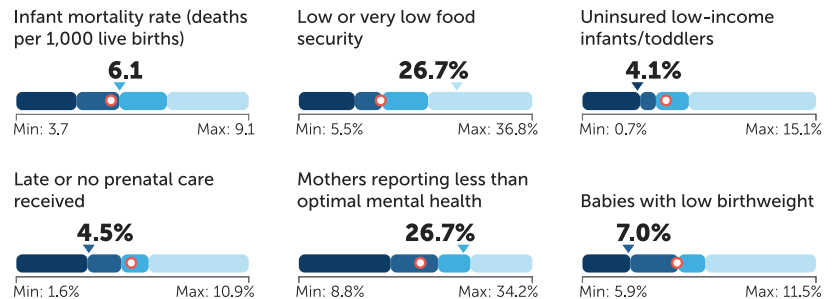
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Idaho falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators of nutrition and the percentage of uninsured low-income infants and toddlers. However, a greater percentage of Idaho's infants and toddlers experience low or very low food security as well as barriers to health care access and affordability, compared to those in other states.

## Six Key Indicators of Good Health

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



## Good Health Policy in Idaho

Medicaid expansion state	No ❌
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	Yes ✅
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✅
Medicaid plan covers IECMH services at ECE programs	No ❌



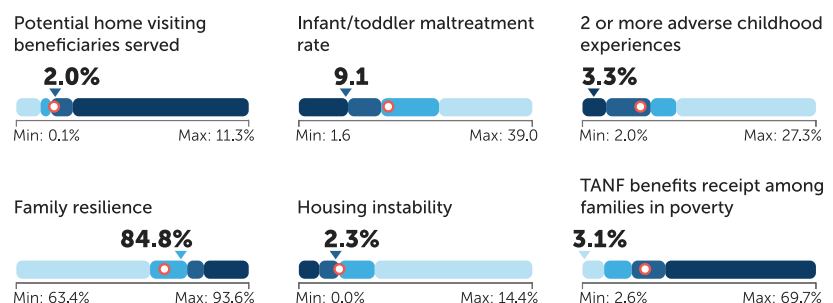
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Idaho falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects indicators of access to basic needs and supports, home visiting, and adverse childhood experiences. However, a few indicators are in the Getting Started (G) tier, such as the relatively lower percentage of families with young children living in poverty that receive TANF benefits in Idaho compared to other states.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Idaho

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



# Positive Early Learning Experiences

In Idaho

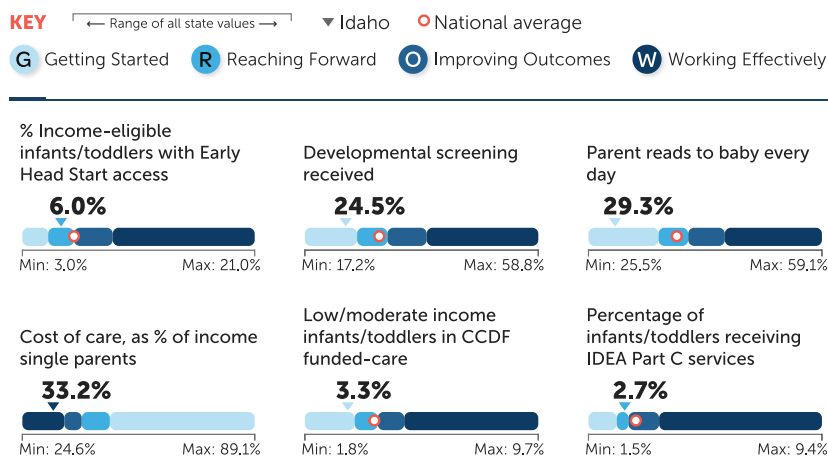
G R O W

## 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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Idaho scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of parents reading to and singing songs to their babies daily, and the percentage of low/moderate income infants and toddlers in CCDF-funded care. Idaho's average infant care costs as a percentage of single parents' and married parents' incomes are less burdensome compared to other states, and these indicators score in the Working Effectively (W) tier.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Idaho

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Idaho

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

### Good Health

**G** Eligibility limit (% FPL) for pregnant women in Medicaid **138.0**  
National average: 200.0

**G** Low or very low food security **26.7%**  
National average: 16.5%

**O** Infants breastfed at 6 months **62.1%**  
National average: 57.6%

**R** Mothers reporting less than optimal mental health **26.7%**  
National average: 22.0%

**R** Preventive dental care received **31.0%**  
National average: 30.0%

**R** Infant mortality rate (deaths per 1,000 live births) **6.1**  
National average: 5.9

**W** Uninsured low-income infants/toddlers **4.1%**  
National average: 5.8%

**W** Infants ever breastfed **90.1%**  
National average: 83.2%

**O** Late or no prenatal care received **4.5%**  
National average: 6.2%

**O** Preventive medical care received **94.2%**  
National average: 90.7%

**O** Babies with low birthweight **7.0%**  
National average: 8.2%

**O** Received recommended vaccines **73.9%**  
National average: 70.7%



## Strong Families

**O** Housing instability **2.3%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **3.1%**  
National average: 20.6%

**O** Unsafe neighborhoods **2.5%**  
National average: 6.3%

**G** 1 adverse childhood experience **26.2%**  
National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency **98.4%**  
National average: 98.4%

**O** Crowded housing **10.0%**  
National average: 15.6%

**O** Infant/toddler maltreatment rate **9.1**  
National average: 16.0

**R** Family resilience **84.8%**  
National average: 82.6%

**W** 2 or more adverse childhood experiences **3.3%**  
National average: 8.3%

**O** Potential home visiting beneficiaries served **2.0%**  
National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day **29.3%**  
National average: 38.2%

**R** % Income-eligible infants/toddlers with Early Head Start access **6.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **33.2%**  
National average: N/A

**G** Developmental screening received **24.5%**  
National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services **2.7%**  
National average: 3.1%

**G** Parent sings to baby every day **47.5%**  
National average: 56.4%

**W** Cost of care, as % of income married families **10.5%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **3.3%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.5%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Illinois' Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

#### Overall

**G R O W**

Getting Started

#### Good Health

**G R O W**

Reaching Forward

#### Strong Families

**G R O W**

Improving Outcomes

#### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Illinois

#### Overview

Illinois is home to 465,358 infants and toddlers, representing 3.6 percent of the state's population. As many as 41 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

ILLINOIS NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
51.1%  
49.3%

Hispanic  
24.3%  
26.1%

Non-Hispanic Black  
15.4%  
13.8%

Non-Hispanic Asian  
5.2%  
4.9%

Non-Hispanic other  
3.8%  
5.1%

American Indian/Alaska Native  
0.1%  
0.8%

#### Working moms

Mothers in the Labor Force  
67.0%  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
58.5%  
55.4%

In Poverty  
22.7%  
22.7%

Low-Income  
18.7%  
22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
48.0%  
39.5%

Hispanic  
28.7%  
30.8%

Non-Hispanic Other  
17.2%  
20.0%

Non-Hispanic White  
13.6%  
14.6%

#### Family structure

2-Parent Family  
75.2%  
76.3%

1-Parent Family  
21.8%  
21.5%

No Parents Present  
3.1%  
2.2%

#### Grandparent-headed households

8.3%  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
5.6%  
8.7%



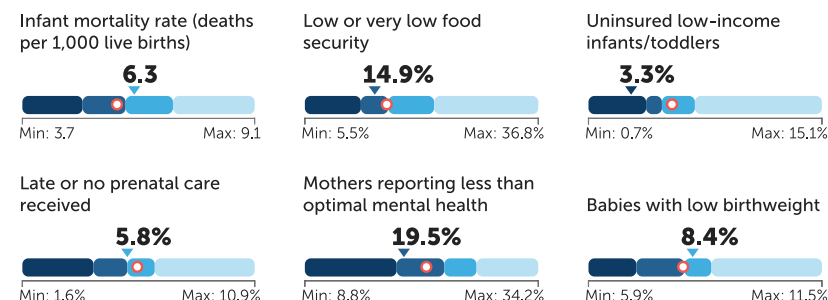
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Illinois falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators of health care access and affordability, and some indicators of children's health (e.g., preventive medical care received). However, Illinois is in the Working Effectively (W) tier when it comes to the percentage of low-income infants and toddlers who are uninsured.

## Six Key Indicators of Good Health

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



## Good Health Policy in Illinois

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	N/A
Medicaid plan covers IECMH services at home	N/A
Medicaid plan covers IECMH services at pediatric/family medicine practices	N/A
Medicaid plan covers IECMH services at ECE programs	N/A



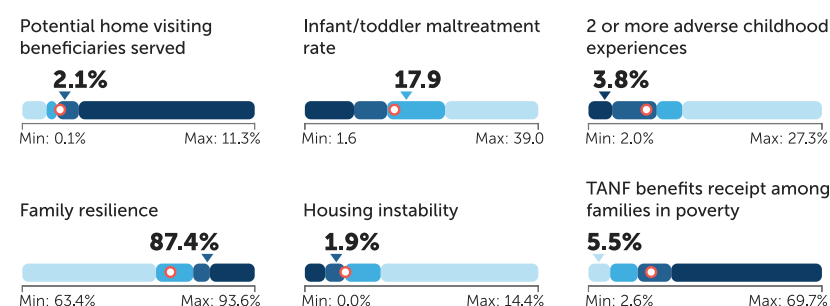
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Illinois falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects indicators of child welfare and home visiting. Illinois is doing exceptionally well on indicators such as the prevalence of adverse childhood experiences and the percentage of infants and toddlers exiting foster care to permanency. The state is not doing so well on indicators related to access to basic needs and supports, such as the percentage of families in poverty receiving TANF benefits.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Illinois

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

In Illinois

G R O W

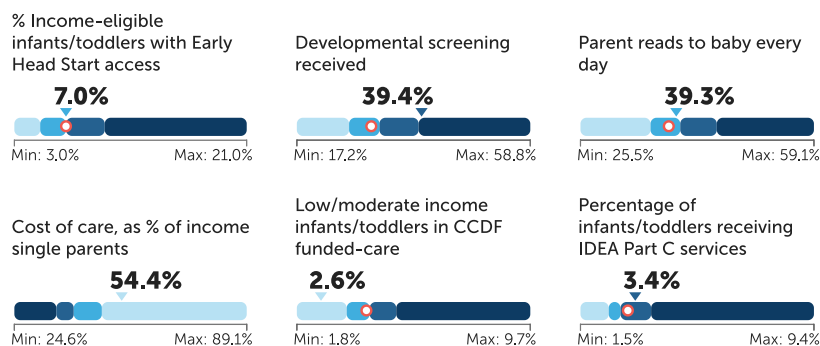
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Illinois scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in Positive Early Learning Experiences reflects nearly all indicators in this domain. However, the percentage of infants and toddlers receiving IDEA Part C services and the percentage who received a developmental screening using a parent-completed tool in the past year are both in the Improving Outcomes (O) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Illinois

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Illinois

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

### Good Health

O Eligibility limit (% FPL) for pregnant women in Medicaid	213.0	National average: 200.0	W Uninsured low-income infants/toddlers	3.3%	National average: 5.8%
O Low or very low food security	14.9%	National average: 16.5%	G Infants ever breastfed	80.3%	National average: 83.2%
G Infants breastfed at 6 months	53.0%	National average: 57.6%	R Late or no prenatal care received	5.8%	National average: 6.2%
O Mothers reporting less than optimal mental health	19.5%	National average: 22.0%	O Preventive medical care received	94.0%	National average: 90.7%
G Preventive dental care received	22.7%	National average: 30.0%	R Babies with low birthweight	8.4%	National average: 8.2%
R Infant mortality rate (deaths per 1,000 live births)	6.3	National average: 5.9	O Received recommended vaccines	71.5%	National average: 70.7%



## Strong Families

<b>O</b> Housing instability	<b>1.9%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>13.8%</b> <i>National average: 15.6%</i>
<b>G</b> TANF benefits receipt among families in poverty	<b>5.5%</b> <i>National average: 20.6%</i>	<b>R</b> Infant/toddler maltreatment rate	<b>17.9</b> <i>National average: 16.0</i>
<b>R</b> Unsafe neighborhoods	<b>6.0%</b> <i>National average: 6.3%</i>	<b>O</b> Family resilience	<b>87.4%</b> <i>National average: 82.6%</i>
<b>W</b> 1 adverse childhood experience	<b>17.6%</b> <i>National average: 21.9%</i>	<b>W</b> 2 or more adverse childhood experiences	<b>3.8%</b> <i>National average: 8.3%</i>
<b>W</b> Infants/toddlers exiting foster care to permanency	<b>99.7%</b> <i>National average: 98.4%</i>	<b>O</b> Potential home visiting beneficiaries served	<b>2.1%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>R</b> Parent reads to baby every day	<b>39.3%</b> <i>National average: 38.2%</i>	<b>G</b> Parent sings to baby every day	<b>47.8%</b> <i>National average: 56.4%</i>
<b>R</b> % Income-eligible infants/toddlers with Early Head Start access	<b>7.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>14.7%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>54.4%</b> <i>National average: N/A</i>	<b>G</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>2.6%</b> <i>National average: 4.2%</i>
<b>O</b> Developmental screening received	<b>39.4%</b> <i>National average: 30.4%</i>	<b>G</b> Infants/toddlers with developmental delay	<b>4.6%</b> <i>National average: 1.1%</i>
<b>O</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>3.4%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Indiana'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**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in Indiana

#### Overview

Indiana is home to 251,296 infants and toddlers, representing 3.8 percent of the state's population. As many as 47 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

INDIANA NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
70.6%  
49.3%

Non-Hispanic Black  
11.3%  
13.8%

Hispanic  
11.1%  
26.1%

Non-Hispanic other  
4.5%  
5.1%

Non-Hispanic Asian  
2.3%  
4.9%

American Indian/Alaska Native  
0.2%  
0.8%

#### Working moms

Mothers in the Labor Force  
64.7%  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
52.6%  
55.4%

Low-Income  
25.0%  
22.0%

In Poverty  
22.4%  
22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
48.7%  
39.5%

Hispanic  
35.2%  
30.8%

Non-Hispanic Other  
22.0%  
20.0%

Non-Hispanic White  
17.0%  
14.6%

#### Family structure

2-Parent Family  
73.6%  
76.3%

1-Parent Family  
24.6%  
21.5%

No Parents Present  
1.8%  
2.2%

#### Grandparent-headed households

8.2%  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
12.1%  
8.7%



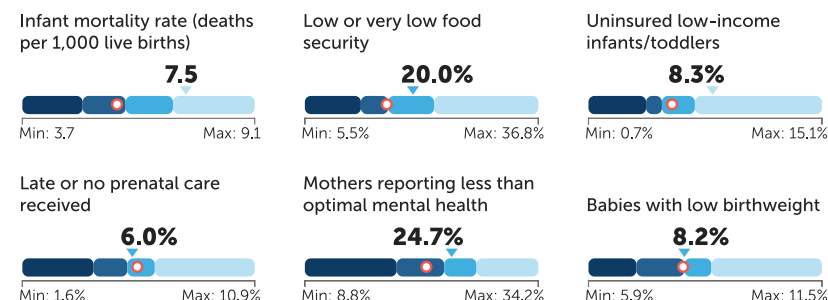
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Indiana falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators of food security and maternal health. However, Indiana is in the Working Effectively (W) tier when it comes to the income eligibility limit for pregnant women in Medicaid (as a percentage of the federal poverty line).

## Six Key Indicators of Good Health

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



## Good Health Policy in Indiana

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 at ECE programs	No <input type="checkbox"/>



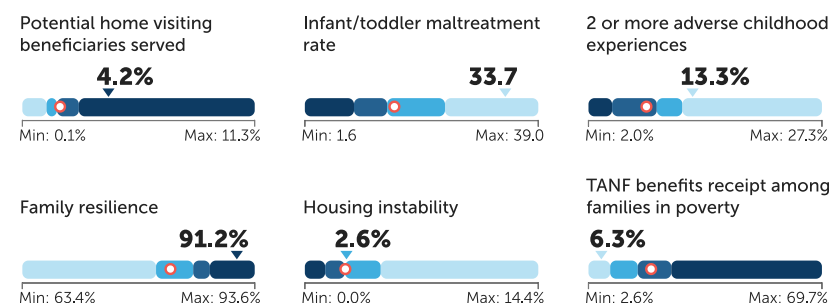
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Indiana falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects indicators of access to basic needs and supports and some indicators of child welfare, such as the infant/toddler maltreatment rate. A few indicators are in the Working Effectively (W) tier, such as the percentage of young children with family resilience, and the percentage of young children receiving evidence-based home visiting services.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Indiana

Paid sick time that covers care for child	No <input type="checkbox"/>
Paid family leave	No <input type="checkbox"/>



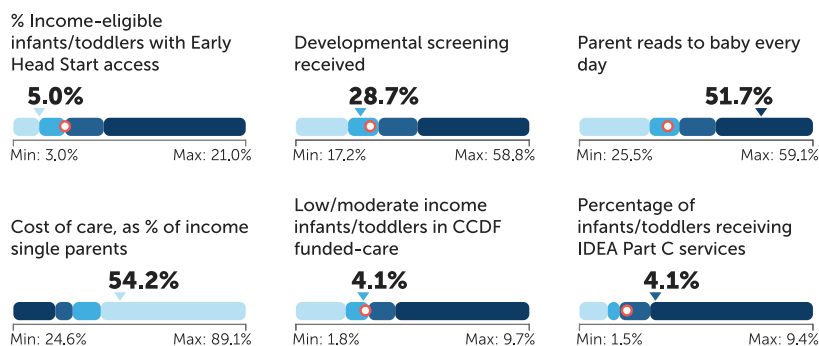
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Indiana scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of parents reading to and singing songs to their babies daily. However, Indiana has relatively more burdensome infant care costs, as a percentage of single parents' and married parents' incomes, in comparison to other states. Indiana does not offer a child care subsidy for low-income parents.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Indiana

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Indiana

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>218.0</b> National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>8.3%</b> National average: 5.8%
<b>R</b> Low or very low food security	<b>20.0%</b> National average: 16.5%	<b>G</b> Infants ever breastfed	<b>78.8%</b> National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>65.5%</b> National average: 57.6%	<b>R</b> Late or no prenatal care received	<b>6.0%</b> National average: 6.2%
<b>R</b> Mothers reporting less than optimal mental health	<b>24.7%</b> National average: 22.0%	<b>O</b> Preventive medical care received	<b>93.1%</b> National average: 90.7%
<b>O</b> Preventive dental care received	<b>35.1%</b> National average: 30.0%	<b>R</b> Babies with low birthweight	<b>8.2%</b> National average: 8.2%
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>7.5</b> National average: 5.9	<b>R</b> Received recommended vaccines	<b>68.8%</b> National average: 70.7%



## Strong Families

**R** Housing instability **2.6%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **6.3%**  
National average: 20.6%

**G** Unsafe neighborhoods **9.9%**  
National average: 6.3%

**R** 1 adverse childhood experience **23.2%**  
National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency **99.6%**  
National average: 98.4%

**O** Crowded housing **10.0%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **33.7**  
National average: 16.0

**W** Family resilience **91.2%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **13.3%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **4.2%**  
National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day **51.7%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **5.0%**  
National average: 7.0%

**G** Cost of care, as % of income single parents **54.2%**  
National average: N/A

**R** Developmental screening received **28.7%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **4.1%**  
National average: 3.1%

**O** Parent sings to baby every day **62.1%**  
National average: 56.4%

**G** Cost of care, as % of income married families **15.1%**  
National average: N/A

**R** Low/moderate income infants/toddlers in CCDF funded-care **4.1%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Iowa's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

#### Overall

**G R O W**

Improving Outcomes

#### Good Health

**G R O W**

Working Effectively

#### Strong Families

**G R O W**

Improving Outcomes

#### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in Iowa

#### Overview

Iowa is home to 118,784 infants and toddlers, representing 3.8 percent of the state's population. As many as 39 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ IOWA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 76.5%  
■ 49.3%

Hispanic ■ 10.6%  
■ 26.1%

Non-Hispanic Black ■ 5.4%  
■ 13.8%

Non-Hispanic other ■ 4.3%  
■ 5.1%

Non-Hispanic Asian ■ 2.8%  
■ 4.9%

American Indian/Alaska Native ■ 0.4%  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 69.8%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 60.6%  
■ 55.4%

Low-Income ■ 20.2%  
■ 22.0%

In Poverty ■ 19.1%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Hispanic ■ 48.5%  
■ 30.8%

Non-Hispanic Other ■ 20.9%  
■ 20.0%

Non-Hispanic White ■ 13.4%  
■ 14.6%

Non-Hispanic Black ■ N/A  
■ 39.5%

#### Family structure

2-Parent Family ■ 78.5%  
■ 76.3%

1-Parent Family ■ 20.4%  
■ 21.5%

No Parents Present ■ 1.2%  
■ 2.2%

#### Grandparent-headed households

■ 6.5%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 23.7%  
■ 8.7%



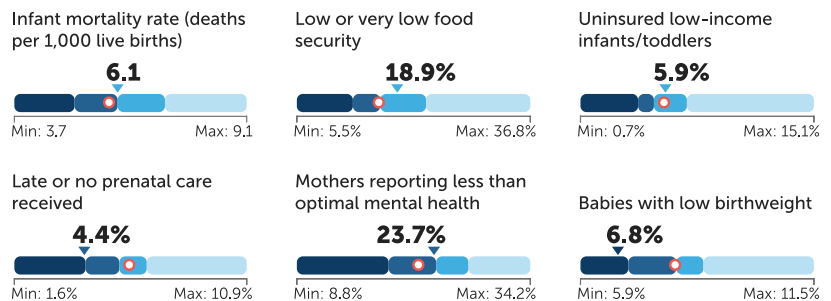
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Iowa falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain reflects some indicators of children's health, such as Iowa's relatively lower prevalence of low birthweight, and higher percentage of young children receiving recommended vaccines, in comparison to other states. However, Iowa is not doing as well when it comes to indicators of food security and nutrition, which fall in the Reaching Forward (R) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Iowa

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 at ECE programs	Yes <input checked="" type="checkbox"/>



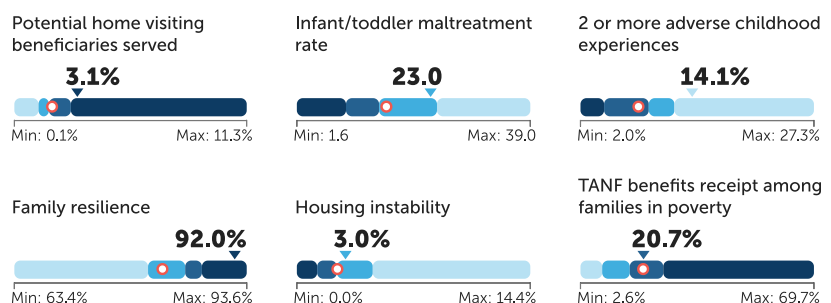
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Iowa falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects indicators such as the percentage of infants and toddlers exiting foster care to permanency, the percentage of young children who could benefit from home visiting and are receiving those services, and the prevalence of infants and toddlers living in crowded housing. However, the state's prevalence of adverse childhood experiences puts it in the Getting Started (G) tier for this indicator.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Iowa

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

In Iowa



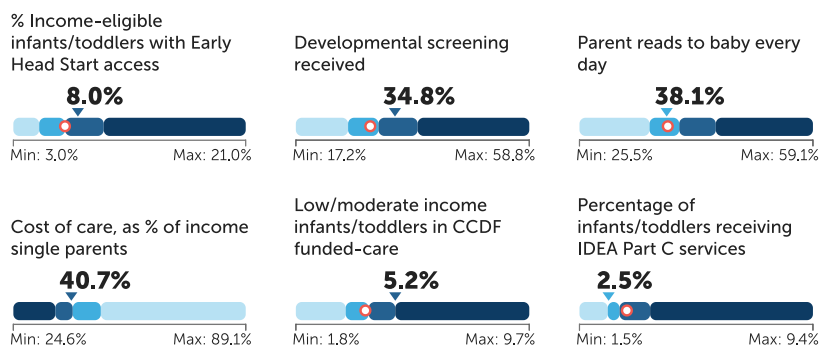
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Iowa scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention services for infants and toddlers. The state's high ranking reflects the relatively less burdensome average infant care costs as a percentage of single parents' and married parents' incomes, and relatively higher percentage of developmental screenings received, in comparison to other states. In contrast, Iowa is in the Getting Started (G) tier when considering the percentage of parents who sing songs to or tell stories to their babies daily.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Iowa

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Iowa

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>380.0</b> National average: 200.0	<b>R</b> Uninsured low-income infants/toddlers	<b>5.9%</b> National average: 5.8%
<b>R</b> Low or very low food security	<b>18.9%</b> National average: 16.5%	<b>R</b> Infants ever breastfed	<b>81.5%</b> National average: 83.2%
<b>G</b> Infants breastfed at 6 months	<b>51.4%</b> National average: 57.6%	<b>O</b> Late or no prenatal care received	<b>4.4%</b> National average: 6.2%
<b>O</b> Mothers reporting less than optimal mental health	<b>23.7%</b> National average: 22.0%	<b>O</b> Preventive medical care received	<b>94.9%</b> National average: 90.7%
<b>R</b> Preventive dental care received	<b>28.1%</b> National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.8%</b> National average: 8.2%
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.1</b> National average: 5.9	<b>O</b> Received recommended vaccines	<b>73.5%</b> National average: 70.7%



## Strong Families

**R** Housing instability **3.0%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **20.7%**  
National average: 20.6%

**O** Unsafe neighborhoods **3.5%**  
National average: 6.3%

**O** 1 adverse childhood experience **19.8%**  
National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency **99.9%**  
National average: 98.4%

**W** Crowded housing **9.3%**  
National average: 15.6%

**R** Infant/toddler maltreatment rate **23.0**  
National average: 16.0

**W** Family resilience **92.0%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **14.1%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **3.1%**  
National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day **38.1%**  
National average: 38.2%

**O** % Income-eligible infants/toddlers with Early Head Start access **8.0%**  
National average: 7.0%

**O** Cost of care, as % of income single parents **40.7%**  
National average: N/A

**O** Developmental screening received **34.8%**  
National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services **2.5%**  
National average: 3.1%

**G** Parent sings to baby every day **50.7%**  
National average: 56.4%

**O** Cost of care, as % of income married families **11.9%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **5.2%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Kansas' 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 Kansas

#### Overview

Kansas is home to 115,044 infants and toddlers, representing 3.9 percent of the state's population. As many as 38 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ KANSAS ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ **65.5%**  
■ 49.3%

Hispanic ■ **18.6%**  
■ 26.1%

Non-Hispanic Black ■ **6.6%**  
■ 13.8%

Non-Hispanic other ■ **5.6%**  
■ 5.1%

Non-Hispanic Asian ■ **3.0%**  
■ 4.9%

American Indian/Alaska Native ■ **0.7%**  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ **63.2%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **62.4%**  
■ 55.4%

Low-Income ■ **21.5%**  
■ 22.0%

In Poverty ■ **16.1%**  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ **44.7%**  
■ 39.5%

Hispanic ■ **24.0%**  
■ 30.8%

Non-Hispanic White ■ **12.1%**  
■ 14.6%

Non-Hispanic Other ■ **11.8%**  
■ 20.0%

#### Family structure

2-Parent Family ■ **81.6%**  
■ 76.3%

1-Parent Family ■ **17.3%**  
■ 21.5%

No Parents Present ■ **1.1%**  
■ 2.2%

#### Grandparent-headed households

■ **7.2%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **35.7%**  
■ 8.7%



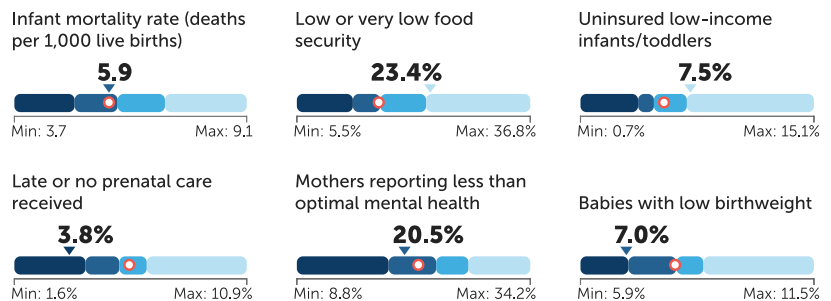
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Kansas falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators of health care access and affordability, food security, and some indicators of children's health, such as preventive medical and dental care received. However, Kansas is in the Working Effectively (W) tier when it comes to the percentage of women receiving late or no prenatal care.

## Six Key Indicators of Good Health

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



## Good Health Policy in Kansas

Medicaid expansion state	No ✗
State Medicaid policy for maternal depression screening in well-child visits	No policy
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 at ECE programs	Yes ✓



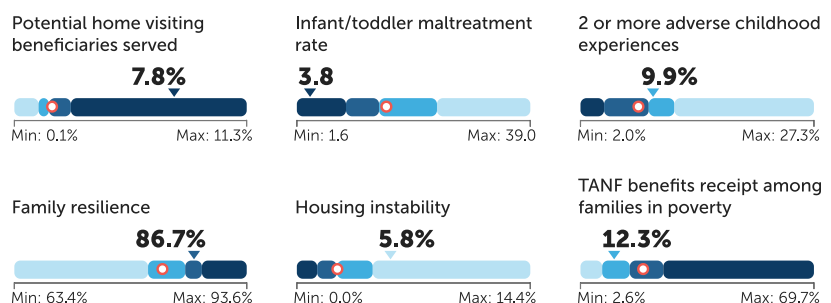
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Kansas falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects some indicators of child welfare and access to basic needs and supports. However, Kansas is in the Getting Started (G) tier when it comes to the percentage of infants and toddlers experiencing housing instability.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Kansas

Paid sick time that covers care for child	No ✗
Paid family leave	No ✗



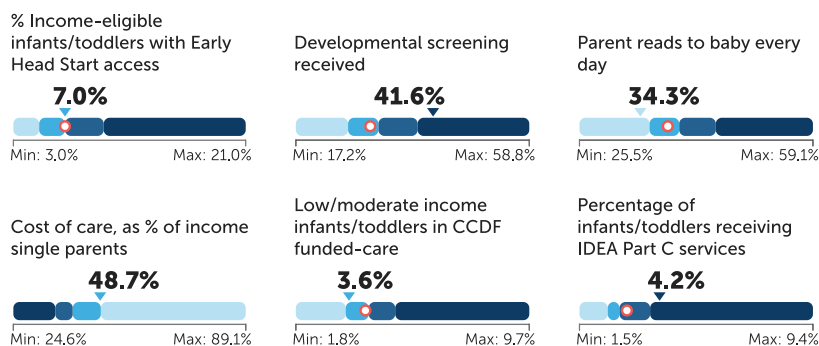
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Kansas scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking reflects indicators such as its relatively more burdensome infant care costs as a percentage of single parents' and married parents' incomes, and the percentage of income-eligible infants and toddlers with access to Early Head Start. In contrast, Kansas is in the Working Effectively (W) tier for the percentage of young children receiving IDEA Part C services.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Kansas

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Kansas

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>171.0</b> <i>National average: 200.0</i>	<b>G</b> Uninsured low-income infants/toddlers	<b>7.5%</b> <i>National average: 5.8%</i>
<b>G</b> Low or very low food security	<b>23.4%</b> <i>National average: 16.5%</i>	<b>O</b> Infants ever breastfed	<b>83.6%</b> <i>National average: 83.2%</i>
<b>R</b> Infants breastfed at 6 months	<b>58.2%</b> <i>National average: 57.6%</i>	<b>W</b> Late or no prenatal care received	<b>3.8%</b> <i>National average: 6.2%</i>
<b>O</b> Mothers reporting less than optimal mental health	<b>20.5%</b> <i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>92.4%</b> <i>National average: 90.7%</i>
<b>G</b> Preventive dental care received	<b>18.2%</b> <i>National average: 30.0%</i>	<b>O</b> Babies with low birthweight	<b>7.0%</b> <i>National average: 8.2%</i>
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.9</b> <i>National average: 5.9</i>	<b>W</b> Received recommended vaccines	<b>76.4%</b> <i>National average: 70.7%</i>

## Strong Families

**G** Housing instability

**5.8%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**12.3%**

National average: 20.6%

**O** Unsafe neighborhoods

**4.3%**

National average: 6.3%

**O** 1 adverse childhood experience

**20.1%**

National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency

**97.6%**

National average: 98.4%

**R** Crowded housing

**11.6%**

National average: 15.6%

**W** Infant/toddler maltreatment rate

**3.8**

National average: 16.0

**O** Family resilience

**86.7%**

National average: 82.6%

**R** 2 or more adverse childhood experiences

**9.9%**

National average: 8.3%

**W** Potential home visiting beneficiaries served

**7.8%**

National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day

**34.3%**

National average: 38.2%

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

**7.0%**

National average: 7.0%

**R** Cost of care, as % of income single parents

**48.7%**

National average: N/A

**W** Developmental screening received

**41.6%**

National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services

**4.2%**

National average: 3.1%

**G** Parent sings to baby every day

**54.4%**

National average: 56.4%

**G** Cost of care, as % of income married families

**14.6%**

National average: N/A

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

**3.6%**

National average: 4.2%

**R** Infants/toddlers with developmental delay

**1.1%**

National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Kentucky's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in Kentucky

#### Overview

Kentucky is home to 165,675 infants and toddlers, representing 3.7 percent of the state's population. As many as 53 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ KENTUCKY ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 77.4%  
■ 49.3%

Non-Hispanic Black ■ 9.3%  
■ 13.8%

Hispanic ■ 6.8%  
■ 26.1%

Non-Hispanic other ■ 4.7%  
■ 5.1%

Non-Hispanic Asian ■ 1.7%  
■ 4.9%

American Indian/Alaska Native ■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 59.1%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 46.6%  
■ 55.4%

In Poverty ■ 29.3%  
■ 22.7%

Low-Income ■ 24.1%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ 45.8%  
■ 39.5%

Hispanic ■ 44.0%  
■ 30.8%

Non-Hispanic Other ■ 40.5%  
■ 20.0%

Non-Hispanic White ■ 25.3%  
■ 14.6%

#### Family structure

2-Parent Family ■ 71.3%  
■ 76.3%

1-Parent Family ■ 22.8%  
■ 21.5%

No Parents Present ■ 5.9%  
■ 2.2%

#### Grandparent-headed households

■ 9.6%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 35.8%  
■ 8.7%



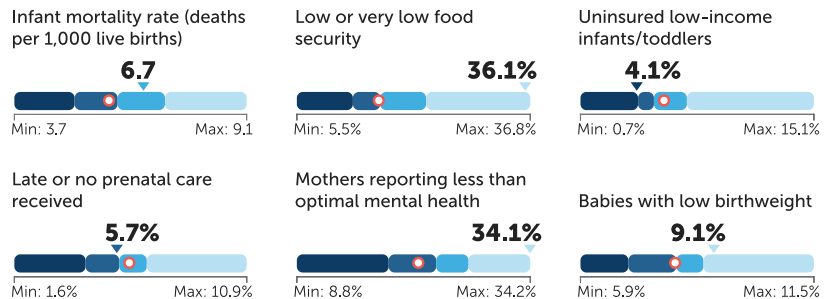
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Kentucky falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators of nutrition, food security, and children's health, such as low birthweight. However, Kentucky's percentage of uninsured low-income infants and toddlers is in the Working Effectively (W) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Kentucky

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	No <input 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 at ECE programs	Yes <input checked="" type="checkbox"/>



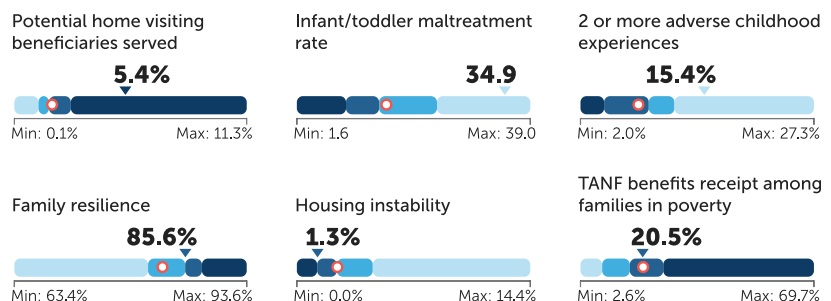
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Kentucky falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects some child welfare indicators, such as the prevalence of adverse childhood experiences, and the infant/toddler maltreatment rate. However, the percentage of young children in Kentucky living in crowded housing is lower compared to most other states, placing this indicator in the Working Effectively (W) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Kentucky

Paid sick time that covers care for child	No <input type="checkbox"/>
Paid family leave	No <input type="checkbox"/>

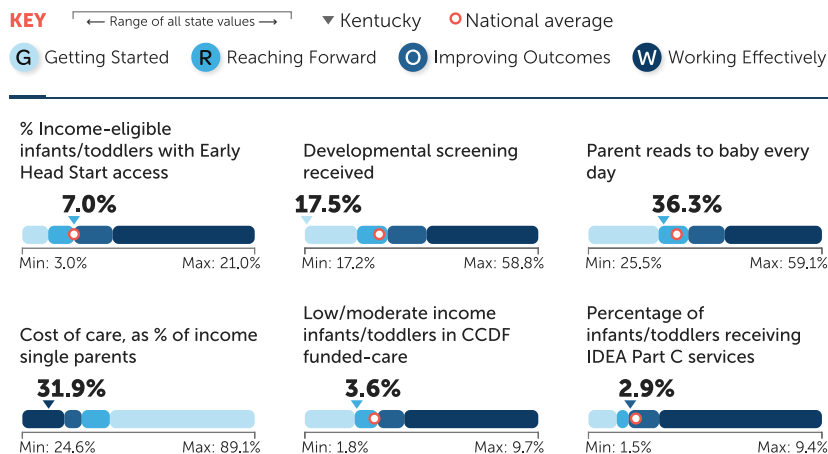


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Kentucky scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as its relatively less burdensome infant care costs as a percentage of single parents' and married parents' incomes, and the percentage of infants and toddlers receiving IDEA Part C services, in comparison to other states. Kentucky has a lower percentage of young children who have received a developmental screening in the past year, compared to those in most other states.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Kentucky

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Kentucky

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

### Good Health

**R** Eligibility limit (% FPL) for pregnant women in Medicaid **200.0**  
National average: 200.0

**G** Low or very low food security **36.1%**  
National average: 16.5%

**G** Infants breastfed at 6 months **48.6%**  
National average: 57.6%

**G** Mothers reporting less than optimal mental health **34.1%**  
National average: 22.0%

**G** Preventive dental care received **23.2%**  
National average: 30.0%

**R** Infant mortality rate (deaths per 1,000 live births) **6.7**  
National average: 5.9

**W** Uninsured low-income infants/toddlers **4.1%**  
National average: 5.8%

**G** Infants ever breastfed **73.9%**  
National average: 83.2%

**O** Late or no prenatal care received **5.7%**  
National average: 6.2%

**G** Preventive medical care received **88.1%**  
National average: 90.7%

**G** Babies with low birthweight **9.1%**  
National average: 8.2%

**O** Received recommended vaccines **74.5%**  
National average: 70.7%

## Strong Families

**O** Housing instability **1.3%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **20.5%**  
National average: 20.6%

**G** Unsafe neighborhoods **7.0%**  
National average: 6.3%

**G** 1 adverse childhood experience **28.2%**  
National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency **99.3%**  
National average: 98.4%

**W** Crowded housing **9.2%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **34.9**  
National average: 16.0

**O** Family resilience **85.6%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **15.4%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **5.4%**  
National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day **36.3%**  
National average: 38.2%

**R** % Income-eligible infants/toddlers with Early Head Start access **7.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **31.9%**  
National average: N/A

**G** Developmental screening received **17.5%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **2.9%**  
National average: 3.1%

**R** Parent sings to baby every day **56.8%**  
National average: 56.4%

**W** Cost of care, as % of income married families **8.1%**  
National average: N/A

**R** Low/moderate income infants/toddlers in CCDF funded-care **3.6%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Louisiana's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Louisiana

#### Overview

Louisiana is home to 188,400 infants and toddlers, representing 4.0 percent of the state's population. As many as 52 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ LOUISIANA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 49.6%  
■ 49.3%

Non-Hispanic Black  
■ 35.5%  
■ 13.8%

Hispanic  
■ 9.0%  
■ 26.1%

Non-Hispanic other  
■ 3.8%  
■ 5.1%

Non-Hispanic Asian  
■ 1.5%  
■ 4.9%

American Indian/Alaska Native  
■ 0.6%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 67.6%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 48.1%  
■ 55.4%

In Poverty  
■ 33.6%  
■ 22.7%

Low-Income  
■ 18.3%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 60.0%  
■ 39.5%

Hispanic  
■ 30.7%  
■ 30.8%

Non-Hispanic Other  
■ 26.2%  
■ 20.0%

Non-Hispanic White  
■ 16.2%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 63.0%  
■ 76.3%

1-Parent Family  
■ 34.7%  
■ 21.5%

No Parents Present  
■ 2.4%  
■ 2.2%

#### Grandparent-headed households

■ 11.3%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 4.8%  
■ 8.7%





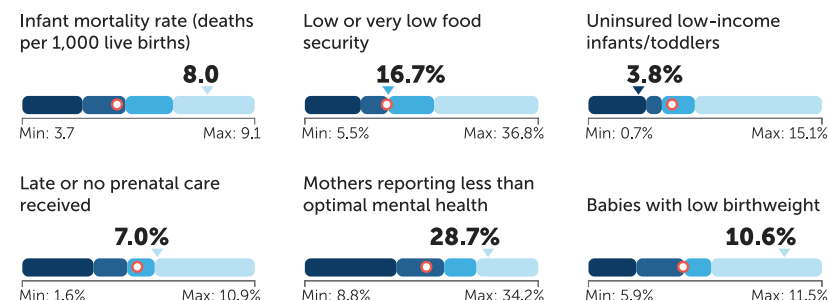
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Louisiana falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators of food security, nutrition, and maternal health. However, Louisiana has a relatively lower percentage of low-income infants and toddlers who are uninsured compared to those in other states, putting the state in the Working Effectively (W) tier for this indicator.

## Six Key Indicators of Good Health

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



## Good Health Policy in Louisiana

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	No <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 at ECE programs	Yes <input checked="" type="checkbox"/>



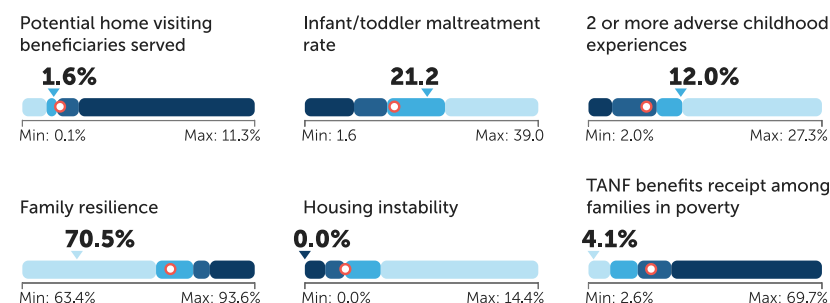
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Louisiana falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators of child welfare, home visiting, and access to certain basic needs and supports, such as TANF benefits for families in poverty. However, Louisiana has a lower percentage of infants and toddlers experiencing housing instability compared to most other states.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Louisiana

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>

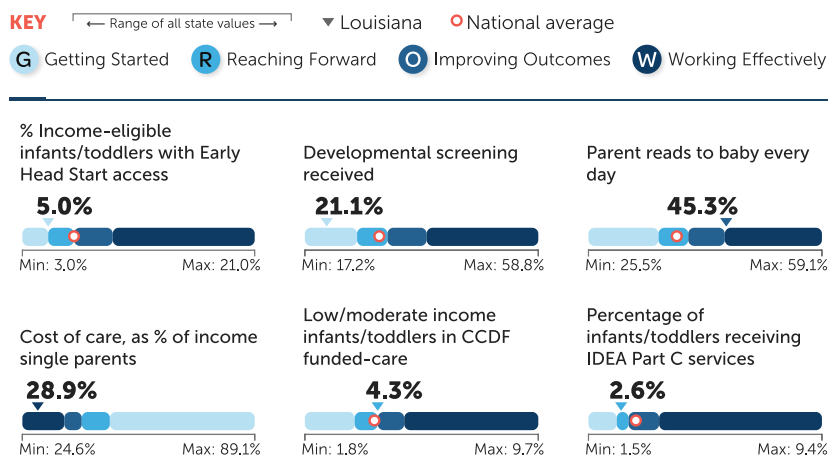


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Louisiana scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as its less burdensome costs of infant care as a percentage of single parents' and married parents' incomes. In contrast, Louisiana is in the Getting Started (G) tier when considering the percentage of income-eligible young children who have access to Early Head Start, and the percentage of infants and toddlers who received a developmental screening in the past year.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Louisiana

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Louisiana

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

### Good Health

**G** Eligibility limit (% FPL) for pregnant women in Medicaid **138.0**  
National average: 200.0

**R** Low or very low food security **16.7%**  
National average: 16.5%

**G** Infants breastfed at 6 months **39.0%**  
National average: 57.6%

**G** Mothers reporting less than optimal mental health **28.7%**  
National average: 22.0%

**O** Preventive dental care received **35.2%**  
National average: 30.0%

**G** Infant mortality rate (deaths per 1,000 live births) **8.0**  
National average: 5.9

**W** Uninsured low-income infants/toddlers **3.8%**  
National average: 5.8%

**G** Infants ever breastfed **67.0%**  
National average: 83.2%

**G** Late or no prenatal care received **7.0%**  
National average: 6.2%

**W** Preventive medical care received **97.0%**  
National average: 90.7%

**G** Babies with low birthweight **10.6%**  
National average: 8.2%

**G** Received recommended vaccines **66.8%**  
National average: 70.7%

## Strong Families

<b>W</b> Housing instability	<b>0.0%</b> <i>National average: 2.5%</i>	<b>R</b> Crowded housing	<b>11.1%</b> <i>National average: 15.6%</i>
<b>G</b> TANF benefits receipt among families in poverty	<b>4.1%</b> <i>National average: 20.6%</i>	<b>R</b> Infant/toddler maltreatment rate	<b>21.2</b> <i>National average: 16.0</i>
<b>G</b> Unsafe neighborhoods	<b>8.4%</b> <i>National average: 6.3%</i>	<b>G</b> Family resilience	<b>70.5%</b> <i>National average: 82.6%</i>
<b>W</b> 1 adverse childhood experience	<b>16.1%</b> <i>National average: 21.9%</i>	<b>R</b> 2 or more adverse childhood experiences	<b>12.0%</b> <i>National average: 8.3%</i>
<b>R</b> Infants/toddlers exiting foster care to permanency	<b>98.5%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.6%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>O</b> Parent reads to baby every day	<b>45.3%</b> <i>National average: 38.2%</i>	<b>W</b> Parent sings to baby every day	<b>66.2%</b> <i>National average: 56.4%</i>
<b>G</b> % Income-eligible infants/toddlers with Early Head Start access	<b>5.0%</b> <i>National average: 7.0%</i>	<b>W</b> Cost of care, as % of income married families	<b>6.6%</b> <i>National average: N/A</i>
<b>W</b> Cost of care, as % of income single parents	<b>28.9%</b> <i>National average: N/A</i>	<b>R</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>4.3%</b> <i>National average: 4.2%</i>
<b>G</b> Developmental screening received	<b>21.1%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>R</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>2.6%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Maine's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

#### Overall

**G R O W**

Working Effectively

#### Good Health

**G R O W**

Improving Outcomes

#### Strong Families

**G R O W**

Reaching Forward

#### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Maine

#### Overview

Maine is home to 38,227 infants and toddlers, representing 2.9 percent of the state's population. As many as 37 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

MAINE NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White **88.0%**  
49.3%

Non-Hispanic other **4.5%**  
5.1%

Non-Hispanic Black **2.7%**  
13.8%

Hispanic **2.6%**  
26.1%

Non-Hispanic Asian **1.2%**  
4.9%

American Indian/Alaska Native **1.0%**  
0.8%

#### Working moms

Mothers in the Labor Force **60.1%**  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income **63.1%**  
55.4%

In Poverty **24.2%**  
22.7%

Low-Income **12.7%**  
22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic White **22.2%**  
14.6%

Non-Hispanic Black **N/A**  
39.5%

Non-Hispanic Other **N/A**  
20.0%

Hispanic **N/A**  
30.8%

#### Family structure

2-Parent Family **85.4%**  
76.3%

1-Parent Family **9.8%**  
21.5%

No Parents Present **4.8%**  
2.2%

#### Grandparent-headed households

**11.7%**  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area **38.2%**  
8.7%



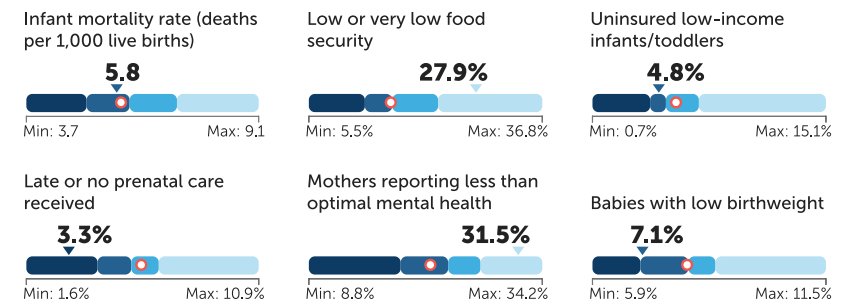
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Maine falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators of health care access and affordability, nutrition, and children's health. However, 32 percent of mothers rate their mental health as worse than "excellent" or "very good" in Maine, compared to a national average of 22 percent, putting the state in the Getting Started (G) tier for this indicator.

## Six Key Indicators of Good Health

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



## Good Health Policy in Maine

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	No <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	Yes <input checked="" type="checkbox"/>



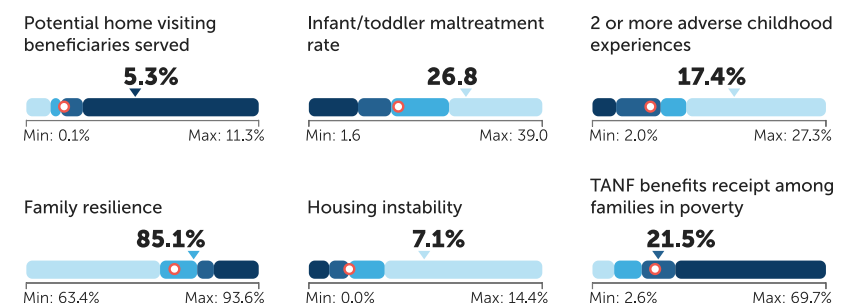
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Maine falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators such as housing instability and the infant/toddler maltreatment rate. However, Maine is in the Working Effectively (W) tier when it comes to the percentage of infants and toddlers living in crowded housing, and parent-reported neighborhood safety.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Maine

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>





# Positive Early Learning Experiences

In Maine

G R O W

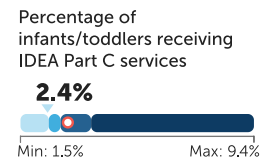
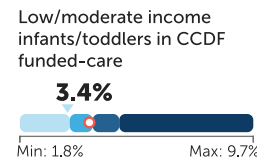
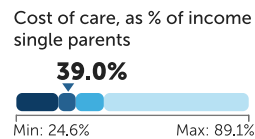
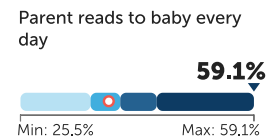
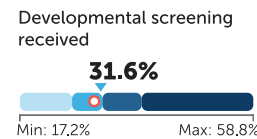
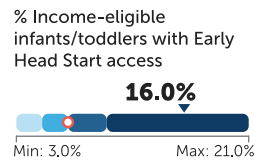
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Maine scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects its relatively higher percentage of income-eligible young children with access to Early Head Start, as well as its relatively less burdensome average infant care costs, as a percentage of single parents' and married parents' incomes. However, Maine is in the Getting Started (G) tier with respect to the percentage of young children receiving IDEA Part C services.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Maine

Families above 200% of FPL eligible for child care subsidy

Yes ☒

## All indicators for Maine

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

### Good Health

O Eligibility limit (% FPL) for pregnant women in Medicaid **214.0**  
National average: 200.0

G Low or very low food security **27.9%**  
National average: 16.5%

O Infants breastfed at 6 months **62.1%**  
National average: 57.6%

G Mothers reporting less than optimal mental health **31.5%**  
National average: 22.0%

O Preventive dental care received **34.5%**  
National average: 30.0%

O Infant mortality rate (deaths per 1,000 live births) **5.8**  
National average: 5.9

O Uninsured low-income infants/toddlers **4.8%**  
National average: 5.8%

O Infants ever breastfed **85.3%**  
National average: 83.2%

W Late or no prenatal care received **3.3%**  
National average: 6.2%

W Preventive medical care received **98.7%**  
National average: 90.7%

O Babies with low birthweight **7.1%**  
National average: 8.2%

R Received recommended vaccines **70.6%**  
National average: 70.7%

## Strong Families

**G** Housing instability

**7.1%**

National average: 2.5%

**O** TANF benefits receipt among families in poverty

**21.5%**

National average: 20.6%

**W** Unsafe neighborhoods

**1.6%**

National average: 6.3%

**O** 1 adverse childhood experience

**19.6%**

National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency

**99.6%**

National average: 98.4%

**W** Crowded housing

**7.4%**

National average: 15.6%

**G** Infant/toddler maltreatment rate

**26.8**

National average: 16.0

**R** Family resilience

**85.1%**

National average: 82.6%

**G** 2 or more adverse childhood experiences

**17.4%**

National average: 8.3%

**W** Potential home visiting beneficiaries served

**5.3%**

National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day

**59.1%**

National average: 38.2%

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

**16.0%**

National average: 7.0%

**O** Cost of care, as % of income single parents

**39.0%**

National average: N/A

**R** Developmental screening received

**31.6%**

National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services

**2.4%**

National average: 3.1%

**W** Parent sings to baby every day

**68.9%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.2%**

National average: N/A

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

**3.4%**

National average: 4.2%

**O** Infants/toddlers with developmental delay

**0.8%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Maryland's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in Maryland

#### Overview

Maryland is home to 219,724 infants and toddlers, representing 3.6 percent of the state's population. As many as 30 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ MARYLAND ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 40.2%  
■ 49.3%

Non-Hispanic Black  
■ 29.9%  
■ 13.8%

Hispanic  
■ 18.4%  
■ 26.1%

Non-Hispanic Asian  
■ 5.8%  
■ 4.9%

Non-Hispanic other  
■ 5.4%  
■ 5.1%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 71.0%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 70.1%  
■ 55.4%

Low-Income  
■ 16.9%  
■ 22.0%

In Poverty  
■ 13.0%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 19.4%  
■ 39.5%

Hispanic  
■ 16.7%  
■ 30.8%

Non-Hispanic Other  
■ 12.8%  
■ 20.0%

Non-Hispanic White  
■ 7.4%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 76.8%  
■ 76.3%

1-Parent Family  
■ 22.5%  
■ 21.5%

No Parents Present  
■ 0.7%  
■ 2.2%

#### Grandparent-headed households

■ 10.5%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 0.0%  
■ 8.7%



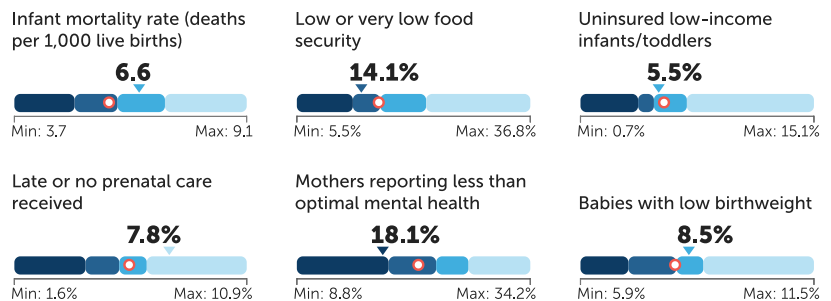
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Maryland falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking reflects indicators of food security, nutrition, and some indicators of children's health, such as preventive dental visits. However, the percentage of women in Maryland receiving late or no prenatal care is in the Getting Started (G) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Maryland

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 at ECE programs	Yes <input checked="" type="checkbox"/>



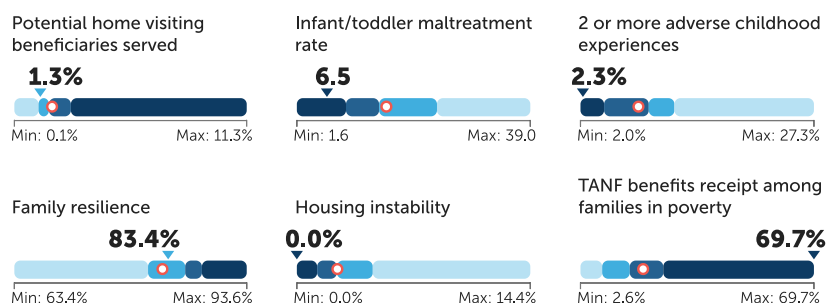
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Maryland falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects its performance on most indicators. However, Maryland is in the Reaching Forward (R) tier for the percentage of infants and toddlers living in crowded housing and the percentage of young children receiving evidence-based home visiting services.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Maryland

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



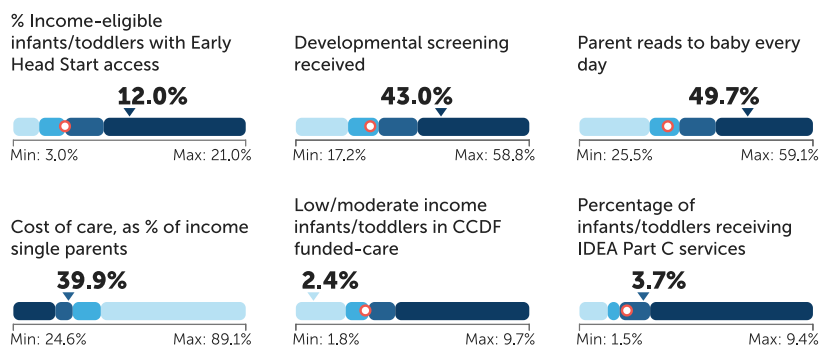
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Maryland scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking reflects indicators such as the percentage of parents who read to their babies daily, and the percentage of infants and toddlers who received a developmental screening in the past year. However, Maryland is in the Reaching Forward (R) tier when it comes to the percentage of infants and toddlers with a moderate/severe developmental delay.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Maryland

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Maryland

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>264.0</b>	<b>R</b> Uninsured low-income infants/toddlers	<b>5.5%</b>
<i>National average: 200.0</i>		<i>National average: 5.8%</i>	
<b>O</b> Low or very low food security	<b>14.1%</b>	<b>W</b> Infants ever breastfed	<b>91.0%</b>
<i>National average: 16.5%</i>		<i>National average: 83.2%</i>	
<b>W</b> Infants breastfed at 6 months	<b>66.8%</b>	<b>G</b> Late or no prenatal care received	<b>7.8%</b>
<i>National average: 57.6%</i>		<i>National average: 6.2%</i>	
<b>W</b> Mothers reporting less than optimal mental health	<b>18.1%</b>	<b>G</b> Preventive medical care received	<b>88.2%</b>
<i>National average: 22.0%</i>		<i>National average: 90.7%</i>	
<b>W</b> Preventive dental care received	<b>39.2%</b>	<b>R</b> Babies with low birthweight	<b>8.5%</b>
<i>National average: 30.0%</i>		<i>National average: 8.2%</i>	
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.6</b>	<b>O</b> Received recommended vaccines	<b>74.4%</b>
<i>National average: 5.9</i>		<i>National average: 70.7%</i>	



## Strong Families

**W** Housing instability **0.0%**  
National average: 2.5%

**W** TANF benefits receipt among families in poverty **69.7%**  
National average: 20.6%

**O** Unsafe neighborhoods **2.2%**  
National average: 6.3%

**W** 1 adverse childhood experience **17.6%**  
National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency **99.8%**  
National average: 98.4%

**R** Crowded housing **12.9%**  
National average: 15.6%

**W** Infant/toddler maltreatment rate **6.5**  
National average: 16.0

**R** Family resilience **83.4%**  
National average: 82.6%

**W** 2 or more adverse childhood experiences **2.3%**  
National average: 8.3%

**R** Potential home visiting beneficiaries served **1.3%**  
National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day **49.7%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **12.0%**  
National average: 7.0%

**O** Cost of care, as % of income single parents **39.9%**  
National average: N/A

**W** Developmental screening received **43.0%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **3.7%**  
National average: 3.1%

**R** Parent sings to baby every day **56.0%**  
National average: 56.4%

**R** Cost of care, as % of income married families **12.7%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **2.4%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.1%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Massachusetts' Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Massachusetts

#### Overview

Massachusetts is home to 215,593 infants and toddlers, representing 3.1 percent of the state's population. As many as 29 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ MASSACHUSETTS ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 58.3%  
■ 49.3%

Hispanic  
■ 21.4%  
■ 26.1%

Non-Hispanic Black  
■ 8.5%  
■ 13.8%

Non-Hispanic Asian  
■ 7.1%  
■ 4.9%

Non-Hispanic other  
■ 4.5%  
■ 5.1%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 68.5%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 70.5%  
■ 55.4%

In Poverty  
■ 16.1%  
■ 22.7%

Low-Income  
■ 13.3%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 32.0%  
■ 30.8%

Non-Hispanic Black  
■ 31.6%  
■ 39.5%

Non-Hispanic Other  
■ 19.0%  
■ 20.0%

Non-Hispanic White  
■ 7.5%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 78.4%  
■ 76.3%

1-Parent Family  
■ 20.6%  
■ 21.5%

No Parents Present  
■ 1.0%  
■ 2.2%

#### Grandparent-headed households

■ 4.4%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 0.0%  
■ 8.7%



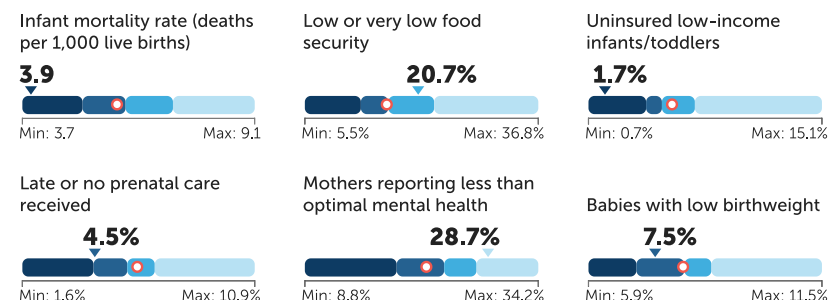
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Massachusetts falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators of health care access and affordability, and children's health, such as the state's infant mortality rate. Massachusetts' Medicaid plan covers early childhood mental health services in home and pediatric/family medicine practices. However, the percentage of mothers of infants/toddlers in Massachusetts rating their mental health as less than optimal puts the state in the Getting Started (G) tier for this indicator.

## Six Key Indicators of Good Health

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



## Good Health Policy in Massachusetts

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 at ECE programs	No <input type="checkbox"/>



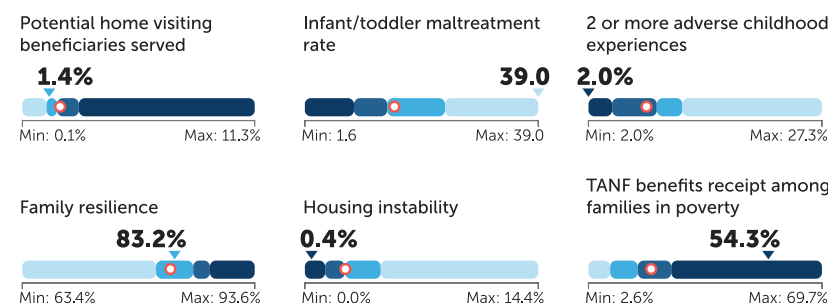
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Massachusetts falls in the Working Effectively (W) tier of states when it comes to indicators of strong families for infants and toddlers. The state's high ranking in this domain reflects its performance on indicators relating to access to basic needs and supports, and child welfare, such as the prevalence of adverse childhood experiences. Massachusetts is in the Reaching Forward (R) tier on some indicators of child welfare, such as neighborhood safety. Massachusetts requires employers to offer paid sick days that cover care for children. The state also has a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Massachusetts

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

## In Massachusetts



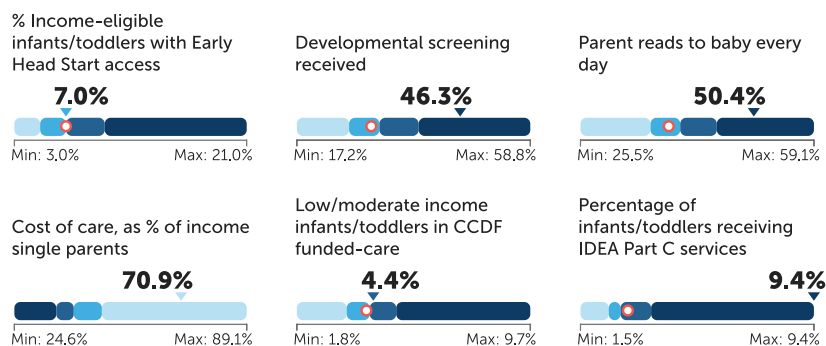
### What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Massachusetts scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of infants and toddlers receiving IDEA Part C services and the percentage of parents who read to or sing to their babies daily. However, Massachusetts' infant care costs are more burdensome compared to other states. The percentage of low/moderate income young children in CCDF-funded care in the state is in the Improving Outcomes (O) tier.

### Six Key Indicators of Positive Early Learning Experiences

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



### Positive Early Learning Experiences Policy in Massachusetts

Families above 200% of FPL eligible for child care subsidy **Yes**

## All indicators for Massachusetts

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>205.0</b>	National average: 200.0	<b>W</b> Uninsured low-income infants/toddlers	<b>1.7%</b>	National average: 5.8%
<b>R</b> Low or very low food security	<b>20.7%</b>	National average: 16.5%	<b>O</b> Infants ever breastfed	<b>87.4%</b>	National average: 83.2%
<b>R</b> Infants breastfed at 6 months	<b>55.6%</b>	National average: 57.6%	<b>O</b> Late or no prenatal care received	<b>4.5%</b>	National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>28.7%</b>	National average: 22.0%	<b>W</b> Preventive medical care received	<b>97.4%</b>	National average: 90.7%
<b>O</b> Preventive dental care received	<b>32.5%</b>	National average: 30.0%	<b>O</b> Babies with low birthweight	<b>7.5%</b>	National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>3.9</b>	National average: 5.9	<b>W</b> Received recommended vaccines	<b>85.3%</b>	National average: 70.7%

## Strong Families

<b>W</b> Housing instability	<b>0.4%</b> <i>National average: 2.5%</i>	<b>O</b> Crowded housing	<b>10.6%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>54.3%</b> <i>National average: 20.6%</i>	<b>G</b> Infant/toddler maltreatment rate	<b>39.0</b> <i>National average: 16.0</i>
<b>R</b> Unsafe neighborhoods	<b>5.2%</b> <i>National average: 6.3%</i>	<b>R</b> Family resilience	<b>83.2%</b> <i>National average: 82.6%</i>
<b>O</b> 1 adverse childhood experience	<b>18.2%</b> <i>National average: 21.9%</i>	<b>W</b> 2 or more adverse childhood experiences	<b>2.0%</b> <i>National average: 8.3%</i>
<b>W</b> Infants/toddlers exiting foster care to permanency	<b>100.0%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.4%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>W</b> Parent reads to baby every day	<b>50.4%</b> <i>National average: 38.2%</i>	<b>W</b> Parent sings to baby every day	<b>66.7%</b> <i>National average: 56.4%</i>
<b>R</b> % Income-eligible infants/toddlers with Early Head Start access	<b>7.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>17.2%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>70.9%</b> <i>National average: N/A</i>	<b>O</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>4.4%</b> <i>National average: 4.2%</i>
<b>W</b> Developmental screening received	<b>46.3%</b> <i>National average: 30.4%</i>	<b>R</b> Infants/toddlers with developmental delay	<b>1.4%</b> <i>National average: 1.1%</i>
<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>9.4%</b> <i>National average: 3.1%</i>		





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Michigan'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**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Michigan

#### Overview

Michigan is home to 341,240 infants and toddlers, representing 3.4 percent of the state's population. As many as 48 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ MICHIGAN ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 65.7%  
■ 49.3%

Non-Hispanic Black ■ 17.1%  
■ 13.8%

Hispanic ■ 8.2%  
■ 26.1%

Non-Hispanic other ■ 5.2%  
■ 5.1%

Non-Hispanic Asian ■ 3.2%  
■ 4.9%

American Indian/Alaska Native ■ 0.6%  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 62.1%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 51.6%  
■ 55.4%

In Poverty ■ 26.7%  
■ 22.7%

Low-Income ■ 21.7%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ 56.5%  
■ 39.5%

Hispanic ■ 40.0%  
■ 30.8%

Non-Hispanic Other ■ 22.9%  
■ 20.0%

Non-Hispanic White ■ 18.3%  
■ 14.6%

#### Family structure

2-Parent Family ■ 74.7%  
■ 76.3%

1-Parent Family ■ 23.4%  
■ 21.5%

No Parents Present ■ 1.9%  
■ 2.2%

#### Grandparent-headed households

■ 7.5%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 15.5%  
■ 8.7%



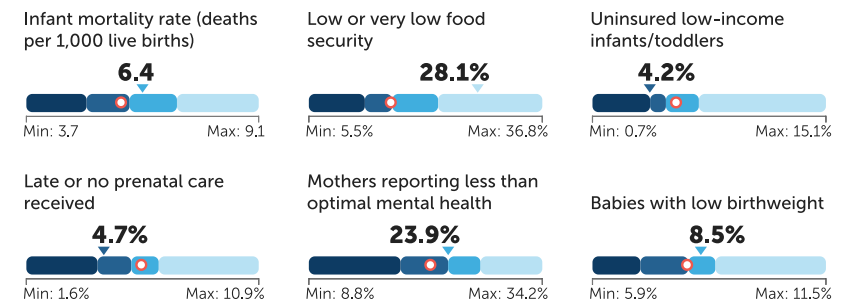
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Michigan falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain reflects indicators of food security, nutrition, and children's health. However, the percentage of women in Michigan receiving late or no prenatal care and the percentage of uninsured low-income infants and toddlers are in the Improving Outcomes (O) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Michigan

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Required
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	No <input type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	Yes <input checked="" type="checkbox"/>



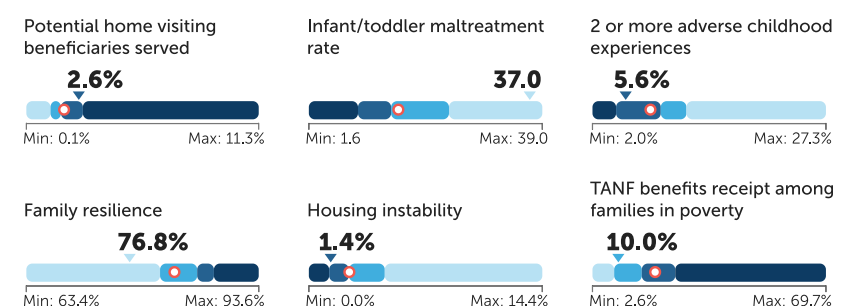
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Michigan falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators of child welfare, such as the infant/toddler maltreatment rate, and neighborhood safety. For the percentage of infants and toddlers living in crowded housing, however, Michigan falls in the Working Effectively (W) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Michigan

Paid sick time that covers care for child	No <input type="checkbox"/>
Paid family leave	No <input type="checkbox"/>



# Positive Early Learning Experiences

In Michigan

G R O W

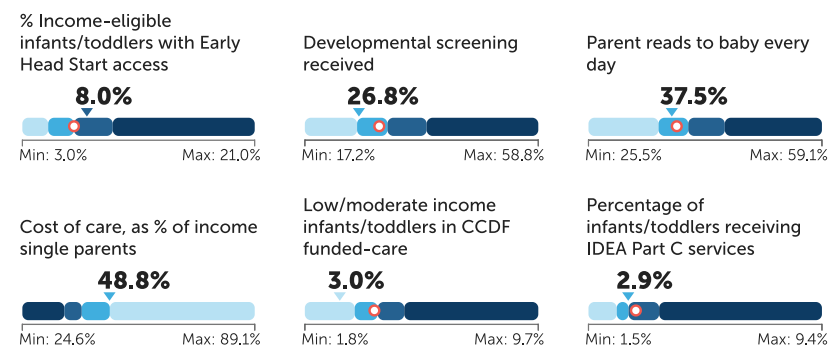
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Michigan scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage who receive a child care subsidy and the cost of infant care as a percentage of single parents' and married parents' incomes. However, in the Improving Outcomes (O) tier are the percentage of income-eligible children with access to Early Head Start and the percentage of infants and toddlers with a moderate/severe developmental delay.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Michigan

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Michigan

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

### Good Health

R Eligibility limit (% FPL) for pregnant women in Medicaid	200.0	National average: 200.0	O Uninsured low-income infants/toddlers	4.2%	National average: 5.8%
G Low or very low food security	28.1%	National average: 16.5%	G Infants ever breastfed	77.7%	National average: 83.2%
R Infants breastfed at 6 months	55.6%	National average: 57.6%	O Late or no prenatal care received	4.7%	National average: 6.2%
R Mothers reporting less than optimal mental health	23.9%	National average: 22.0%	R Preventive medical care received	90.1%	National average: 90.7%
G Preventive dental care received	23.5%	National average: 30.0%	R Babies with low birthweight	8.5%	National average: 8.2%
R Infant mortality rate (deaths per 1,000 live births)	6.4	National average: 5.9	R Received recommended vaccines	70.2%	National average: 70.7%

## Strong Families

<b>O</b> Housing instability	<b>1.4%</b> <i>National average: 2.5%</i>	<b>W</b> Crowded housing	<b>9.4%</b> <i>National average: 15.6%</i>
<b>R</b> TANF benefits receipt among families in poverty	<b>10.0%</b> <i>National average: 20.6%</i>	<b>G</b> Infant/toddler maltreatment rate	<b>37.0</b> <i>National average: 16.0</i>
<b>G</b> Unsafe neighborhoods	<b>6.8%</b> <i>National average: 6.3%</i>	<b>G</b> Family resilience	<b>76.8%</b> <i>National average: 82.6%</i>
<b>R</b> 1 adverse childhood experience	<b>23.3%</b> <i>National average: 21.9%</i>	<b>O</b> 2 or more adverse childhood experiences	<b>5.6%</b> <i>National average: 8.3%</i>
<b>O</b> Infants/toddlers exiting foster care to permanency	<b>99.4%</b> <i>National average: 98.4%</i>	<b>O</b> Potential home visiting beneficiaries served	<b>2.6%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>R</b> Parent reads to baby every day	<b>37.5%</b> <i>National average: 38.2%</i>	<b>R</b> Parent sings to baby every day	<b>55.8%</b> <i>National average: 56.4%</i>
<b>O</b> % Income-eligible infants/toddlers with Early Head Start access	<b>8.0%</b> <i>National average: 7.0%</i>	<b>R</b> Cost of care, as % of income married families	<b>12.3%</b> <i>National average: N/A</i>
<b>R</b> Cost of care, as % of income single parents	<b>48.8%</b> <i>National average: N/A</i>	<b>G</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>3.0%</b> <i>National average: 4.2%</i>
<b>R</b> Developmental screening received	<b>26.8%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>R</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>2.9%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Minnesota's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Minnesota

#### Overview

Minnesota is home to 211,833 infants and toddlers, representing 3.8 percent of the state's population. As many as 33 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ MINNESOTA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 69.0%  
■ 49.3%

Non-Hispanic Black  
■ 9.4%  
■ 13.8%

Hispanic  
■ 8.9%  
■ 26.1%

Non-Hispanic Asian  
■ 5.9%  
■ 4.9%

Non-Hispanic other  
■ 5.3%  
■ 5.1%

American Indian/Alaska Native  
■ 1.4%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 74.3%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 67.4%  
■ 55.4%

Low-Income  
■ 17.2%  
■ 22.0%

In Poverty  
■ 15.4%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 39.8%  
■ 39.5%

Hispanic  
■ 25.0%  
■ 30.8%

Non-Hispanic Other  
■ 23.5%  
■ 20.0%

Non-Hispanic White  
■ 9.5%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 84.3%  
■ 76.3%

1-Parent Family  
■ 14.6%  
■ 21.5%

No Parents Present  
■ 1.1%  
■ 2.2%

#### Grandparent-headed households

■ 3.7%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 13.5%  
■ 8.7%





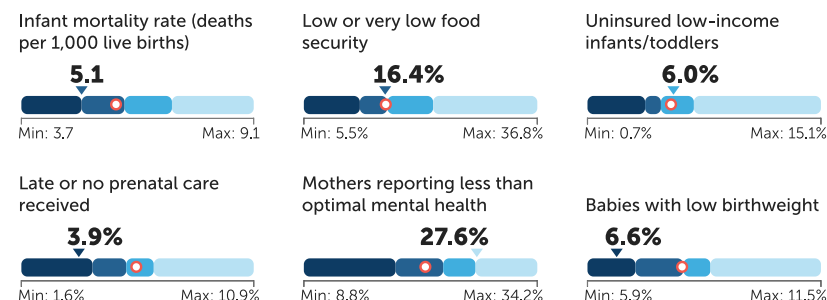
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Minnesota falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects its scores for food security and nutrition. Minnesota's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early childhood education programs. However, some indicators of children's health, such as preventive medical and dental care received, are in the Getting Started (G) tier.

## Six Key Indicators of Good Health

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



## 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 at ECE programs	Yes <input checked="" type="checkbox"/>



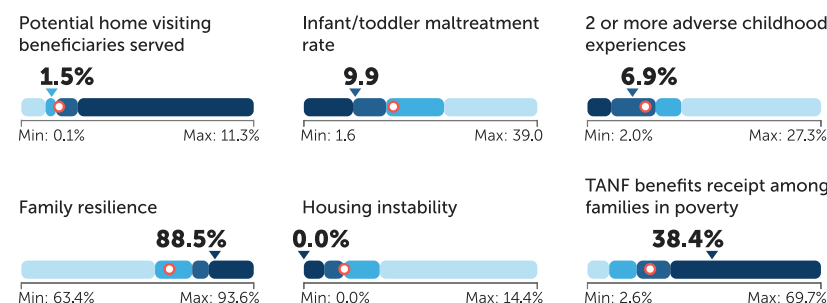
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Minnesota falls in the Working Effectively (W) tier of states when examining key characteristics of strong families. The state's high ranking in this domain primarily reflects indicators in the subdomains of basic needs support and child welfare. Minnesota is in the Reaching Forward (R) tier for the indicators of children exiting foster care to permanency and children receiving home visiting services. Minnesota requires employers to offer paid sick days that cover care for children, and it also has a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Minnesota

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



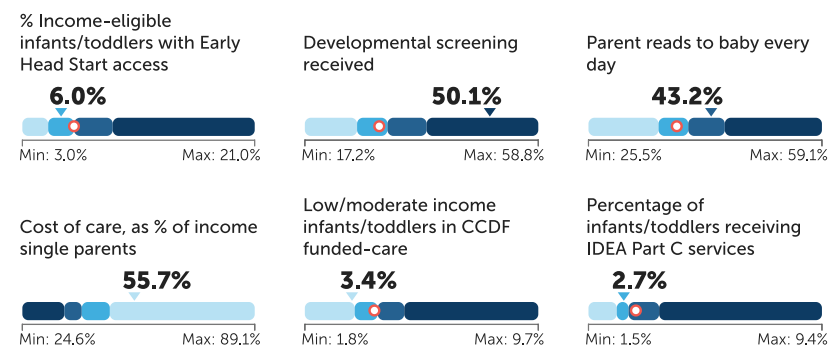
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Minnesota scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. Minnesota's low ranking in the Positive Early Learning Experiences domain is primarily due to its relatively more burdensome infant care costs as a percentage of single parents' and married parents' incomes, placing Minnesota in the Getting Started (G) tier. Minnesota also does not offer child care subsidies to families at or above 200 percent of the federal poverty line. A greater percentage of Minnesota children have had a developmental screening, compared to the national average, placing Minnesota in the Working Effectively (W) tier for this indicator.

## 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 ❌

## All indicators for Minnesota

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>283.0</b>	National average: 200.0	<b>R</b> Uninsured low-income infants/toddlers	<b>6.0%</b>	National average: 5.8%
<b>O</b> Low or very low food security	<b>16.4%</b>	National average: 16.5%	<b>W</b> Infants ever breastfed	<b>89.2%</b>	National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>65.3%</b>	National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>3.9%</b>	National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>27.6%</b>	National average: 22.0%	<b>G</b> Preventive medical care received	<b>89.5%</b>	National average: 90.7%
<b>G</b> Preventive dental care received	<b>20.4%</b>	National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.6%</b>	National average: 8.2%
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.1</b>	National average: 5.9	<b>O</b> Received recommended vaccines	<b>73.8%</b>	National average: 70.7%

## Strong Families

<b>W</b> Housing instability	<b>0.0%</b> <i>National average: 2.5%</i>	<b>O</b> Crowded housing	<b>10.7%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>38.4%</b> <i>National average: 20.6%</i>	<b>O</b> Infant/toddler maltreatment rate	<b>9.9</b> <i>National average: 16.0</i>
<b>W</b> Unsafe neighborhoods	<b>0.8%</b> <i>National average: 6.3%</i>	<b>W</b> Family resilience	<b>88.5%</b> <i>National average: 82.6%</i>
<b>W</b> 1 adverse childhood experience	<b>13.7%</b> <i>National average: 21.9%</i>	<b>O</b> 2 or more adverse childhood experiences	<b>6.9%</b> <i>National average: 8.3%</i>
<b>R</b> Infants/toddlers exiting foster care to permanency	<b>98.7%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.5%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>O</b> Parent reads to baby every day	<b>43.2%</b> <i>National average: 38.2%</i>	<b>O</b> Parent sings to baby every day	<b>59.2%</b> <i>National average: 56.4%</i>
<b>R</b> % Income-eligible infants/toddlers with Early Head Start access	<b>6.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>15.7%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>55.7%</b> <i>National average: N/A</i>	<b>G</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>3.4%</b> <i>National average: 4.2%</i>
<b>W</b> Developmental screening received	<b>50.1%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>R</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>2.7%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Mississippi's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Mississippi

#### Overview

Mississippi is home to 111,855 infants and toddlers, representing 3.7 percent of the state's population. As many as 57 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

MISSISSIPPI NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
47.7%  
49.3%

Non-Hispanic Black  
42.4%  
13.8%

Hispanic  
5.5%  
26.1%

Non-Hispanic other  
2.9%  
5.1%

Non-Hispanic Asian  
0.9%  
4.9%

American Indian/Alaska Native  
0.6%  
0.8%

#### Working moms

Mothers in the Labor Force  
57.1%  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
42.7%  
55.4%

In Poverty  
32.1%  
22.7%

Low-Income  
25.3%  
22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
50.5%  
39.5%

Non-Hispanic Other  
31.5%  
20.0%

Hispanic  
25.6%  
30.8%

Non-Hispanic White  
16.1%  
14.6%

#### Family structure

2-Parent Family  
63.8%  
76.3%

1-Parent Family  
33.2%  
21.5%

No Parents Present  
3.1%  
2.2%

#### Grandparent-headed households

15.7%  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
56.4%  
8.7%



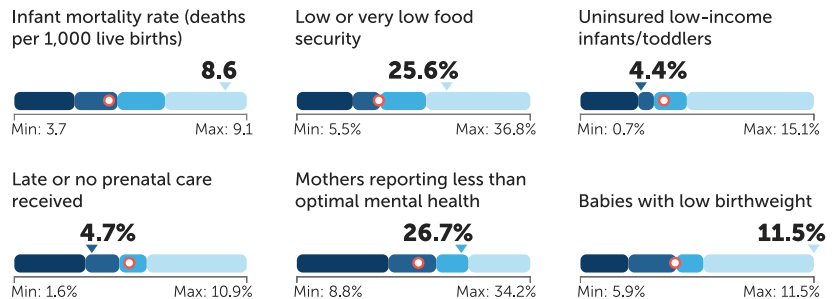
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Mississippi falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. Mississippi's low ranking in the Good Health domain primarily reflects food security and nutrition indicators, for which Mississippi falls in the Getting Started (G) tier. However, the percentage of women in Mississippi receiving late or no prenatal care is in the Improving Outcomes (O) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Mississippi

Medicaid expansion state	No ✗
State Medicaid policy for maternal depression screening in well-child visits	Required
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 at ECE programs	Yes ✓



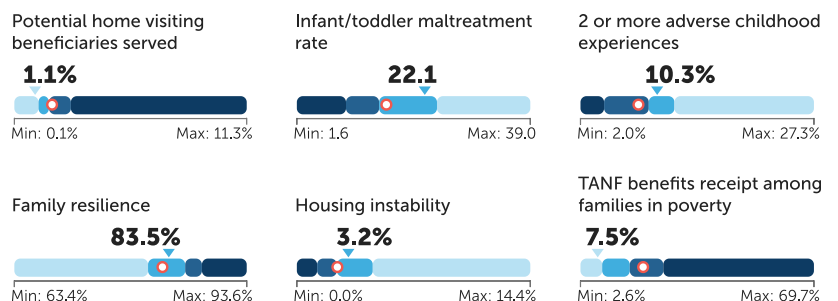
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Mississippi falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects the indicators of access to basic needs and supports, such as TANF benefits for families living in poverty. Most indicators related to child welfare, such as the infant/toddler maltreatment rate, are also in the Reaching Forward (R) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Mississippi

Paid sick time that covers care for child	No ✗
Paid family leave	No ✗





# Positive Early Learning Experiences

## In Mississippi

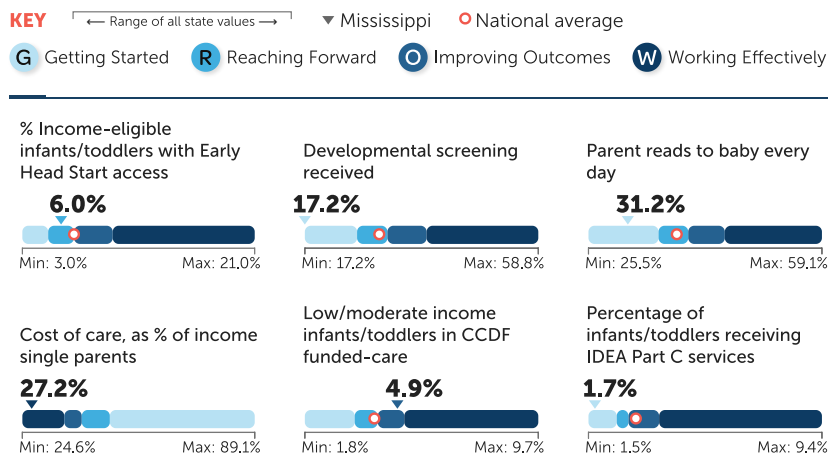
G R O W

### 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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Mississippi scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain primarily reflects Mississippi's scores in the Getting Started (G) tier for the percentage of children who received a developmental screening, as well as for the percentage of infants and toddlers receiving IDEA Part C services. However, the state's average infant care cost indicators are relatively less burdensome than those of most states, placing Mississippi in the Working Effectively (W) tier for these indicators.

### Six Key Indicators of Positive Early Learning Experiences



### Positive Early Learning Experiences Policy in Mississippi

Families above 200% of FPL eligible for child care subsidy

Yes ☒

## All indicators for Mississippi

**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

**G** Low or very low food security **25.6%**  
National average: 16.5%

**G** Infants breastfed at 6 months **35.4%**  
National average: 57.6%

**R** Mothers reporting less than optimal mental health **26.7%**  
National average: 22.0%

**R** Preventive dental care received **29.5%**  
National average: 30.0%

**G** Infant mortality rate (deaths per 1,000 live births) **8.6**  
National average: 5.9

**O** Uninsured low-income infants/toddlers **4.4%**  
National average: 5.8%

**G** Infants ever breastfed **63.2%**  
National average: 83.2%

**O** Late or no prenatal care received **4.7%**  
National average: 6.2%

**G** Preventive medical care received **84.6%**  
National average: 90.7%

**G** Babies with low birthweight **11.5%**  
National average: 8.2%

**R** Received recommended vaccines **70.4%**  
National average: 70.7%

## Strong Families

**R** Housing instability **3.2%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **7.5%**  
National average: 20.6%

**O** Unsafe neighborhoods **2.0%**  
National average: 6.3%

**O** 1 adverse childhood experience **22.4%**  
National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency **98.6%**  
National average: 98.4%

**R** Crowded housing **11.4%**  
National average: 15.6%

**R** Infant/toddler maltreatment rate **22.1**  
National average: 16.0

**R** Family resilience **83.5%**  
National average: 82.6%

**R** 2 or more adverse childhood experiences **10.3%**  
National average: 8.3%

**G** Potential home visiting beneficiaries served **1.1%**  
National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day **31.2%**  
National average: 38.2%

**R** % Income-eligible infants/toddlers with Early Head Start access **6.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **27.2%**  
National average: N/A

**G** Developmental screening received **17.2%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **1.7%**  
National average: 3.1%

**G** Parent sings to baby every day **46.2%**  
National average: 56.4%

**W** Cost of care, as % of income married families **7.3%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **4.9%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Missouri'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**

Getting Started

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Missouri

#### Overview

Missouri is home to 223,480 infants and toddlers, representing 3.7 percent of the state's population. As many as 45 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

MISSOURI NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
71.5%  
49.3%

Non-Hispanic Black  
13.9%  
13.8%

Hispanic  
6.9%  
26.1%

Non-Hispanic other  
5.2%  
5.1%

Non-Hispanic Asian  
2.0%  
4.9%

American Indian/Alaska Native  
0.4%  
0.8%

#### Working moms

Mothers in the Labor Force  
69.4%  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
54.8%  
55.4%

Low-Income  
22.9%  
22.0%

In Poverty  
22.3%  
22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Other  
30.5%  
20.0%

Non-Hispanic Black  
29.6%  
39.5%

Hispanic  
26.7%  
30.8%

Non-Hispanic White  
19.8%  
14.6%

#### Family structure

2-Parent Family  
75.7%  
76.3%

1-Parent Family  
19.2%  
21.5%

No Parents Present  
5.1%  
2.2%

#### Grandparent-headed households

11.2%  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
21.7%  
8.7%



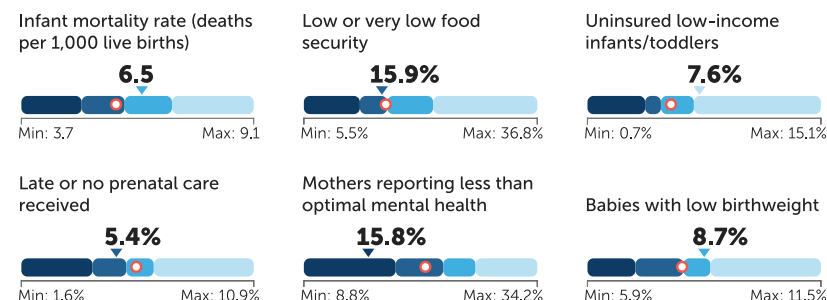
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Missouri falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects several indicators, across subdomains, that fall in the Getting Started (G) tier. In terms of the food security and nutrition subdomains, Missouri is primarily in the Reaching Forward (R) tier. However, the percentage of mothers reporting less than optimal mental health is in the Working Effectively (W) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Missouri

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	No policy
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 at ECE programs	Yes ✅



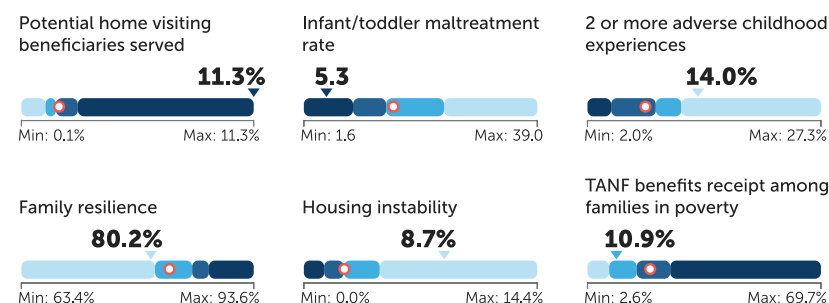
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Missouri falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects indicators in the Working Effectively (W) tier, including the lower infant/toddler maltreatment rate compared to most other states. However, some indicators related to access to basic needs and supports, as well as to child welfare, are in the Getting Started (G) tier, such as housing instability and the prevalence of adverse childhood experiences among infants and toddlers.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Missouri

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



# Positive Early Learning Experiences

In Missouri

G R O W

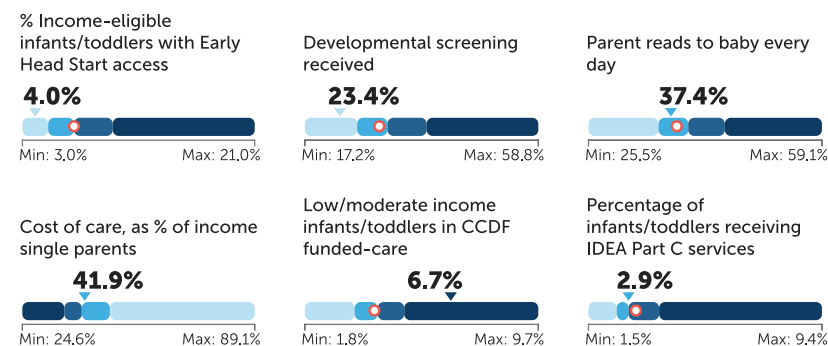
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Missouri scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain is primarily due to indicators in the Getting Started (G) tier, including the percentage of income-eligible infants and toddlers with access to Early Head Start. The state is also in the Getting Started (G) tier for the percentage of young children who received a developmental screening in the past year. However, Missouri is in the Working Effectively (W) tier when it comes to the percentage of low/moderate income infants and toddlers in CCDF-funded care.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Missouri

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Missouri

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>201.0</b>	<i>National average: 200.0</i>	<b>G</b> Uninsured low-income infants/toddlers	<b>7.6%</b>	<i>National average: 5.8%</i>
<b>O</b> Low or very low food security	<b>15.9%</b>	<i>National average: 16.5%</i>	<b>R</b> Infants ever breastfed	<b>82.3%</b>	<i>National average: 83.2%</i>
<b>R</b> Infants breastfed at 6 months	<b>57.8%</b>	<i>National average: 57.6%</i>	<b>O</b> Late or no prenatal care received	<b>5.4%</b>	<i>National average: 6.2%</i>
<b>W</b> Mothers reporting less than optimal mental health	<b>15.8%</b>	<i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>92.7%</b>	<i>National average: 90.7%</i>
<b>G</b> Preventive dental care received	<b>23.7%</b>	<i>National average: 30.0%</i>	<b>R</b> Babies with low birthweight	<b>8.7%</b>	<i>National average: 8.2%</i>
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.5</b>	<i>National average: 5.9</i>	<b>G</b> Received recommended vaccines	<b>66.9%</b>	<i>National average: 70.7%</i>



## Strong Families

**G** Housing instability

**8.7%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**10.9%**

National average: 20.6%

**W** Unsafe neighborhoods

**1.8%**

National average: 6.3%

**O** 1 adverse childhood experience

**18.3%**

National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency

**99.2%**

National average: 98.4%

**O** Crowded housing

**9.9%**

National average: 15.6%

**W** Infant/toddler maltreatment rate

**5.3**

National average: 16.0

**G** Family resilience

**80.2%**

National average: 82.6%

**G** 2 or more adverse childhood experiences

**14.0%**

National average: 8.3%

**W** Potential home visiting beneficiaries served

**11.3%**

National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day

**37.4%**

National average: 38.2%

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

**4.0%**

National average: 7.0%

**R** Cost of care, as % of income single parents

**41.9%**

National average: N/A

**G** Developmental screening received

**23.4%**

National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services

**2.9%**

National average: 3.1%

**O** Parent sings to baby every day

**60.1%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.8%**

National average: N/A

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

**6.7%**

National average: 4.2%

**O** Infants/toddlers with developmental delay

**0.7%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Montana's Rankings

**KEY**

**G** Getting Started

**R** Reaching Forward

**O** Improving Outcomes

**W** Working Effectively

#### Overall

**G R O W**

Working Effectively

#### Good Health

**G R O W**

Improving Outcomes

#### Strong Families

**G R O W**

Reaching Forward

#### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

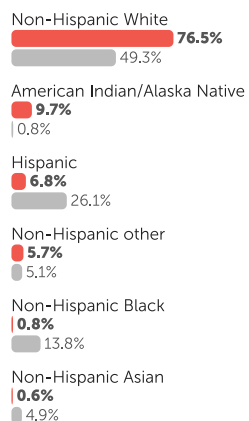
### Infants and toddlers in Montana

#### Overview

Montana is home to 38,060 infants and toddlers, representing 3.6 percent of the state's population. As many as 51 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ MONTANA ■ NATIONAL AVERAGE

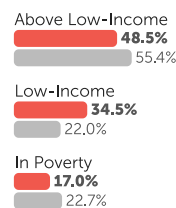
#### Race/ethnicity of infants and toddlers



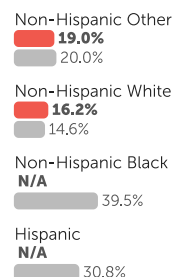
#### Working moms



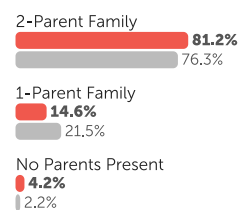
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



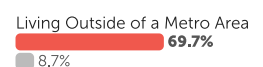
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





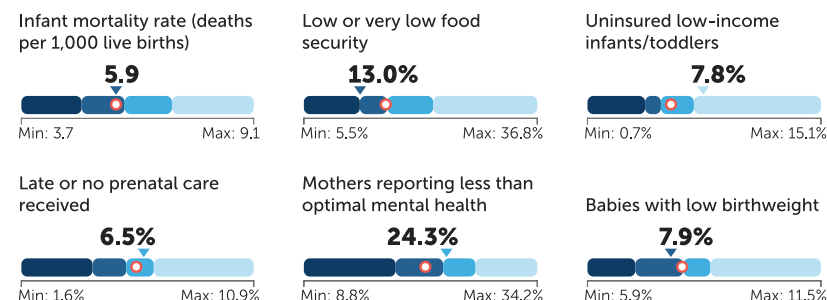
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Montana falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. Montana's high ranking in the Good Health domain primarily reflects its indicators in the food security and nutrition subdomains, for which Montana is in the Improving Outcomes (O) tier. However, Montana is in the Reaching Forward (R) tier on maternal health indicators, including the percentage of women in the state receiving late or no prenatal care.

## Six Key Indicators of Good Health

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



## Good Health Policy in Montana

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 at ECE programs	Yes <input checked="" type="checkbox"/>



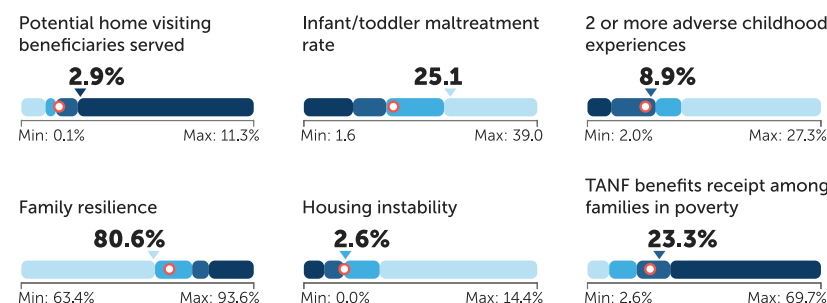
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Montana falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects child welfare indicators that fall in the Getting Started (G) tier, such as the infant/toddler maltreatment rate. The prevalence of adverse childhood experiences, and the percentage of families with infants and toddlers living in poverty that receive TANF benefits, are in the Improving Outcomes (O) tier. Montana scores in the Working Effectively (W) tier for the percentage of young children eligible for home visiting who receive it.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Montana

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



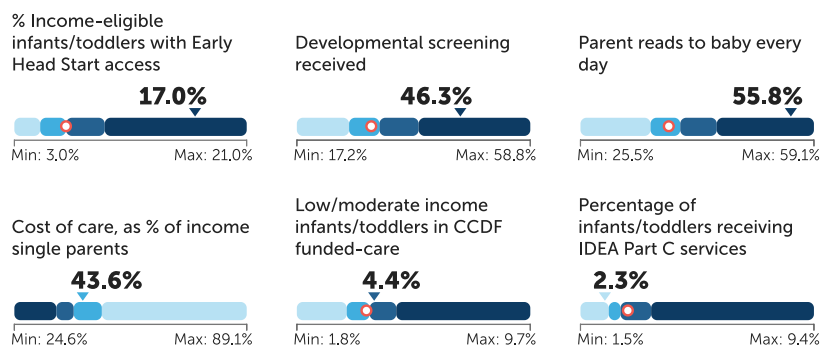
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Montana scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects indicators in the Working Effectively (W) tier, including percentage of parents reading to their babies daily and the percentage of income-eligible infants/toddlers with access to Early Head Start. Montana is in the Reaching Forward (R) tier, however, on the state's average infant care costs as a percentage of single parents' and married parents' incomes, and in the Getting Started (G) tier for the percentage of children receiving IDEA Part C services.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Montana

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Montana

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>162.0</b>	National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>7.8%</b>	National average: 5.8%
<b>O</b> Low or very low food security	<b>13.0%</b>	National average: 16.5%	<b>O</b> Infants ever breastfed	<b>83.9%</b>	National average: 83.2%
<b>O</b> Infants breastfed at 6 months	<b>61.1%</b>	National average: 57.6%	<b>R</b> Late or no prenatal care received	<b>6.5%</b>	National average: 6.2%
<b>R</b> Mothers reporting less than optimal mental health	<b>24.3%</b>	National average: 22.0%	<b>W</b> Preventive medical care received	<b>95.8%</b>	National average: 90.7%
<b>W</b> Preventive dental care received	<b>39.8%</b>	National average: 30.0%	<b>O</b> Babies with low birthweight	<b>7.9%</b>	National average: 8.2%
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.9</b>	National average: 5.9	<b>G</b> Received recommended vaccines	<b>63.6%</b>	National average: 70.7%

## Strong Families

**R** Housing instability **2.6%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **23.3%**  
National average: 20.6%

**R** Unsafe neighborhoods **6.0%**  
National average: 6.3%

**W** 1 adverse childhood experience **17.9%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **96.1%**  
National average: 98.4%

**R** Crowded housing **12.5%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **25.1**  
National average: 16.0

**G** Family resilience **80.6%**  
National average: 82.6%

**O** 2 or more adverse childhood experiences **8.9%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **2.9%**  
National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day **55.8%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **17.0%**  
National average: 7.0%

**R** Cost of care, as % of income single parents **43.6%**  
National average: N/A

**W** Developmental screening received **46.3%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **2.3%**  
National average: 3.1%

**O** Parent sings to baby every day **61.9%**  
National average: 56.4%

**R** Cost of care, as % of income married families **12.0%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **4.4%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.7%**  
National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Nebraska'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**

Reaching Forward

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Nebraska

#### Overview

Nebraska is home to 79,828 infants and toddlers, representing 4.2 percent of the state's population. As many as 39 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NEBRASKA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 67.0%  
■ 49.3%

Hispanic  
■ 19.0%  
■ 26.1%

Non-Hispanic Black  
■ 5.9%  
■ 13.8%

Non-Hispanic other  
■ 4.3%  
■ 5.1%

Non-Hispanic Asian  
■ 2.7%  
■ 4.9%

American Indian/Alaska Native  
■ 1.1%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 69.8%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 60.9%  
■ 55.4%

Low-Income  
■ 23.4%  
■ 22.0%

In Poverty  
■ 15.7%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 25.6%  
■ 30.8%

Non-Hispanic Other  
■ 15.6%  
■ 20.0%

Non-Hispanic White  
■ 12.3%  
■ 14.6%

Non-Hispanic Black  
■ N/A  
■ 39.5%

#### Family structure

2-Parent Family  
■ 76.7%  
■ 76.3%

1-Parent Family  
■ 20.9%  
■ 21.5%

No Parents Present  
■ 2.4%  
■ 2.2%

#### Grandparent-headed households

■ 5.1%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 21.7%  
■ 8.7%



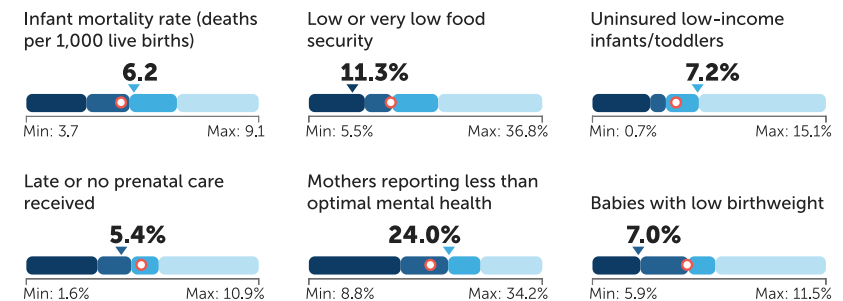
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are 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 of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Reaching Forward (R) tier, including food security and nutrition indicators. Likewise, Nebraska is the Reaching Forward (R) tier on indicators of health care access and affordability.

## Six Key Indicators of Good Health

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



## Good Health Policy in Nebraska

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	No policy
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 at ECE programs	No ❌



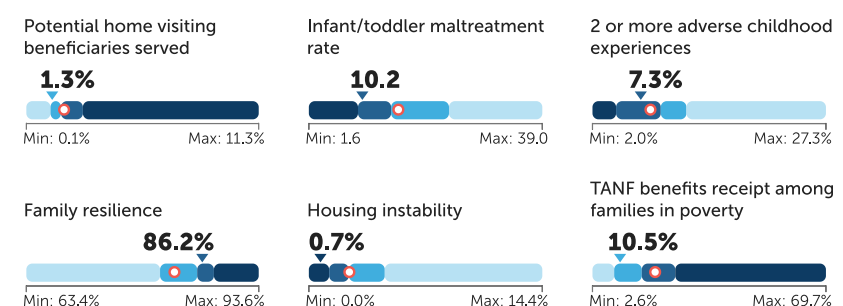
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Nebraska falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects indicators in the Working Effectively (W) and Improving Outcomes (O) tiers, including those for the child welfare subdomain. However, Nebraska is in the Reaching Forward (R) tier when it comes to most indicators related to access to basic needs and supports, such as the percentage of young children living in crowded housing.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Nebraska

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌

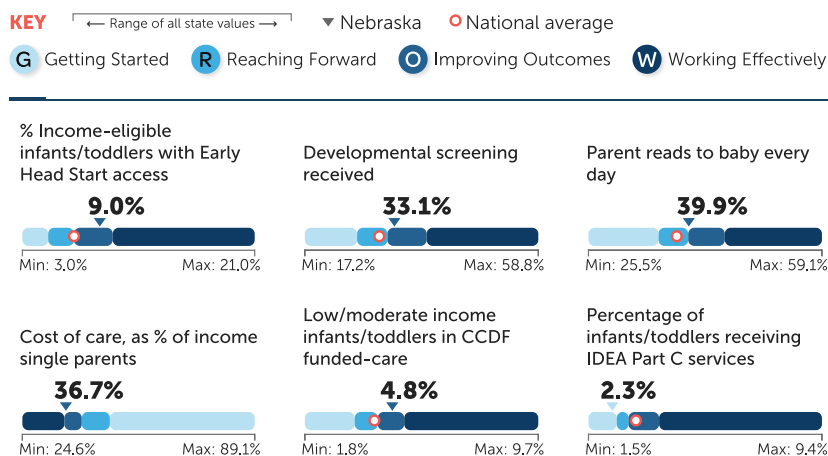


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Nebraska scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to the indicators in the Improving Outcomes (O) tier, including most indicators of early care and education opportunities. Two early intervention and prevention indicators are also in the Improving Outcomes (O) tier, but the percentage of infants and toddlers receiving IDEA Part C services is in the Getting Started (G) tier.

## 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 ❌

## 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

**W** Low or very low food security **11.3%**  
National average: 16.5%

**R** Infants breastfed at 6 months **57.0%**  
National average: 57.6%

**R** Mothers reporting less than optimal mental health **24.0%**  
National average: 22.0%

**R** Preventive dental care received **30.2%**  
National average: 30.0%

**R** Infant mortality rate (deaths per 1,000 live births) **6.2**  
National average: 5.9

**R** Uninsured low-income infants/toddlers **7.2%**  
National average: 5.8%

**R** Infants ever breastfed **82.2%**  
National average: 83.2%

**O** Late or no prenatal care received **5.4%**  
National average: 6.2%

**O** Preventive medical care received **94.2%**  
National average: 90.7%

**O** Babies with low birthweight **7.0%**  
National average: 8.2%

**W** Received recommended vaccines **80.6%**  
National average: 70.7%

## Strong Families

**W** Housing instability

**0.7%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**10.5%**

National average: 20.6%

**W** Unsafe neighborhoods

**1.9%**

National average: 6.3%

**O** 1 adverse childhood experience

**18.9%**

National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency

**95.5%**

National average: 98.4%

**R** Crowded housing

**11.2%**

National average: 15.6%

**O** Infant/toddler maltreatment rate

**10.2**

National average: 16.0

**O** Family resilience

**86.2%**

National average: 82.6%

**O** 2 or more adverse childhood experiences

**7.3%**

National average: 8.3%

**R** Potential home visiting beneficiaries served

**1.3%**

National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day

**39.9%**

National average: 38.2%

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

**9.0%**

National average: 7.0%

**O** Cost of care, as % of income single parents

**36.7%**

National average: N/A

**O** Developmental screening received

**33.1%**

National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services

**2.3%**

National average: 3.1%

**W** Parent sings to baby every day

**64.5%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.1%**

National average: N/A

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

**4.8%**

National average: 4.2%

**O** Infants/toddlers with developmental delay

**0.0%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Nevada's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

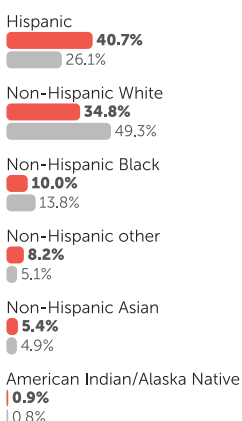
### Infants and toddlers in Nevada

#### Overview

Nevada is home to 111,170 infants and toddlers, representing 3.7 percent of the state's population. As many as 51 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NEVADA ■ NATIONAL AVERAGE

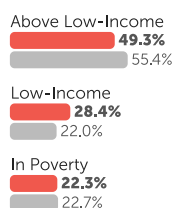
#### Race/ethnicity of infants and toddlers



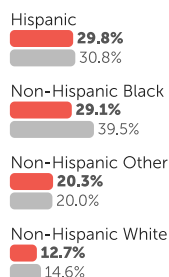
#### Working moms



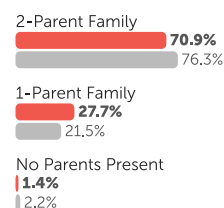
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



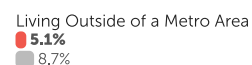
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area







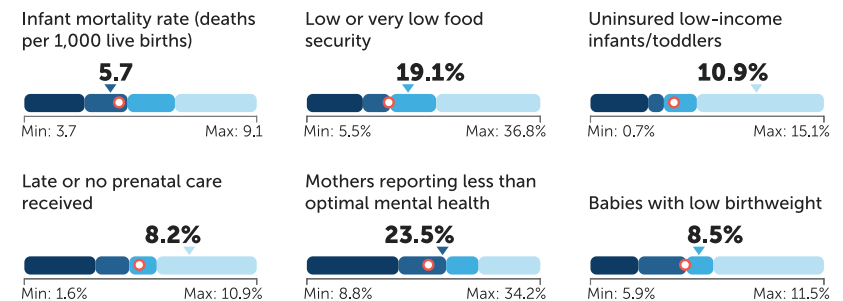
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Nevada falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Getting Started (G) tier, including those for the health care access and affordability subdomain. However, most child health indicators are in the Improving Outcomes (O) tier, such as preventive dental care and recommended vaccines received among infants and toddlers.

## Six Key Indicators of Good Health

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



## Good Health Policy in Nevada

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Allowed
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 at ECE programs	Yes <input checked="" type="checkbox"/>



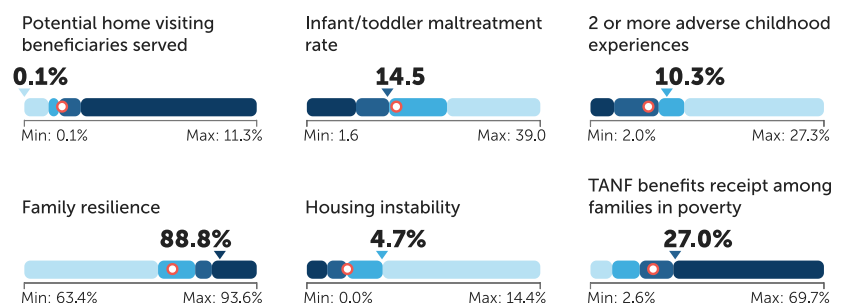
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Nevada falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain is primarily due to indicators related to access to basic needs and supports scoring in the Reaching Forward (R) and Getting Started (G) tiers, such as housing instability and crowded housing. However, with respect to child welfare indicators, such as the state's infant/toddler maltreatment rate, Nevada is primarily in the Reaching Forward (R) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Nevada

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



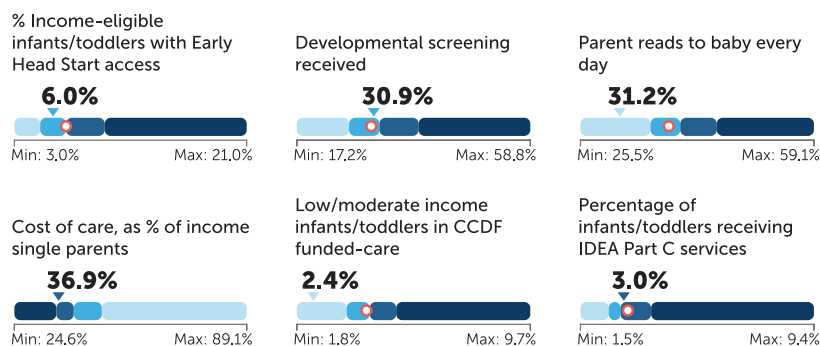
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Nevada scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain primarily reflects indicators in the Getting Started (G) tier. However, Nevada is in the Improving Outcomes (O) tier on indicators such as the percentage of parents singing songs to babies daily, and the state's average infant care costs as a percentage of single parents' incomes.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Nevada

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Nevada

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>165.0</b>	<b>G</b> Uninsured low-income infants/toddlers	<b>10.9%</b>
<i>National average: 200.0</i>		<i>National average: 5.8%</i>	
<b>R</b> Low or very low food security	<b>19.1%</b>	<b>O</b> Infants ever breastfed	<b>83.5%</b>
<i>National average: 16.5%</i>		<i>National average: 83.2%</i>	
<b>G</b> Infants breastfed at 6 months	<b>49.9%</b>	<b>G</b> Late or no prenatal care received	<b>8.2%</b>
<i>National average: 57.6%</i>		<i>National average: 6.2%</i>	
<b>O</b> Mothers reporting less than optimal mental health	<b>23.5%</b>	<b>G</b> Preventive medical care received	<b>88.0%</b>
<i>National average: 22.0%</i>		<i>National average: 90.7%</i>	
<b>O</b> Preventive dental care received	<b>34.9%</b>	<b>R</b> Babies with low birthweight	<b>8.5%</b>
<i>National average: 30.0%</i>		<i>National average: 8.2%</i>	
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.7</b>	<b>O</b> Received recommended vaccines	<b>71.9%</b>
<i>National average: 5.9</i>		<i>National average: 70.7%</i>	

## Strong Families

<b>R</b> Housing instability	<b>4.7%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>17.7%</b> <i>National average: 15.6%</i>
<b>O</b> TANF benefits receipt among families in poverty	<b>27.0%</b> <i>National average: 20.6%</i>	<b>O</b> Infant/toddler maltreatment rate	<b>14.5</b> <i>National average: 16.0</i>
<b>R</b> Unsafe neighborhoods	<b>5.5%</b> <i>National average: 6.3%</i>	<b>W</b> Family resilience	<b>88.8%</b> <i>National average: 82.6%</i>
<b>G</b> 1 adverse childhood experience	<b>28.1%</b> <i>National average: 21.9%</i>	<b>R</b> 2 or more adverse childhood experiences	<b>10.3%</b> <i>National average: 8.3%</i>
<b>R</b> Infants/toddlers exiting foster care to permanency	<b>97.7%</b> <i>National average: 98.4%</i>	<b>G</b> Potential home visiting beneficiaries served	<b>0.1%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>G</b> Parent reads to baby every day	<b>31.2%</b> <i>National average: 38.2%</i>	<b>O</b> Parent sings to baby every day	<b>58.5%</b> <i>National average: 56.4%</i>
<b>R</b> % Income-eligible infants/toddlers with Early Head Start access	<b>6.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>14.3%</b> <i>National average: N/A</i>
<b>O</b> Cost of care, as % of income single parents	<b>36.9%</b> <i>National average: N/A</i>	<b>G</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>2.4%</b> <i>National average: 4.2%</i>
<b>R</b> Developmental screening received	<b>30.9%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.4%</b> <i>National average: 1.1%</i>
<b>O</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>3.0%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## New Hampshire's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in New Hampshire

#### Overview

New Hampshire is home to 38,149 infants and toddlers, representing 2.8 percent of the state's population. As many as 27 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NEW HAMPSHIRE ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 84.0% ■ 49.3%

Hispanic ■ 6.8% ■ 26.1%

Non-Hispanic other ■ 3.8% ■ 5.1%

Non-Hispanic Asian ■ 3.3% ■ 4.9%

Non-Hispanic Black ■ 1.9% ■ 13.8%

American Indian/Alaska Native ■ 0.2% ■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 71.8% ■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 72.7% ■ 55.4%

Low-Income ■ 16.6% ■ 22.0%

In Poverty ■ 10.7% ■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic White ■ 9.3% ■ 14.6%

Non-Hispanic Black ■ N/A ■ 39.5%

Non-Hispanic Other ■ N/A ■ 20.0%

Hispanic ■ N/A ■ 30.8%

#### Family structure

2-Parent Family ■ 83.3% ■ 76.3%

1-Parent Family ■ 15.1% ■ 21.5%

No Parents Present ■ 1.6% ■ 2.2%

#### Grandparent-headed households

■ 3.6% ■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 45.0% ■ 8.7%



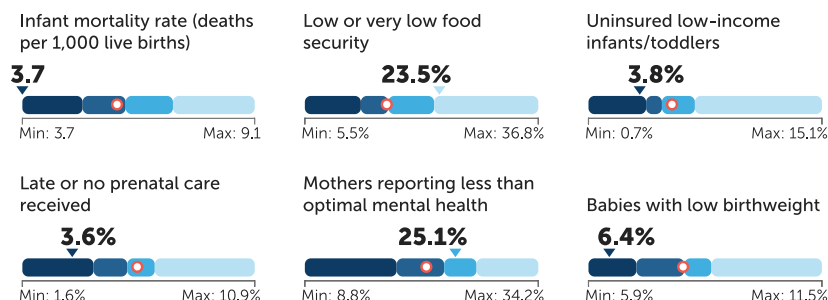
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

New Hampshire falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects its many indicators in the Working Effectively (W) tier. In terms of health care access and affordability, New Hampshire's indicators are in the Working Effectively (W) and Improving Outcomes (O) tiers. However, the percentage of mothers reporting less than optimal mental health is in the Reaching Forward (R) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in New Hampshire

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 at ECE programs	Yes <input checked="" type="checkbox"/>



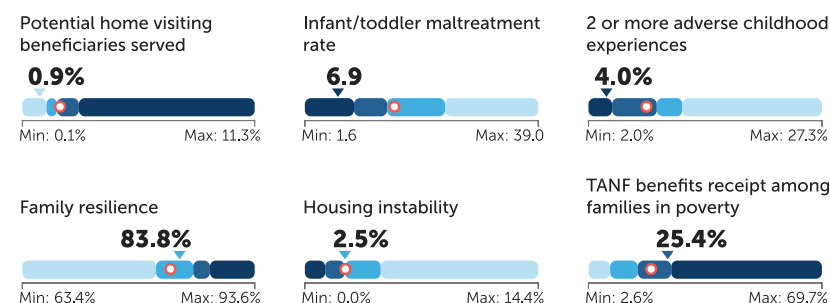
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

New Hampshire falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily due to indicators in the Working Effectively (W) tier, including most child welfare indicators. However, New Hampshire is in the Getting Started (G) tier in terms of the percentage of children who could benefit from and are receiving home visiting services.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in New Hampshire

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>





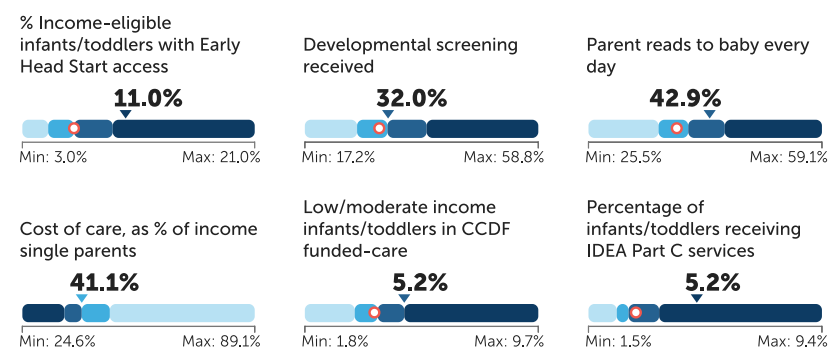
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

New Hampshire scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects several indicators in the Working Effectively (W) tier, such as the percentage of income-eligible infants and toddlers with access to Early Head Start. In contrast, New Hampshire has more burdensome infant care costs (as a percentage of single parents' and married parents' incomes) compared to other states, placing this indicator in the Reaching Forward (R) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in New Hampshire

Families above 200% of FPL eligible for child care subsidy **Yes** ☒

## All indicators for New Hampshire

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>201.0</b> National average: 200.0	<b>W</b> Uninsured low-income infants/toddlers	<b>3.8%</b> National average: 5.8%
<b>G</b> Low or very low food security	<b>23.5%</b> National average: 16.5%	<b>O</b> Infants ever breastfed	<b>87.4%</b> National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>64.7%</b> National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>3.6%</b> National average: 6.2%
<b>R</b> Mothers reporting less than optimal mental health	<b>25.1%</b> National average: 22.0%	<b>W</b> Preventive medical care received	<b>94.9%</b> National average: 90.7%
<b>O</b> Preventive dental care received	<b>35.2%</b> National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.4%</b> National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>3.7</b> National average: 5.9	<b>W</b> Received recommended vaccines	<b>78.0%</b> National average: 70.7%

## Strong Families

**R** Housing instability **2.5%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **25.4%**  
National average: 20.6%

**W** Unsafe neighborhoods **1.4%**  
National average: 6.3%

**R** 1 adverse childhood experience **23.4%**  
National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency **100.0%**  
National average: 98.4%

**W** Crowded housing **9.3%**  
National average: 15.6%

**W** Infant/toddler maltreatment rate **6.9**  
National average: 16.0

**R** Family resilience **83.8%**  
National average: 82.6%

**W** 2 or more adverse childhood experiences **4.0%**  
National average: 8.3%

**G** Potential home visiting beneficiaries served **0.9%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **42.9%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **11.0%**  
National average: 7.0%

**R** Cost of care, as % of income single parents **41.1%**  
National average: N/A

**O** Developmental screening received **32.0%**  
National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services **5.2%**  
National average: 3.1%

**W** Parent sings to baby every day **63.0%**  
National average: 56.4%

**R** Cost of care, as % of income married families **12.0%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **5.2%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## New Jersey'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**

Reaching Forward

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in New Jersey

#### Overview

New Jersey is home to 310,305 infants and toddlers, representing 3.4 percent of the state's population. As many as 35 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NEW JERSEY ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 43.0%  
■ 49.3%

Hispanic  
■ 30.5%  
■ 26.1%

Non-Hispanic Black  
■ 13.5%  
■ 13.8%

Non-Hispanic Asian  
■ 9.4%  
■ 4.9%

Non-Hispanic other  
■ 3.4%  
■ 5.1%

American Indian/Alaska Native  
■ 0.1%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 68.9%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 64.6%  
■ 55.4%

Low-Income  
■ 18.9%  
■ 22.0%

In Poverty  
■ 16.5%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 27.9%  
■ 39.5%

Hispanic  
■ 25.5%  
■ 30.8%

Non-Hispanic White  
■ 9.9%  
■ 14.6%

Non-Hispanic Other  
■ 9.0%  
■ 20.0%

#### Family structure

2-Parent Family  
■ 80.6%  
■ 76.3%

1-Parent Family  
■ 17.1%  
■ 21.5%

No Parents Present  
■ 2.2%  
■ 2.2%

#### Grandparent-headed households

■ 6.0%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 0.0%  
■ 8.7%



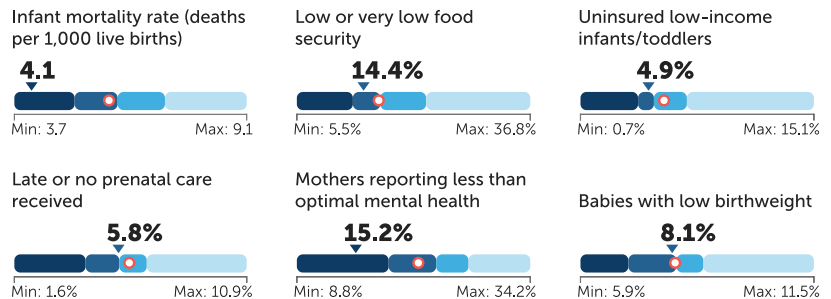
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

New Jersey falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Reaching Forward (R) tier, including those in the food security and nutrition subdomains. However, in terms of children's health, the percentage of young children in New Jersey who had a preventive dental visit in the past year is in the Getting Started (G) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in New Jersey

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	No <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 at ECE programs	No <input checked="" type="checkbox"/>



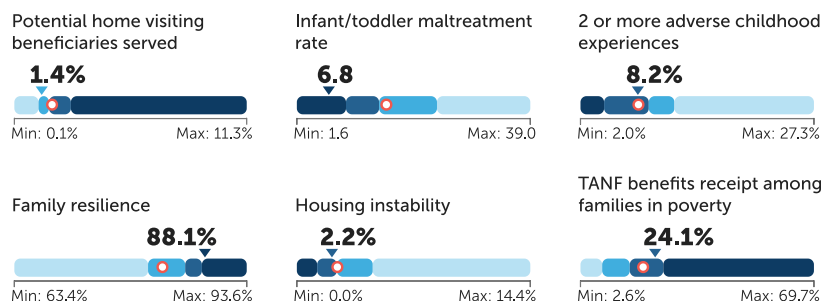
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

New Jersey falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily reflects indicators in the Working Effectively (W) tier, including the family resilience indicator. New Jersey is in the Improving Outcomes (O) tier when it comes to some indicators of child welfare, including the prevalence of adverse childhood experiences. However, neighborhood safety is in the Getting Started (G) tier.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in New Jersey

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>



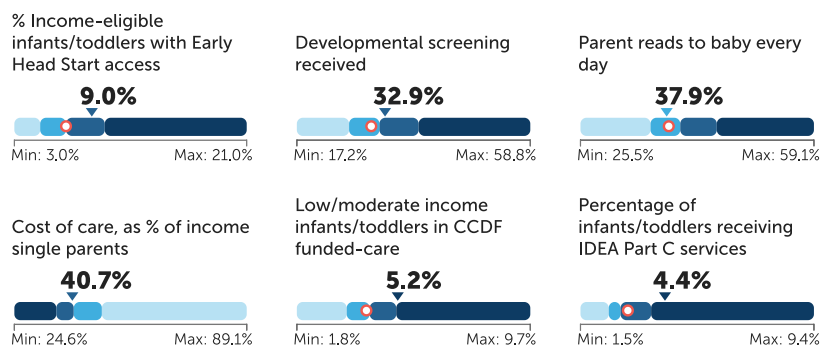
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

New Jersey scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects indicators in the Improving Outcomes (O) and Working Effectively (W) tiers. The average cost of infant care for both single and married parents is less burdensome in New Jersey compared to other states. New Jersey is in the Reaching Forward (R) tier, though, for the percentage of infants and toddlers with a moderate/severe developmental delay and the percentage of parents who read to their babies every day.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in New Jersey

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for New Jersey

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>199.0</b> National average: 200.0	<b>O</b> Uninsured low-income infants/toddlers	<b>4.9%</b> National average: 5.8%
<b>O</b> Low or very low food security	<b>14.4%</b> National average: 16.5%	<b>R</b> Infants ever breastfed	<b>82.8%</b> National average: 83.2%
<b>R</b> Infants breastfed at 6 months	<b>57.6%</b> National average: 57.6%	<b>O</b> Late or no prenatal care received	<b>5.8%</b> National average: 6.2%
<b>W</b> Mothers reporting less than optimal mental health	<b>15.2%</b> National average: 22.0%	<b>O</b> Preventive medical care received	<b>94.2%</b> National average: 90.7%
<b>G</b> Preventive dental care received	<b>24.4%</b> National average: 30.0%	<b>O</b> Babies with low birthweight	<b>8.1%</b> National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.1</b> National average: 5.9	<b>R</b> Received recommended vaccines	<b>70.2%</b> National average: 70.7%



## Strong Families

<b>O</b> Housing instability	<b>2.2%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>18.2%</b> <i>National average: 15.6%</i>
<b>O</b> TANF benefits receipt among families in poverty	<b>24.1%</b> <i>National average: 20.6%</i>	<b>W</b> Infant/toddler maltreatment rate	<b>6.8</b> <i>National average: 16.0</i>
<b>G</b> Unsafe neighborhoods	<b>11.9%</b> <i>National average: 6.3%</i>	<b>W</b> Family resilience	<b>88.1%</b> <i>National average: 82.6%</i>
<b>W</b> 1 adverse childhood experience	<b>16.3%</b> <i>National average: 21.9%</i>	<b>O</b> 2 or more adverse childhood experiences	<b>8.2%</b> <i>National average: 8.3%</i>
<b>O</b> Infants/toddlers exiting foster care to permanency	<b>99.3%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.4%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>R</b> Parent reads to baby every day	<b>37.9%</b> <i>National average: 38.2%</i>	<b>O</b> Parent sings to baby every day	<b>62.9%</b> <i>National average: 56.4%</i>
<b>O</b> % Income-eligible infants/toddlers with Early Head Start access	<b>9.0%</b> <i>National average: 7.0%</i>	<b>W</b> Cost of care, as % of income married families	<b>10.7%</b> <i>National average: N/A</i>
<b>O</b> Cost of care, as % of income single parents	<b>40.7%</b> <i>National average: N/A</i>	<b>W</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>5.2%</b> <i>National average: 4.2%</i>
<b>O</b> Developmental screening received	<b>32.9%</b> <i>National average: 30.4%</i>	<b>R</b> Infants/toddlers with developmental delay	<b>1.0%</b> <i>National average: 1.1%</i>
<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>4.4%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## New Mexico's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Improving Outcomes

### Good Health

**G R O W**

Reaching Forward

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

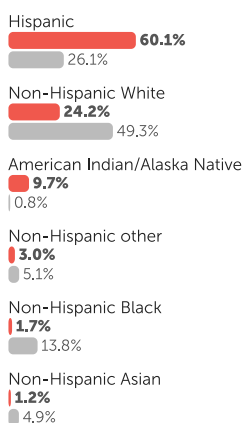
### Infants and toddlers in New Mexico

#### Overview

New Mexico is home to 75,820 infants and toddlers, representing 3.6 percent of the state's population. As many as 58 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NEW MEXICO ■ NATIONAL AVERAGE

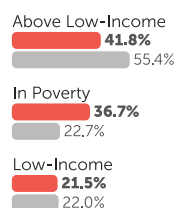
#### Race/ethnicity of infants and toddlers



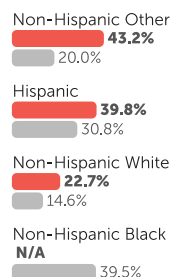
#### Working moms



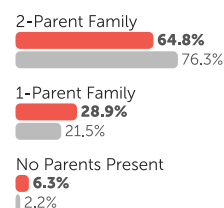
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





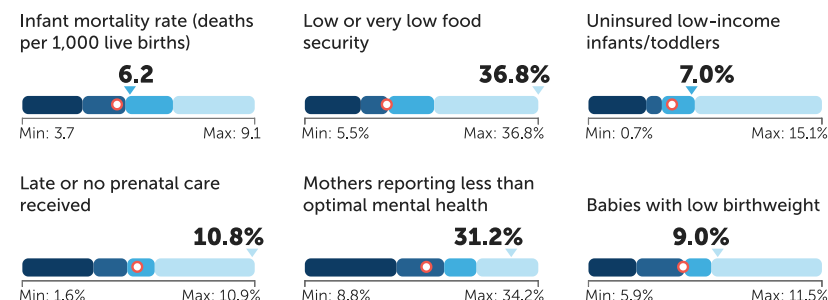
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

New Mexico falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Getting Started (G) tier, including those for the maternal health subdomain, such as the percentage of women in New Mexico receiving late or no prenatal care. With respect to children's health, however, the state is in the Working Effectively (W) tier for the percentage of young children receiving preventive dental care.

## Six Key Indicators of Good Health

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



## Good Health Policy in New Mexico

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 at ECE programs	Yes <input checked="" type="checkbox"/>



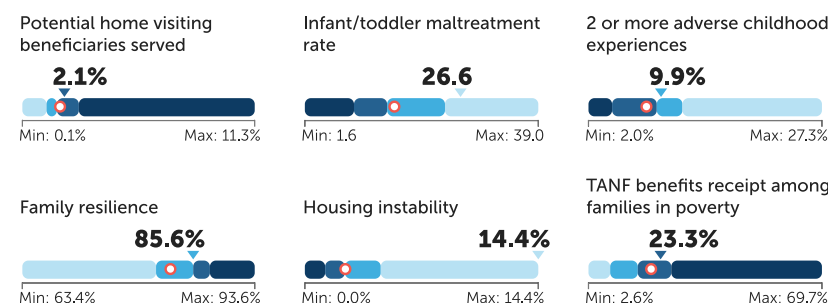
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

New Mexico falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain is primarily due to the predominance of indicators that fall in the Getting Started (G) and Reaching Forward (R) tiers. For indicators of child welfare, such as the prevalence of adverse childhood experiences among infants and toddlers, the state is primarily in the Reaching Forward (R) tier. However, New Mexico is in the Improving Outcomes (O) tier in terms of the percentage of young children who could benefit from evidence-based home visiting and are receiving those services.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in New Mexico

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



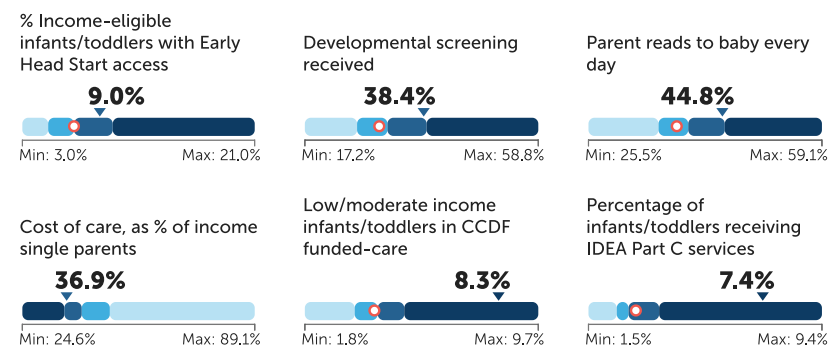
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

New Mexico scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects that indicators scoring in the Working Effectively (W) and Improving Outcomes (O) tiers. New Mexico is in the Working Effectively (W) tier for the percentage of low/moderate income infants and toddlers in CCDF-funded care, and the percentage of young children receiving IDEA Part C services.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in New Mexico

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for New Mexico

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>255.0</b>	<i>National average: 200.0</i>	<b>R</b> Uninsured low-income infants/toddlers	<b>7.0%</b>	<i>National average: 5.8%</i>
<b>G</b> Low or very low food security	<b>36.8%</b>	<i>National average: 16.5%</i>	<b>W</b> Infants ever breastfed	<b>87.7%</b>	<i>National average: 83.2%</i>
<b>O</b> Infants breastfed at 6 months	<b>59.8%</b>	<i>National average: 57.6%</i>	<b>G</b> Late or no prenatal care received	<b>10.8%</b>	<i>National average: 6.2%</i>
<b>G</b> Mothers reporting less than optimal mental health	<b>31.2%</b>	<i>National average: 22.0%</i>	<b>G</b> Preventive medical care received	<b>87.9%</b>	<i>National average: 90.7%</i>
<b>W</b> Preventive dental care received	<b>50.9%</b>	<i>National average: 30.0%</i>	<b>G</b> Babies with low birthweight	<b>9.0%</b>	<i>National average: 8.2%</i>
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.2</b>	<i>National average: 5.9</i>	<b>R</b> Received recommended vaccines	<b>68.5%</b>	<i>National average: 70.7%</i>

## Strong Families

**G** Housing instability

**14.4%**

National average: 2.5%

**O** TANF benefits receipt among families in poverty

**23.3%**

National average: 20.6%

**R** Unsafe neighborhoods

**6.7%**

National average: 6.3%

**R** 1 adverse childhood experience

**23.9%**

National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency

**97.8%**

National average: 98.4%

**G** Crowded housing

**16.7%**

National average: 15.6%

**G** Infant/toddler maltreatment rate

**26.6**

National average: 16.0

**R** Family resilience

**85.6%**

National average: 82.6%

**R** 2 or more adverse childhood experiences

**9.9%**

National average: 8.3%

**O** Potential home visiting beneficiaries served

**2.1%**

National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day

**44.8%**

National average: 38.2%

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

**9.0%**

National average: 7.0%

**O** Cost of care, as % of income single parents

**36.9%**

National average: N/A

**O** Developmental screening received

**38.4%**

National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services

**7.4%**

National average: 3.1%

**O** Parent sings to baby every day

**61.1%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.3%**

National average: N/A

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

**8.3%**

National average: 4.2%

**O** Infants/toddlers with developmental delay

**0.3%**

National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### New York's Rankings

**KEY**

**G** Getting Started

**R** Reaching Forward

**O** Improving Outcomes

**W** Working Effectively

#### Overall

**G R O W**

Reaching Forward

#### Good Health

**G R O W**

Improving Outcomes

#### Strong Families

**G R O W**

Getting Started

#### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in New York

#### Overview

New York is home to 703,115 infants and toddlers, representing 3.5 percent of the state's population. As many as 43 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NEW YORK ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 45.0%  
■ 49.3%

Hispanic  
■ 26.8%  
■ 26.1%

Non-Hispanic Black  
■ 15.4%  
■ 13.8%

Non-Hispanic Asian  
■ 8.4%  
■ 4.9%

Non-Hispanic other  
■ 4.2%  
■ 5.1%

American Indian/Alaska Native  
■ 0.3%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 58.7%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 57.3%  
■ 55.4%

In Poverty  
■ 23.4%  
■ 22.7%

Low-Income  
■ 19.3%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 32.2%  
■ 30.8%

Non-Hispanic Black  
■ 31.3%  
■ 39.5%

Non-Hispanic Other  
■ 18.4%  
■ 20.0%

Non-Hispanic White  
■ 17.6%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 80.7%  
■ 76.3%

1-Parent Family  
■ 17.8%  
■ 21.5%

No Parents Present  
■ 1.5%  
■ 2.2%

#### Grandparent-headed households

■ 8.7%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 3.3%  
■ 8.7%



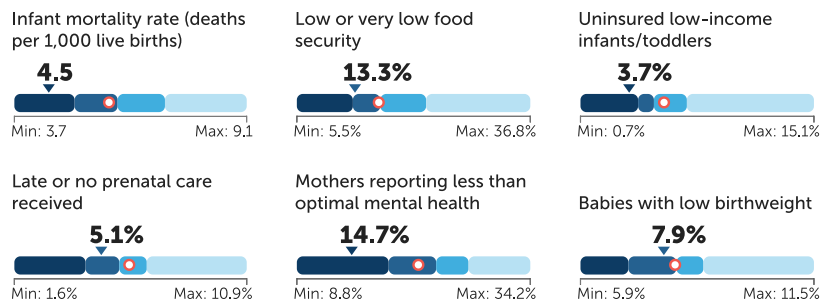
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

New York falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects its indicators in the Working Effectively (W) and Improving Outcomes (O) tiers. On indicators of food security and nutrition, the state is in the Improving Outcomes (O) tier. However, indicators for preventive medical and dental care for infants and toddlers in the past year are in the Getting Started (G) and Reaching Forward (R) tiers, respectively.

## Six Key Indicators of Good Health

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



## Good Health Policy in New York

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Allowed
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 at ECE programs	Yes <input checked="" type="checkbox"/>



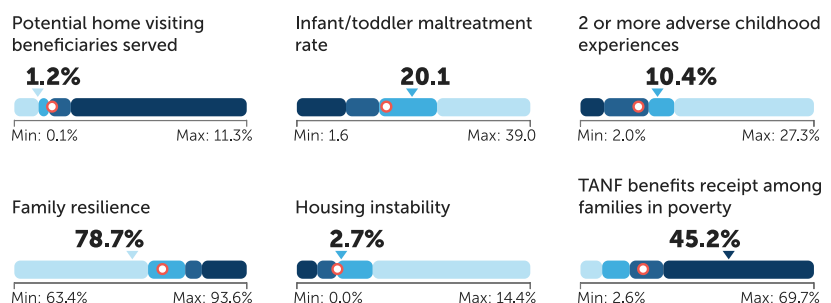
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

New York falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects indicators in the Getting Started (G) tier, including indicators across the home visiting and child welfare subdomains. However, a few indicators are in the Working Effectively (W) tier, such as the percentage of infants and toddlers exiting foster care to permanency, and the percentage of families with infants and toddlers living in poverty that receive TANF benefits.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in New York

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>

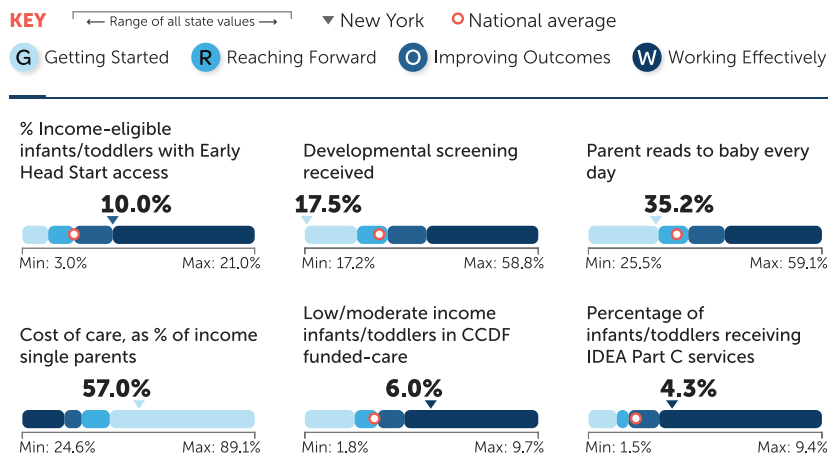


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

New York scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects that nearly half of the indicators fall in the Getting Started (G) tier. These indicators include the percentage of parents who read to their babies daily, and the state's average infant care costs as a percentage of single parents' and married parents' incomes. However, New York is in the Working Effectively (W) tier for the percentage of young children receiving IDEA Part C services, and in the Improving Outcomes (O) tier for the percentage of income-eligible infants and toddlers with access to Early Head Start.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in New York

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for New York

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>223.0</b>	National average: 200.0	<b>W</b> Uninsured low-income infants/toddlers	<b>3.7%</b>	National average: 5.8%
<b>O</b> Low or very low food security	<b>13.3%</b>	National average: 16.5%	<b>O</b> Infants ever breastfed	<b>85.1%</b>	National average: 83.2%
<b>O</b> Infants breastfed at 6 months	<b>59.5%</b>	National average: 57.6%	<b>O</b> Late or no prenatal care received	<b>5.1%</b>	National average: 6.2%
<b>W</b> Mothers reporting less than optimal mental health	<b>14.7%</b>	National average: 22.0%	<b>G</b> Preventive medical care received	<b>84.0%</b>	National average: 90.7%
<b>R</b> Preventive dental care received	<b>26.4%</b>	National average: 30.0%	<b>O</b> Babies with low birthweight	<b>7.9%</b>	National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.5</b>	National average: 5.9	<b>O</b> Received recommended vaccines	<b>72.3%</b>	National average: 70.7%

## Strong Families

<b>R</b> Housing instability	<b>2.7%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>26.4%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>45.2%</b> <i>National average: 20.6%</i>	<b>R</b> Infant/toddler maltreatment rate	<b>20.1</b> <i>National average: 16.0</i>
<b>G</b> Unsafe neighborhoods	<b>11.0%</b> <i>National average: 6.3%</i>	<b>G</b> Family resilience	<b>78.7%</b> <i>National average: 82.6%</i>
<b>G</b> 1 adverse childhood experience	<b>31.3%</b> <i>National average: 21.9%</i>	<b>R</b> 2 or more adverse childhood experiences	<b>10.4%</b> <i>National average: 8.3%</i>
<b>W</b> Infants/toddlers exiting foster care to permanency	<b>99.6%</b> <i>National average: 98.4%</i>	<b>G</b> Potential home visiting beneficiaries served	<b>1.2%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>G</b> Parent reads to baby every day	<b>35.2%</b> <i>National average: 38.2%</i>	<b>R</b> Parent sings to baby every day	<b>54.8%</b> <i>National average: 56.4%</i>
<b>O</b> % Income-eligible infants/toddlers with Early Head Start access	<b>10.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>15.7%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>57.0%</b> <i>National average: N/A</i>	<b>W</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>6.0%</b> <i>National average: 4.2%</i>
<b>G</b> Developmental screening received	<b>17.5%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>4.3%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## North Carolina'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**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in North Carolina

#### Overview

North Carolina is home to 365,273 infants and toddlers, representing 3.6 percent of the state's population. As many as 51 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NORTH CAROLINA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 50.4%  
■ 49.3%

Non-Hispanic Black  
■ 22.6%  
■ 13.8%

Hispanic  
■ 17.8%  
■ 26.1%

Non-Hispanic other  
■ 4.8%  
■ 5.1%

Non-Hispanic Asian  
■ 3.2%  
■ 4.9%

American Indian/Alaska Native  
■ 1.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 59.8%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 49.5%  
■ 55.4%

In Poverty  
■ 25.5%  
■ 22.7%

Low-Income  
■ 25.0%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 41.3%  
■ 39.5%

Hispanic  
■ 36.6%  
■ 30.8%

Non-Hispanic Other  
■ 22.7%  
■ 20.0%

Non-Hispanic White  
■ 15.7%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 72.2%  
■ 76.3%

1-Parent Family  
■ 24.9%  
■ 21.5%

No Parents Present  
■ 3.0%  
■ 2.2%

#### Grandparent-headed households

■ 9.7%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 14.9%  
■ 8.7%





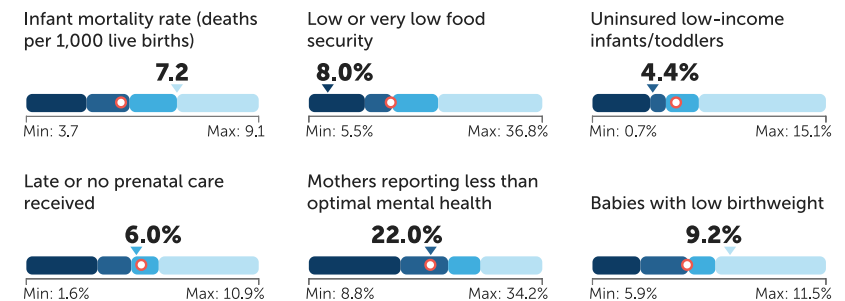
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

North Carolina falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects the many indicators in the Improving Outcomes (O) tier, including the majority of food security and nutrition indicators. However, some maternal health indicators, such as the percentage of women receiving late or no prenatal care, are in the Reaching Forward (R) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in North Carolina

Medicaid expansion state	No ✗
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	Yes ✓
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✓
Medicaid plan covers IECMH services at ECE programs	Yes ✓



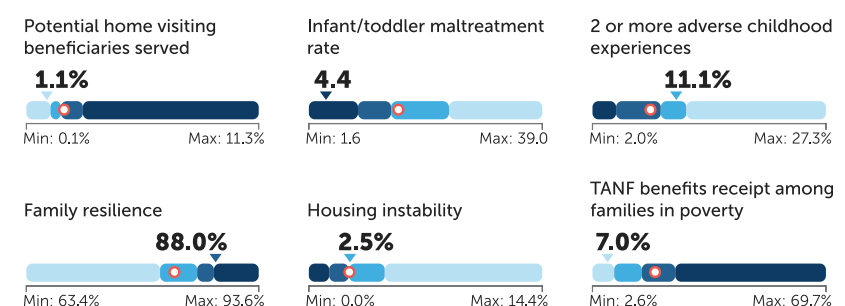
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

North Carolina falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects indicators related to access to basic needs and supports, such as TANF benefits for families living in poverty. However, North Carolina is in the Working Effectively (W) tier when it comes to the child welfare indicators of neighborhood safety and the infant/toddler maltreatment rate.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in North Carolina

Paid sick time that covers care for child	No ✗
Paid family leave	No ✗



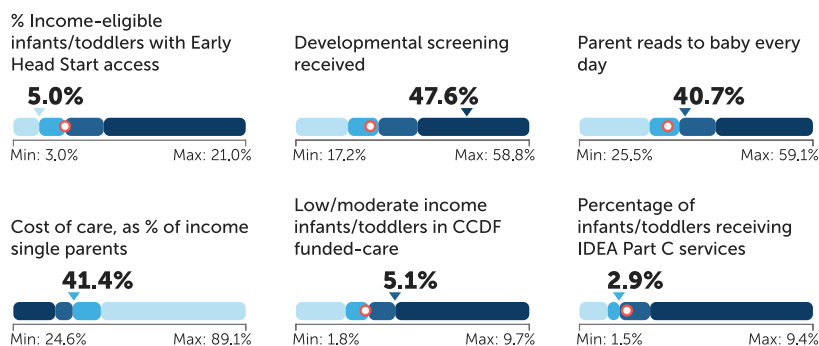
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

North Carolina scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects several indicators in the Improving Outcomes (O) tier, such as the percentage of parents reading to and singing songs to their babies every day. However, the state is in the Getting Started (G) tier for Early Head Start access among income-eligible infants and toddlers.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in North Carolina

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for North Carolina

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>201.0</b>	<i>National average: 200.0</i>	<b>O</b> Uninsured low-income infants/toddlers	<b>4.4%</b>	<i>National average: 5.8%</i>
<b>W</b> Low or very low food security	<b>8.0%</b>	<i>National average: 16.5%</i>	<b>O</b> Infants ever breastfed	<b>84.9%</b>	<i>National average: 83.2%</i>
<b>O</b> Infants breastfed at 6 months	<b>58.8%</b>	<i>National average: 57.6%</i>	<b>R</b> Late or no prenatal care received	<b>6.0%</b>	<i>National average: 6.2%</i>
<b>O</b> Mothers reporting less than optimal mental health	<b>22.0%</b>	<i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>91.3%</b>	<i>National average: 90.7%</i>
<b>O</b> Preventive dental care received	<b>36.1%</b>	<i>National average: 30.0%</i>	<b>G</b> Babies with low birthweight	<b>9.2%</b>	<i>National average: 8.2%</i>
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>7.2</b>	<i>National average: 5.9</i>	<b>W</b> Received recommended vaccines	<b>77.8%</b>	<i>National average: 70.7%</i>

## Strong Families

**R** Housing instability **2.5%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **7.0%**  
National average: 20.6%

**W** Unsafe neighborhoods **1.2%**  
National average: 6.3%

**G** 1 adverse childhood experience **28.8%**  
National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency **97.8%**  
National average: 98.4%

**R** Crowded housing **11.1%**  
National average: 15.6%

**W** Infant/toddler maltreatment rate **4.4**  
National average: 16.0

**O** Family resilience **88.0%**  
National average: 82.6%

**R** 2 or more adverse childhood experiences **11.1%**  
National average: 8.3%

**G** Potential home visiting beneficiaries served **1.1%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **40.7%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **5.0%**  
National average: 7.0%

**R** Cost of care, as % of income single parents **41.4%**  
National average: N/A

**W** Developmental screening received **47.6%**  
National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services **2.9%**  
National average: 3.1%

**O** Parent sings to baby every day **60.3%**  
National average: 56.4%

**O** Cost of care, as % of income married families **11.9%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **5.1%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## North Dakota's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Reaching Forward

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

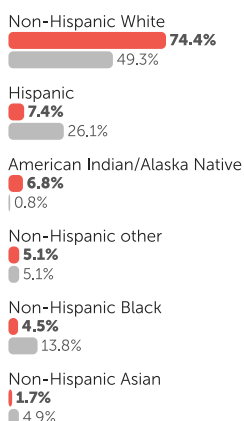
### Infants and toddlers in North Dakota

#### Overview

North Dakota is home to 32,926 infants and toddlers, representing 4.4 percent of the state's population. As many as 27 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ NORTH DAKOTA ■ NATIONAL AVERAGE

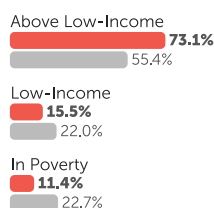
#### Race/ethnicity of infants and toddlers



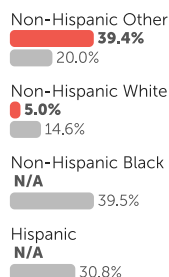
#### Working moms



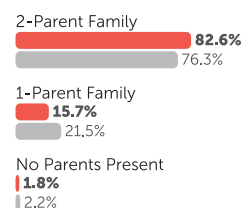
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



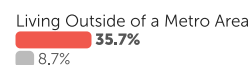
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





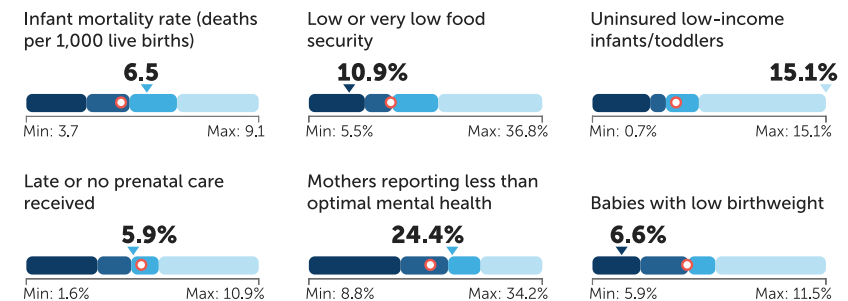
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

North Dakota falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects many indicators in the Reaching Forward (R) tier; however, the state is doing better than national averages on a few indicators, such as food security and low birthweight. The state's low ranking also stems from the percentage of low-income infants and toddlers who are uninsured, the percentage of young children who had a preventive dental visit in the past year, and the state's income eligibility limit for pregnant women in Medicaid (as a percentage of the federal poverty level), in comparison to other states.

## Six Key Indicators of Good Health

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



## Good Health Policy in North Dakota

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 at ECE programs	Yes <input checked="" type="checkbox"/>



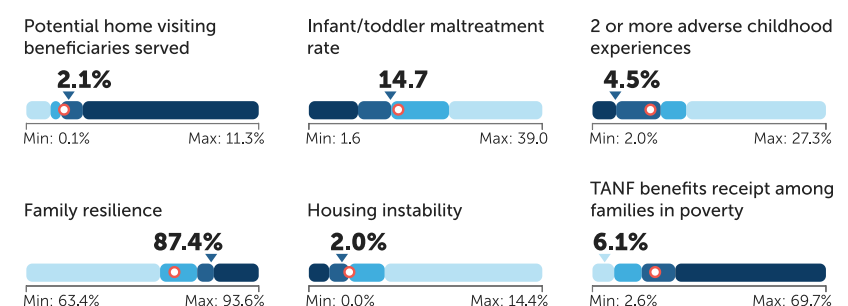
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

North Dakota falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects indicators such as the relatively lower percentage of families of infants and toddlers living in poverty that receive TANF benefits, and the percentage of infants and toddlers exiting foster care to permanency. However, North Dakota is in the Working Effectively (W) tier in terms of the percentage of young children in crowded housing, and neighborhood safety. The state does not require employers to offer paid sick days that cover care for children and does not have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in North Dakota

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>





# Positive Early Learning Experiences

## In North Dakota



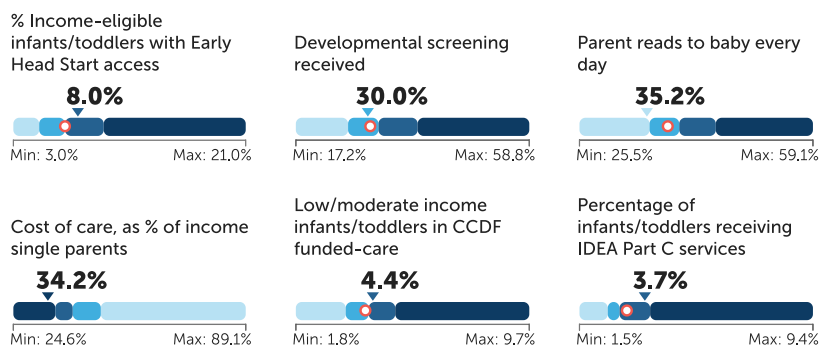
### What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

North Dakota scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects that most of North Dakota's indicators score in the Improving Outcomes (O) and Working Effectively (W) tiers. For example, the average cost of infant care (as a percentage of single parents' and married parents' incomes) is less burdensome compared to other states. When it comes to the percentage of parents reading to and singing to their babies daily, however, North Dakota ranks in the Getting Started (G) tier.

### Six Key Indicators of Positive Early Learning Experiences

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



### Positive Early Learning Experiences Policy in North Dakota

Families above 200% of FPL eligible for child care subsidy

Yes ☒

## All indicators for North Dakota

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

### Good Health

**G** Eligibility limit (% FPL) for pregnant women in Medicaid **152.0**  
 National average: 200.0

**W** Low or very low food security **10.9%**  
 National average: 16.5%

**R** Infants breastfed at 6 months **58.2%**  
 National average: 57.6%

**R** Mothers reporting less than optimal mental health **24.4%**  
 National average: 22.0%

**G** Preventive dental care received **17.4%**  
 National average: 30.0%

**R** Infant mortality rate (deaths per 1,000 live births) **6.5**  
 National average: 5.9

**G** Uninsured low-income infants/toddlers **15.1%**  
 National average: 5.8%

**R** Infants ever breastfed **81.7%**  
 National average: 83.2%

**R** Late or no prenatal care received **5.9%**  
 National average: 6.2%

**O** Preventive medical care received **94.4%**  
 National average: 90.7%

**W** Babies with low birthweight **6.6%**  
 National average: 8.2%

**R** Received recommended vaccines **68.2%**  
 National average: 70.7%

## Strong Families

**O** Housing instability **2.0%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **6.1%**  
National average: 20.6%

**W** Unsafe neighborhoods **1.9%**  
National average: 6.3%

**R** 1 adverse childhood experience **22.7%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **87.0%**  
National average: 98.4%

**W** Crowded housing **7.8%**  
National average: 15.6%

**O** Infant/toddler maltreatment rate **14.7**  
National average: 16.0

**O** Family resilience **87.4%**  
National average: 82.6%

**O** 2 or more adverse childhood experiences **4.5%**  
National average: 8.3%

**O** Potential home visiting beneficiaries served **2.1%**  
National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day **35.2%**  
National average: 38.2%

**O** % Income-eligible infants/toddlers with Early Head Start access **8.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **34.2%**  
National average: N/A

**R** Developmental screening received **30.0%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **3.7%**  
National average: 3.1%

**G** Parent sings to baby every day **50.6%**  
National average: 56.4%

**W** Cost of care, as % of income married families **9.3%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **4.4%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.6%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.

### Ohio'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 Ohio

#### Overview

Ohio is home to 416,395 infants and toddlers, representing 3.6 percent of the state's population. As many as 46 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ OHIO ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White **70.2%**  
49.3%

Non-Hispanic Black **15.3%**  
13.8%

Hispanic **6.5%**  
26.1%

Non-Hispanic other **5.2%**  
5.1%

Non-Hispanic Asian **2.5%**  
4.9%

American Indian/Alaska Native **0.2%**  
0.8%

#### Working moms

Mothers in the Labor Force **66.5%**  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income **53.9%**  
55.4%

In Poverty **25.7%**  
22.7%

Low-Income **20.4%**  
22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black **53.2%**  
39.5%

Hispanic **46.3%**  
30.8%

Non-Hispanic Other **30.0%**  
20.0%

Non-Hispanic White **17.7%**  
14.6%

#### Family structure

2-Parent Family **70.0%**  
76.3%

1-Parent Family **27.4%**  
21.5%

No Parents Present **2.6%**  
2.2%

#### Grandparent-headed households

**8.5%**  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area **17.3%**  
8.7%



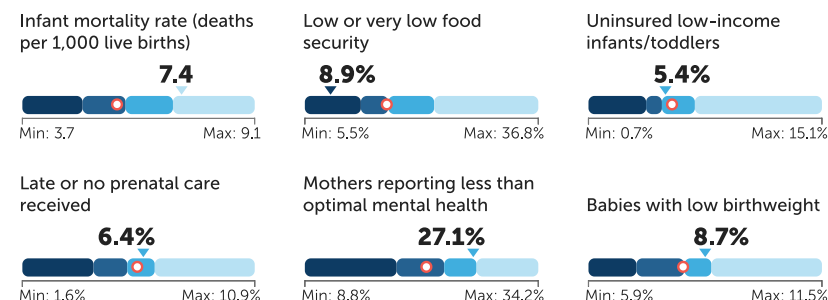
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Ohio falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators in the infant/toddler mental health subdomain. On indicators of food security, nutrition, and maternal health, Ohio is mostly in the Reaching Forward (R) tier. However, Ohio is primarily in the Getting Started (G) tier on children's health indicators, such as the state's infant mortality rate.

## Six Key Indicators of Good Health

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



## Good Health Policy in Ohio

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 at ECE programs	Yes <input checked="" type="checkbox"/>



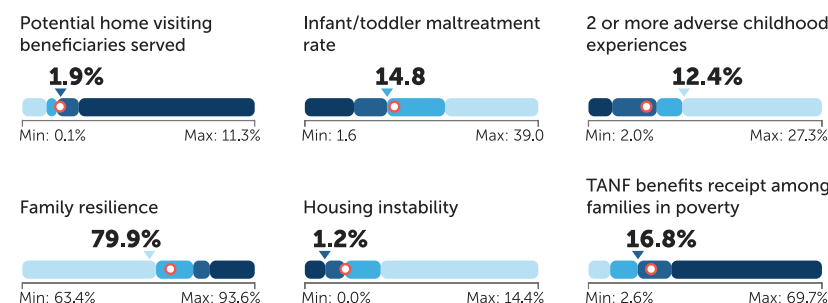
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Ohio falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily due to the indicators in the Working Effectively (W) tier, including the percentage of infants and toddlers living in crowded housing, and the percentage of young children exiting foster care to permanency. However, Ohio is in the Getting Started (G) tier when it comes to the prevalence of adverse childhood experiences among infants and toddlers. Ohio does not require employers to offer paid sick days that cover care for children, nor does it have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Ohio

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



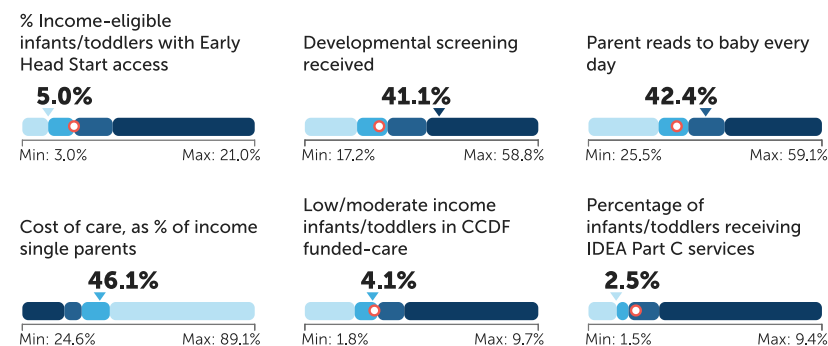
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Ohio scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain reflects indicators such as the percentage of infants and toddlers who received developmental screenings, and the percentage whose parents read to them every day. However, the percentage of income-eligible infants and toddlers with Early Head Start access and the percentage of young children receiving IDEA Part C services are in the Getting Started (G) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Ohio

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Ohio

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>205.0</b>	<b>R</b> Uninsured low-income infants/toddlers	<b>5.4%</b>
National average: 200.0		National average: 5.8%	
<b>W</b> Low or very low food security	<b>8.9%</b>	<b>R</b> Infants ever breastfed	<b>81.9%</b>
National average: 16.5%		National average: 83.2%	
<b>R</b> Infants breastfed at 6 months	<b>53.1%</b>	<b>R</b> Late or no prenatal care received	<b>6.4%</b>
National average: 57.6%		National average: 6.2%	
<b>R</b> Mothers reporting less than optimal mental health	<b>27.1%</b>	<b>W</b> Preventive medical care received	<b>98.8%</b>
National average: 22.0%		National average: 90.7%	
<b>G</b> Preventive dental care received	<b>21.4%</b>	<b>R</b> Babies with low birthweight	<b>8.7%</b>
National average: 30.0%		National average: 8.2%	
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>7.4</b>	<b>G</b> Received recommended vaccines	<b>68.0%</b>
National average: 5.9		National average: 70.7%	



## Strong Families

**O** Housing instability **1.2%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **16.8%**  
National average: 20.6%

**O** Unsafe neighborhoods **3.7%**  
National average: 6.3%

**O** 1 adverse childhood experience **19.2%**  
National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency **99.7%**  
National average: 98.4%

**W** Crowded housing **9.0%**  
National average: 15.6%

**R** Infant/toddler maltreatment rate **14.8**  
National average: 16.0

**G** Family resilience **79.9%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **12.4%**  
National average: 8.3%

**O** Potential home visiting beneficiaries served **1.9%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **42.4%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **5.0%**  
National average: 7.0%

**R** Cost of care, as % of income single parents **46.1%**  
National average: N/A

**W** Developmental screening received **41.1%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **2.5%**  
National average: 3.1%

**R** Parent sings to baby every day **57.8%**  
National average: 56.4%

**O** Cost of care, as % of income married families **11.6%**  
National average: N/A

**R** Low/moderate income infants/toddlers in CCDF funded-care **4.1%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **0.9%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Oklahoma's Rankings

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

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Improving Outcomes



## Demographics

### Infants and toddlers in Oklahoma

#### Overview

Oklahoma is home to 157,083 infants and toddlers, representing 4.0 percent of the state's population. As many as 48 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ OKLAHOMA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ **52.3%**  
■ 49.3%

Hispanic ■ **17.3%**  
■ 26.1%

Non-Hispanic other ■ **11.2%**  
■ 5.1%

American Indian/Alaska Native ■ **8.7%**  
■ 0.8%

Non-Hispanic Black ■ **8.4%**  
■ 13.8%

Non-Hispanic Asian ■ **2.1%**  
■ 4.9%

#### Working moms

Mothers in the Labor Force ■ **58.4%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **51.9%**  
■ 55.4%

In Poverty ■ **25.0%**  
■ 22.7%

Low-Income ■ **23.1%**  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ **52.3%**  
■ 39.5%

Hispanic ■ **32.1%**  
■ 30.8%

Non-Hispanic Other ■ **27.9%**  
■ 20.0%

Non-Hispanic White ■ **17.1%**  
■ 14.6%

#### Family structure

2-Parent Family ■ **74.6%**  
■ 76.3%

1-Parent Family ■ **23.1%**  
■ 21.5%

No Parents Present ■ **2.3%**  
■ 2.2%

#### Grandparent-headed households

■ **6.9%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **20.2%**  
■ 8.7%



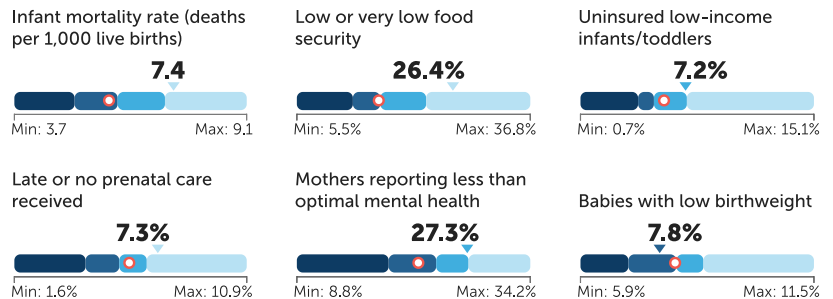
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Oklahoma falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Getting Started (G) tier across the subdomains of nutrition and food security, health care access and affordability, and maternal health. However, the percentage of babies with low birthweight is in the Improving Outcomes (O) tier. Oklahoma's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Oklahoma

Medicaid expansion state	No ✗
State Medicaid policy for maternal depression screening in well-child visits	No policy
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 at ECE programs	Yes ✓



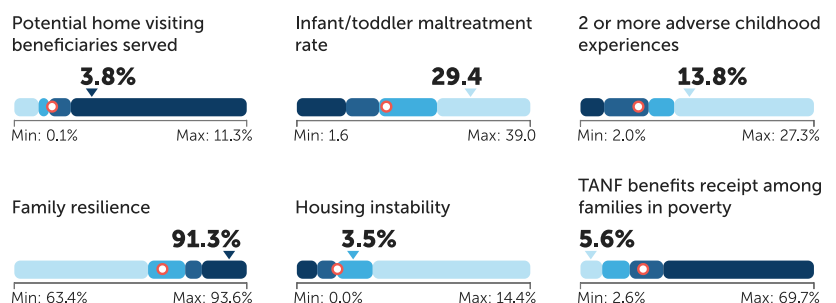
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Oklahoma falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain is primarily due to the predominance of indicators in the Getting Started (G) tier; these indicators include the infant/toddler maltreatment rate, the prevalence of adverse childhood experiences, and neighborhood safety. Oklahoma does not require employers to offer paid sick days that cover care for children, nor does the state have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Oklahoma

Paid sick time that covers care for child	No ✗
Paid family leave	No ✗



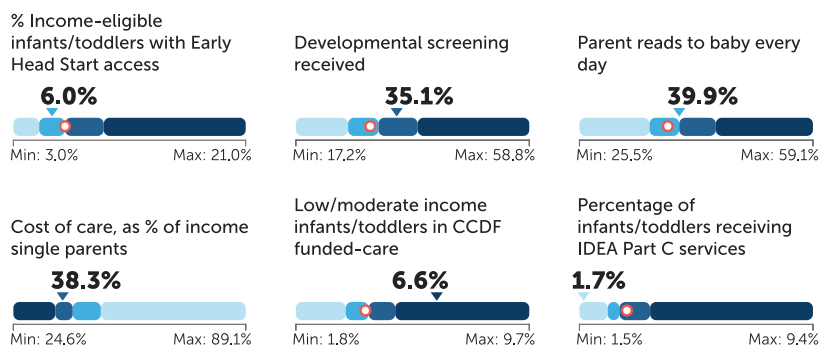
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Oklahoma scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to the less burdensome cost of infant care (as a percentage of single parents' and married parents' incomes) in Oklahoma, compared to other states. However, the percentage of parents who read to and sing songs to their babies daily falls in the Getting Started (G) and Reaching Forward (R) tiers, respectively.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Oklahoma

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Oklahoma

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>138.0</b> <i>National average: 200.0</i>	<b>R</b> Uninsured low-income infants/toddlers	<b>7.2%</b> <i>National average: 5.8%</i>
<b>G</b> Low or very low food security	<b>26.4%</b> <i>National average: 16.5%</i>	<b>G</b> Infants ever breastfed	<b>75.9%</b> <i>National average: 83.2%</i>
<b>G</b> Infants breastfed at 6 months	<b>49.0%</b> <i>National average: 57.6%</i>	<b>G</b> Late or no prenatal care received	<b>7.3%</b> <i>National average: 6.2%</i>
<b>R</b> Mothers reporting less than optimal mental health	<b>27.3%</b> <i>National average: 22.0%</i>	<b>R</b> Preventive medical care received	<b>90.8%</b> <i>National average: 90.7%</i>
<b>R</b> Preventive dental care received	<b>27.7%</b> <i>National average: 30.0%</i>	<b>O</b> Babies with low birthweight	<b>7.8%</b> <i>National average: 8.2%</i>
<b>G</b> Infant mortality rate (deaths per 1,000 live births)	<b>7.4</b> <i>National average: 5.9</i>	<b>G</b> Received recommended vaccines	<b>67.0%</b> <i>National average: 70.7%</i>

## Strong Families

**R** Housing instability **3.5%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **5.6%**  
National average: 20.6%

**G** Unsafe neighborhoods **9.0%**  
National average: 6.3%

**G** 1 adverse childhood experience **31.9%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **96.0%**  
National average: 98.4%

**R** Crowded housing **11.5%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **29.4**  
National average: 16.0

**W** Family resilience **91.3%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **13.8%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **3.8%**  
National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day **39.9%**  
National average: 38.2%

**R** % Income-eligible infants/toddlers with Early Head Start access **6.0%**  
National average: 7.0%

**O** Cost of care, as % of income single parents **38.3%**  
National average: N/A

**O** Developmental screening received **35.1%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **1.7%**  
National average: 3.1%

**G** Parent sings to baby every day **54.4%**  
National average: 56.4%

**O** Cost of care, as % of income married families **11.5%**  
National average: N/A

**W** Low/moderate income infants/toddlers in CCDF funded-care **6.6%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.2%**  
National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Oregon'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**

Reaching Forward



## Demographics

### Infants and toddlers in Oregon

#### Overview

Oregon is home to 140,796 infants and toddlers, representing 3.4 percent of the state's population. As many as 43 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

OREGON NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
63.0%  
49.3%

Hispanic  
22.0%  
26.1%

Non-Hispanic other  
7.5%  
5.1%

Non-Hispanic Asian  
3.9%  
4.9%

Non-Hispanic Black  
2.3%  
13.8%

American Indian/Alaska Native  
1.2%  
0.8%

#### Working moms

Mothers in the Labor Force  
58.6%  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
57.3%  
55.4%

Low-Income  
22.6%  
22.0%

In Poverty  
20.2%  
22.7%

#### Infants and toddlers in poverty, by race

Hispanic  
33.9%  
30.8%

Non-Hispanic Other  
25.9%  
20.0%

Non-Hispanic White  
14.5%  
14.6%

Non-Hispanic Black  
N/A  
39.5%

#### Family structure

2-Parent Family  
80.6%  
76.3%

1-Parent Family  
18.8%  
21.5%

No Parents Present  
0.6%  
2.2%

#### Grandparent-headed households

8.5%  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
13.5%  
8.7%



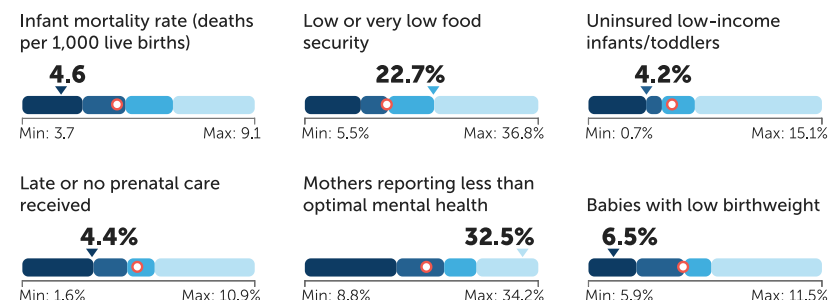
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Oregon falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects its indicators in the Working Effectively (W) tier. On indicators of food security and nutrition, Oregon is primarily in the Working Effectively (W) tier. Some maternal health indicators, such as mothers' mental health, fall in the Getting Started (G) tier. Oregon's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Oregon

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 at ECE programs	Yes <input checked="" type="checkbox"/>



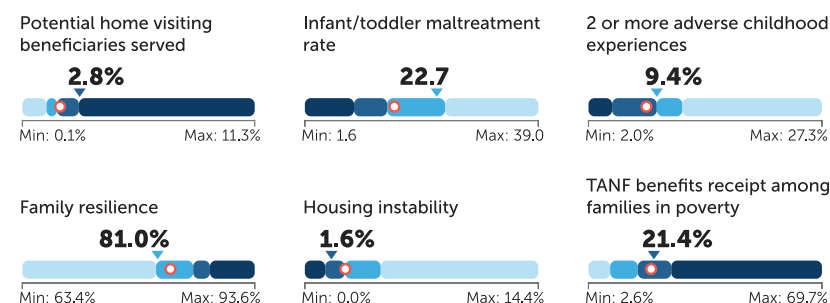
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Oregon falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily due to its indicators in the Improving Outcomes (O) tier, including the neighborhood safety indicator. However, the percentage of infants and toddlers in Oregon living in crowded housing is in the Getting Started (G) tier. Oregon requires employers to offer paid sick days that cover care for children. However, the state does not have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Oregon

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	No <input type="checkbox"/>



# Positive Early Learning Experiences

## In Oregon

G R O W

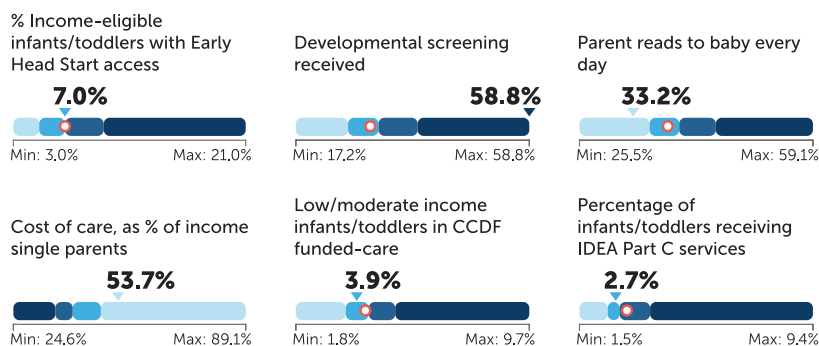
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Oregon scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain primarily reflects indicators of early care and education opportunities in the Getting Started (G) tier. However, the percentage of infants and toddlers receiving developmental screenings and the percentage with a moderate/severe developmental delay are in the Working Effectively (W) and Improving Outcomes (O) tiers, respectively.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Oregon

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Oregon

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>190.0</b> National average: 200.0	<b>O</b> Uninsured low-income infants/toddlers	<b>4.2%</b> National average: 5.8%
<b>R</b> Low or very low food security	<b>22.7%</b> National average: 16.5%	<b>W</b> Infants ever breastfed	<b>89.4%</b> National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>72.5%</b> National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>4.4%</b> National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>32.5%</b> National average: 22.0%	<b>O</b> Preventive medical care received	<b>93.5%</b> National average: 90.7%
<b>O</b> Preventive dental care received	<b>36.5%</b> National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.5%</b> National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.6</b> National average: 5.9	<b>G</b> Received recommended vaccines	<b>58.1%</b> National average: 70.7%

## Strong Families

<b>O</b> Housing instability	<b>1.6%</b> <i>National average: 2.5%</i>	<b>G</b> Crowded housing	<b>14.7%</b> <i>National average: 15.6%</i>
<b>O</b> TANF benefits receipt among families in poverty	<b>21.4%</b> <i>National average: 20.6%</i>	<b>R</b> Infant/toddler maltreatment rate	<b>22.7</b> <i>National average: 16.0</i>
<b>O</b> Unsafe neighborhoods	<b>4.2%</b> <i>National average: 6.3%</i>	<b>R</b> Family resilience	<b>81.0%</b> <i>National average: 82.6%</i>
<b>W</b> 1 adverse childhood experience	<b>17.5%</b> <i>National average: 21.9%</i>	<b>R</b> 2 or more adverse childhood experiences	<b>9.4%</b> <i>National average: 8.3%</i>
<b>R</b> Infants/toddlers exiting foster care to permanency	<b>97.7%</b> <i>National average: 98.4%</i>	<b>O</b> Potential home visiting beneficiaries served	<b>2.8%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>G</b> Parent reads to baby every day	<b>33.2%</b> <i>National average: 38.2%</i>	<b>G</b> Parent sings to baby every day	<b>54.6%</b> <i>National average: 56.4%</i>
<b>R</b> % Income-eligible infants/toddlers with Early Head Start access	<b>7.0%</b> <i>National average: 7.0%</i>	<b>G</b> Cost of care, as % of income married families	<b>15.8%</b> <i>National average: N/A</i>
<b>G</b> Cost of care, as % of income single parents	<b>53.7%</b> <i>National average: N/A</i>	<b>R</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>3.9%</b> <i>National average: 4.2%</i>
<b>W</b> Developmental screening received	<b>58.8%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.0%</b> <i>National average: 1.1%</i>
<b>R</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>2.7%</b> <i>National average: 3.1%</i>		



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Pennsylvania'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 Pennsylvania

#### Overview

Pennsylvania is home to 421,528 infants and toddlers, representing 3.3 percent of the state's population. As many as 39 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ PENNSYLVANIA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 65.6%  
■ 49.3%

Hispanic  
■ 13.2%  
■ 26.1%

Non-Hispanic Black  
■ 13.0%  
■ 13.8%

Non-Hispanic other  
■ 4.2%  
■ 5.1%

Non-Hispanic Asian  
■ 3.8%  
■ 4.9%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 69.2%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 60.7%  
■ 55.4%

In Poverty  
■ 20.4%  
■ 22.7%

Low-Income  
■ 18.9%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 39.6%  
■ 30.8%

Non-Hispanic Black  
■ 37.5%  
■ 39.5%

Non-Hispanic Other  
■ 18.0%  
■ 20.0%

Non-Hispanic White  
■ 13.6%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 77.8%  
■ 76.3%

1-Parent Family  
■ 19.7%  
■ 21.5%

No Parents Present  
■ 2.5%  
■ 2.2%

#### Grandparent-headed households

■ 7.3%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 7.6%  
■ 8.7%



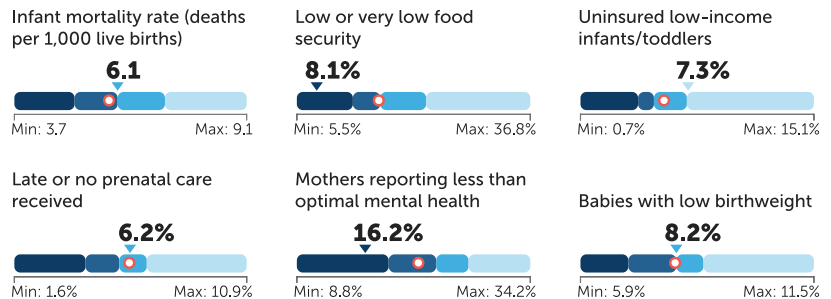
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Pennsylvania falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking primarily reflects many indicators in the Working Effectively (W) tier, which span all the Good Health subdomains. However, the state's infant mortality rate and percentage of babies with low birthweight indicators are in the Reaching Forward (R) tier. Pennsylvania's Medicaid plan covers early childhood mental health services in home settings and pediatric/family medicine practices, but not in early childhood education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Pennsylvania

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



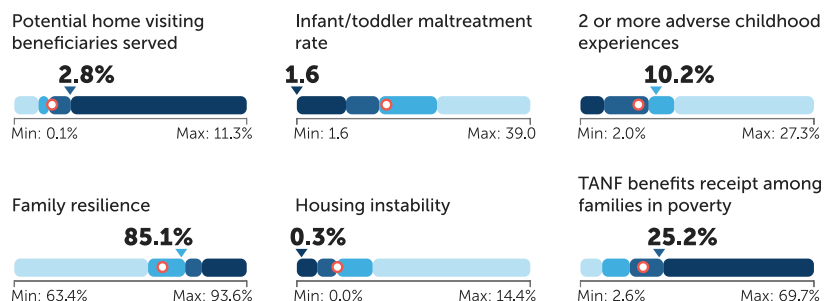
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Pennsylvania falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects indicators related to supports for basic needs, most of which are in the Improving Outcomes (O) tier. Most child welfare indicators are in the Reaching Forward (R) tier, including the prevalence of two or more adverse childhood experiences among infants and toddlers. Pennsylvania does not require employers to offer paid sick days that cover care for children, nor does the state have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Pennsylvania

Paid sick time that covers care for child	No <input type="checkbox"/>
Paid family leave	No <input type="checkbox"/>





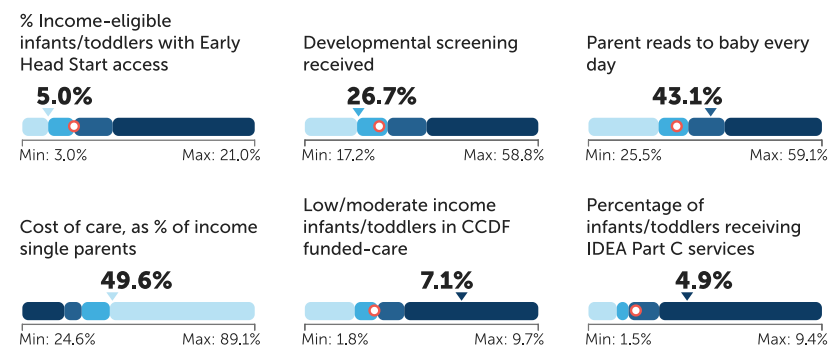
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Pennsylvania scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and children. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to the percentage of infants and toddlers receiving IDEA Part C services, and the percentage of low/moderate income infants and toddlers in CCDF-funded care. For the indicators of the percentage of income-eligible infants and toddlers with access to Early Head Start and the average cost of infant care as a percentage of single parents' incomes, Pennsylvania is in the Getting Started (G) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Pennsylvania

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Pennsylvania

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>220.0</b>	National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>7.3%</b>	National average: 5.8%
<b>W</b> Low or very low food security	<b>8.1%</b>	National average: 16.5%	<b>O</b> Infants ever breastfed	<b>83.8%</b>	National average: 83.2%
<b>O</b> Infants breastfed at 6 months	<b>59.2%</b>	National average: 57.6%	<b>R</b> Late or no prenatal care received	<b>6.2%</b>	National average: 6.2%
<b>W</b> Mothers reporting less than optimal mental health	<b>16.2%</b>	National average: 22.0%	<b>W</b> Preventive medical care received	<b>95.0%</b>	National average: 90.7%
<b>R</b> Preventive dental care received	<b>28.3%</b>	National average: 30.0%	<b>R</b> Babies with low birthweight	<b>8.2%</b>	National average: 8.2%
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.1</b>	National average: 5.9	<b>O</b> Received recommended vaccines	<b>73.7%</b>	National average: 70.7%

## Strong Families

**W** Housing instability **0.3%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **25.2%**  
National average: 20.6%

**R** Unsafe neighborhoods **6.4%**  
National average: 6.3%

**R** 1 adverse childhood experience **22.9%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **92.0%**  
National average: 98.4%

**O** Crowded housing **10.3%**  
National average: 15.6%

**W** Infant/toddler maltreatment rate **1.6**  
National average: 16.0

**R** Family resilience **85.1%**  
National average: 82.6%

**R** 2 or more adverse childhood experiences **10.2%**  
National average: 8.3%

**O** Potential home visiting beneficiaries served **2.8%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **43.1%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **5.0%**  
National average: 7.0%

**G** Cost of care, as % of income single parents **49.6%**  
National average: N/A

**R** Developmental screening received **26.7%**  
National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services **4.9%**  
National average: 3.1%

**R** Parent sings to baby every day **57.6%**  
National average: 56.4%

**R** Cost of care, as % of income married families **13.3%**  
National average: N/A

**W** Low/moderate income infants/toddlers in CCDF funded-care **7.1%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.8%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Rhode Island's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Rhode Island

#### Overview

Rhode Island is home to 33,067 infants and toddlers, representing 3.1 percent of the state's population. As many as 41 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ RHODE ISLAND ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 55.0%  
■ 49.3%

Hispanic  
■ 28.5%  
■ 26.1%

Non-Hispanic Black  
■ 6.9%  
■ 13.8%

Non-Hispanic other  
■ 5.2%  
■ 5.1%

Non-Hispanic Asian  
■ 3.9%  
■ 4.9%

American Indian/Alaska Native  
■ 0.5%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 60.7%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 59.3%  
■ 55.4%

Low-Income  
■ 20.8%  
■ 22.0%

In Poverty  
■ 20.0%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 36.8%  
■ 30.8%

Non-Hispanic White  
■ 8.9%  
■ 14.6%

Non-Hispanic Black  
■ N/A  
■ 39.5%

Non-Hispanic Other  
■ N/A  
■ 20.0%

#### Family structure

2-Parent Family  
■ 72.5%  
■ 76.3%

1-Parent Family  
■ 25.8%  
■ 21.5%

No Parents Present  
■ 1.8%  
■ 2.2%

#### Grandparent-headed households

■ 7.4%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 0.0%  
■ 8.7%



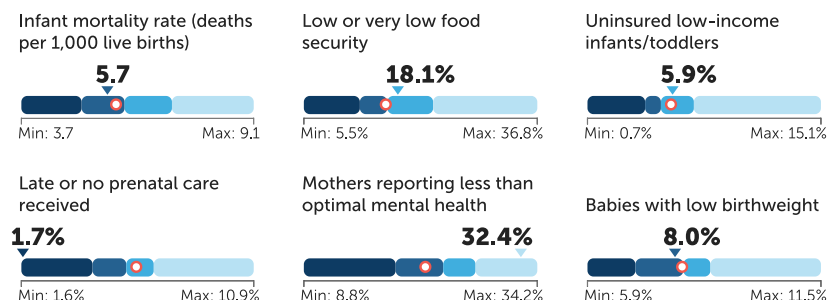
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Rhode Island falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects the percentage of women receiving late or no prenatal care, and the percentage of infants and toddlers who had a preventive medical visit in the past year, with both indicators in the Working Effectively (W) tier. On indicators of food security and nutrition, Rhode Island is primarily in the Reaching Forward (R) tier. However, some children's health indicators, such as the state's infant mortality rate and prevalence of low birthweight, are in the Improving Outcomes (O) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Rhode Island

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 at ECE programs	Yes <input checked="" type="checkbox"/>



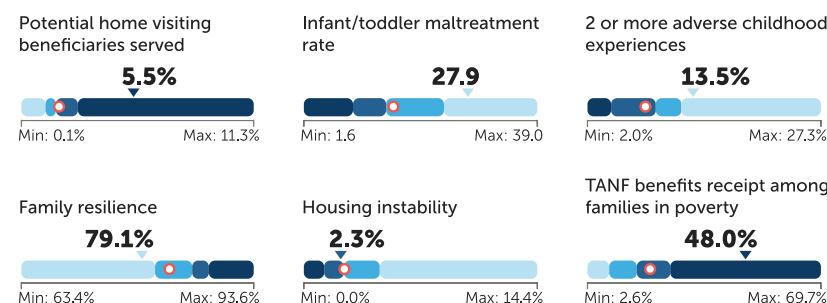
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Rhode Island falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily due to indicators for the percentage of families with young children living in poverty that receive TANF benefits, and the percentage of young children receiving home visiting services, both of which are in the Working Effectively (W) tier. In terms of access to basic needs and supports, Rhode Island is primarily in the Improving Outcomes (O) tier. However, the state's child welfare indicators are mostly in the Getting Started (G) tier. About 14 percent of infants and toddlers in Rhode Island have experienced two or more adverse childhood experiences, compared to a national average of 8 percent.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Rhode Island

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>



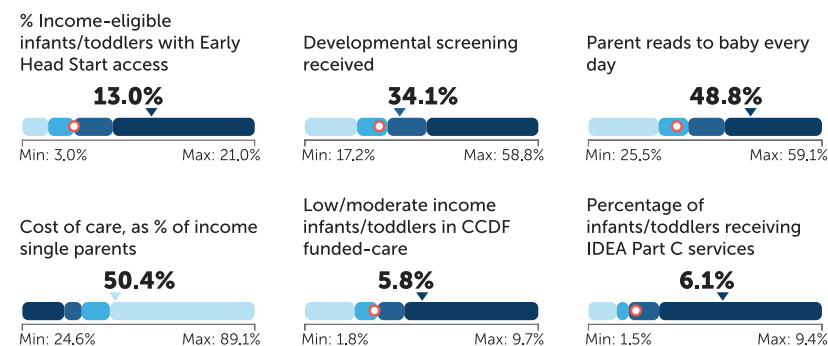
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Rhode Island scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to its early care and education opportunities indicators, three of which are in the Working Effectively (W) tier. However, the average cost of infant care as a percentage of single parents' and married parents' incomes is more burdensome for families in Rhode Island compared to other states. Although the state does not offer child care subsidies for families at or above 200 percent of the federal poverty level, it ranks in the Working Effectively (W) tier on the percentage of low/moderate income infants and toddlers in CCDF-funded care.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Rhode Island

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Rhode Island

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>195.0</b> National average: 200.0	<b>R</b> Uninsured low-income infants/toddlers	<b>5.9%</b> National average: 5.8%
<b>R</b> Low or very low food security	<b>18.1%</b> National average: 16.5%	<b>R</b> Infants ever breastfed	<b>81.4%</b> National average: 83.2%
<b>G</b> Infants breastfed at 6 months	<b>49.6%</b> National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>1.7%</b> National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>32.4%</b> National average: 22.0%	<b>W</b> Preventive medical care received	<b>95.1%</b> National average: 90.7%
<b>O</b> Preventive dental care received	<b>36.3%</b> National average: 30.0%	<b>O</b> Babies with low birthweight	<b>8.0%</b> National average: 8.2%
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.7</b> National average: 5.9	<b>O</b> Received recommended vaccines	<b>75.5%</b> National average: 70.7%

## Strong Families

**O** Housing instability **2.3%**  
National average: 2.5%

**W** TANF benefits receipt among families in poverty **48.0%**  
National average: 20.6%

**O** Unsafe neighborhoods **2.2%**  
National average: 6.3%

**R** 1 adverse childhood experience **23.9%**  
National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency **98.0%**  
National average: 98.4%

**O** Crowded housing **9.6%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **27.9**  
National average: 16.0

**G** Family resilience **79.1%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **13.5%**  
National average: 8.3%

**W** Potential home visiting beneficiaries served **5.5%**  
National average: 1.9%

## Positive Early Learning Experiences

**W** Parent reads to baby every day **48.8%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **13.0%**  
National average: 7.0%

**G** Cost of care, as % of income single parents **50.4%**  
National average: N/A

**O** Developmental screening received **34.1%**  
National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services **6.1%**  
National average: 3.1%

**W** Parent sings to baby every day **65.1%**  
National average: 56.4%

**R** Cost of care, as % of income married families **13.3%**  
National average: N/A

**W** Low/moderate income infants/toddlers in CCDF funded-care **5.8%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.4%**  
National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### South Carolina'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**

Reaching Forward

#### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in South Carolina

#### Overview

South Carolina is home to 175,671 infants and toddlers, representing 3.5 percent of the state's population. As many as 57 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ SOUTH CAROLINA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ **53.7%**  
■ 49.3%

Non-Hispanic Black ■ **29.7%**  
■ 13.8%

Hispanic ■ **10.3%**  
■ 26.1%

Non-Hispanic other ■ **4.4%**  
■ 5.1%

Non-Hispanic Asian ■ **1.5%**  
■ 4.9%

American Indian/Alaska Native ■ **0.3%**  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ **50.3%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **42.9%**  
■ 55.4%

In Poverty ■ **29.3%**  
■ 22.7%

Low-Income ■ **27.8%**  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ **46.4%**  
■ 39.5%

Hispanic ■ **41.8%**  
■ 30.8%

Non-Hispanic Other ■ **39.3%**  
■ 20.0%

Non-Hispanic White ■ **16.5%**  
■ 14.6%

#### Family structure

2-Parent Family ■ **68.6%**  
■ 76.3%

1-Parent Family ■ **28.2%**  
■ 21.5%

No Parents Present ■ **3.2%**  
■ 2.2%

#### Grandparent-headed households

■ **15.4%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **9.6%**  
■ 8.7%



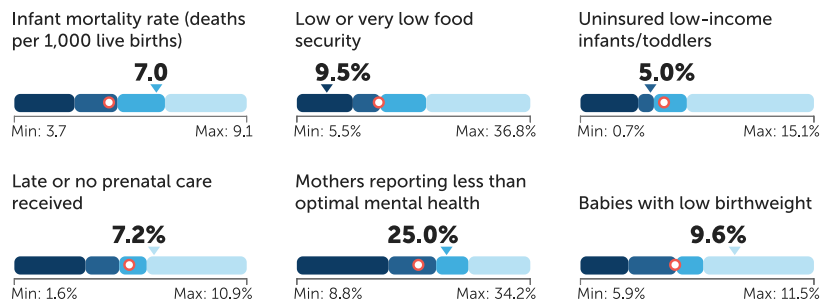
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

South Carolina falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Getting Started (G) tier, including most of those for nutrition and food security. South Carolina's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in South Carolina

Medicaid expansion state	No ✗
State Medicaid policy for maternal depression screening in well-child visits	Required
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 at ECE programs	Yes ✓



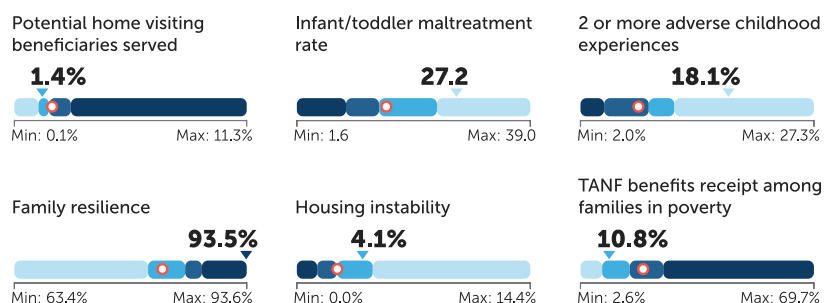
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

South Carolina falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain primarily reflects that most indicators, across the subdomains, fall in the Getting Started (G) and Reaching Forward (R) tiers. However, the percentage of young children living in crowded housing is in the Working Effectively (W) tier. South Carolina does not require employers to offer paid sick days that cover care for children, nor does the state have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in South Carolina

Paid sick time that covers care for child	No ✗
Paid family leave	No ✗



# Positive Early Learning Experiences

## In South Carolina

G R O W

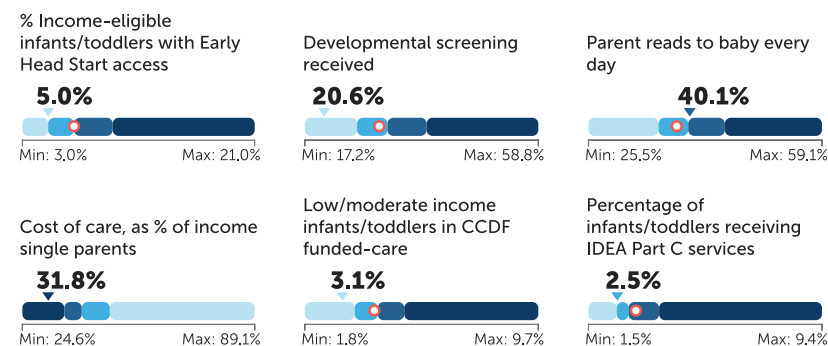
### What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

South Carolina scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain is primarily due to the predominance of South Carolina's early intervention and prevention services indicators in the Getting Started (G) tier. The percentage of income-eligible infants and toddlers with access to Early Head Start, and the percentage of low/moderate income infants and toddlers in CCDF-funded care, are also in the Getting Started (G) tier. The average infant care costs (as a percentage of single parents' and married parents' incomes) are less burdensome in South Carolina than in many other states, placing South Carolina in the Working Effectively (W) tier for those indicators.

### Six Key Indicators of Positive Early Learning Experiences

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



### Positive Early Learning Experiences Policy in South Carolina

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for South Carolina

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

### Good Health

<b>R</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>199.0</b> National average: 200.0	<b>O</b> Uninsured low-income infants/toddlers	<b>5.0%</b> National average: 5.8%
<b>W</b> Low or very low food security	<b>9.5%</b> National average: 16.5%	<b>G</b> Infants ever breastfed	<b>76.4%</b> National average: 83.2%
<b>G</b> Infants breastfed at 6 months	<b>45.1%</b> National average: 57.6%	<b>G</b> Late or no prenatal care received	<b>7.2%</b> National average: 6.2%
<b>R</b> Mothers reporting less than optimal mental health	<b>25.0%</b> National average: 22.0%	<b>R</b> Preventive medical care received	<b>91.4%</b> National average: 90.7%
<b>W</b> Preventive dental care received	<b>49.3%</b> National average: 30.0%	<b>G</b> Babies with low birthweight	<b>9.6%</b> National average: 8.2%
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>7.0</b> National average: 5.9	<b>R</b> Received recommended vaccines	<b>69.7%</b> National average: 70.7%

## Strong Families

**R** Housing instability **4.1%**  
National average: 2.5%

**R** TANF benefits receipt among families in poverty **10.8%**  
National average: 20.6%

**R** Unsafe neighborhoods **4.7%**  
National average: 6.3%

**R** 1 adverse childhood experience **23.4%**  
National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency **99.3%**  
National average: 98.4%

**W** Crowded housing **8.5%**  
National average: 15.6%

**G** Infant/toddler maltreatment rate **27.2**  
National average: 16.0

**W** Family resilience **93.5%**  
National average: 82.6%

**G** 2 or more adverse childhood experiences **18.1%**  
National average: 8.3%

**R** Potential home visiting beneficiaries served **1.4%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **40.1%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **5.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **31.8%**  
National average: N/A

**G** Developmental screening received **20.6%**  
National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services **2.5%**  
National average: 3.1%

**G** Parent sings to baby every day **54.5%**  
National average: 56.4%

**W** Cost of care, as % of income married families **8.7%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **3.1%**  
National average: 4.2%

**G** Infants/toddlers with developmental delay **5.6%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## South Dakota'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**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

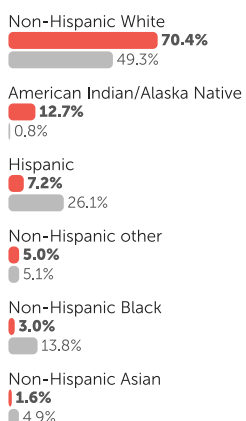
### Infants and toddlers in South Dakota

#### Overview

South Dakota is home to 37,013 infants and toddlers, representing 4.3 percent of the state's population. As many as 47 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ SOUTH DAKOTA ■ NATIONAL AVERAGE

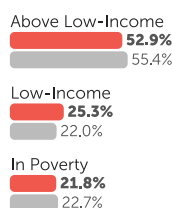
#### Race/ethnicity of infants and toddlers



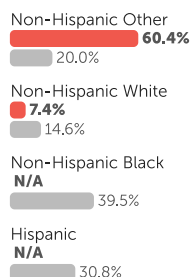
#### Working moms



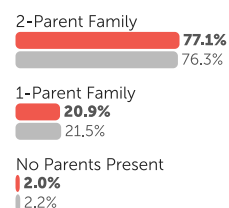
#### Poverty status of infants and toddlers



#### Infants and toddlers in poverty, by race



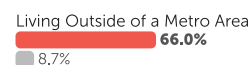
#### Family structure



#### Grandparent-headed households



#### Rural/Non-metro area





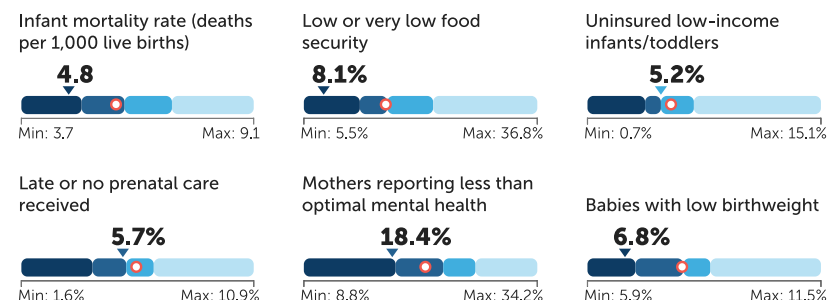
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

South Dakota falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects maternal health indicators, such as the percentage of women in South Dakota receiving late or no prenatal care, which fall mainly in the Improving Outcomes (O) tier. The state's income eligibility limit for pregnant women in Medicaid (as a percentage of the federal poverty level) is in the Getting Started (G) tier. South Dakota's Medicaid plan covers early childhood mental health services in pediatric/family medicine practices, but not in home settings or early childhood education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in South Dakota

Medicaid expansion state	No ❌
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	Yes ✅
Medicaid plan covers IECMH services at ECE programs	No ❌



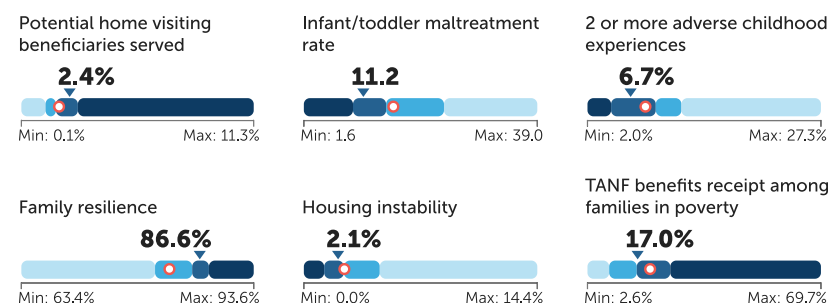
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

South Dakota falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects the relatively lower percentage of young children exiting foster care to permanency, and the state's paid leave policies. However, in terms of access to basic needs and supports, the state is in the Improving Outcomes (O) tier. South Dakota does not require employers to offer paid sick days that cover care for children, nor does it have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in South Dakota

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌





# Positive Early Learning Experiences

## In South Dakota



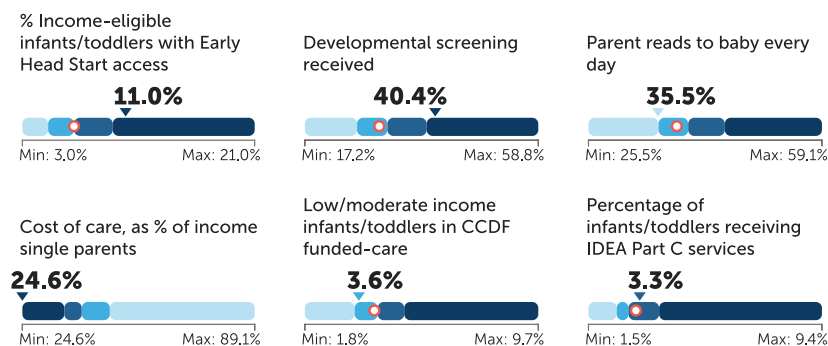
### What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

South Dakota scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to its average infant care costs, as a percentage of single parents' and married parents' incomes, which are less burdensome for families in South Dakota than in most other states. For its performance on these indicators, and the percentage of eligible infants and toddlers with access to Early Head Start, South Dakota in the Working Effectively (W) tier. South Dakota's early intervention and prevention services indicators score primarily in the Reaching Forward (R) tier. However, the indicators of parents reading to and singing songs to their babies daily are in the Getting Started (G) tier.

### Six Key Indicators of Positive Early Learning Experiences

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



### Positive Early Learning Experiences Policy in South Dakota

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for South Dakota

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>138.0</b> National average: 200.0	<b>R</b> Uninsured low-income infants/toddlers	<b>5.2%</b> National average: 5.8%
<b>W</b> Low or very low food security	<b>8.1%</b> National average: 16.5%	<b>R</b> Infants ever breastfed	<b>83.3%</b> National average: 83.2%
<b>O</b> Infants breastfed at 6 months	<b>62.6%</b> National average: 57.6%	<b>O</b> Late or no prenatal care received	<b>5.7%</b> National average: 6.2%
<b>O</b> Mothers reporting less than optimal mental health	<b>18.4%</b> National average: 22.0%	<b>R</b> Preventive medical care received	<b>92.8%</b> National average: 90.7%
<b>R</b> Preventive dental care received	<b>28.4%</b> National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.8%</b> National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.8</b> National average: 5.9	<b>R</b> Received recommended vaccines	<b>70.4%</b> National average: 70.7%

## Strong Families

**H** Housing instability **2.1%**  
National average: 2.5%

**O** TANF benefits receipt among families in poverty **17.0%**  
National average: 20.6%

**W** Unsafe neighborhoods **1.6%**  
National average: 6.3%

**G** 1 adverse childhood experience **26.9%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **82.1%**  
National average: 98.4%

**O** Crowded housing **11.0%**  
National average: 15.6%

**O** Infant/toddler maltreatment rate **11.2**  
National average: 16.0

**O** Family resilience **86.6%**  
National average: 82.6%

**O** 2 or more adverse childhood experiences **6.7%**  
National average: 8.3%

**O** Potential home visiting beneficiaries served **2.4%**  
National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day **35.5%**  
National average: 38.2%

**W** % Income-eligible infants/toddlers with Early Head Start access **11.0%**  
National average: 7.0%

**W** Cost of care, as % of income single parents **24.6%**  
National average: N/A

**W** Developmental screening received **40.4%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **3.3%**  
National average: 3.1%

**G** Parent sings to baby every day **52.1%**  
National average: 56.4%

**W** Cost of care, as % of income married families **7.7%**  
National average: N/A

**R** Low/moderate income infants/toddlers in CCDF funded-care **3.6%**  
National average: 4.2%

**O** Infants/toddlers with developmental delay **0.0%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Tennessee's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Tennessee

#### Overview

Tennessee is home to 245,310 infants and toddlers, representing 3.7 percent of the state's population. As many as 53 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ TENNESSEE ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 63.4% ■ 49.3%

Non-Hispanic Black ■ 19.4% ■ 13.8%

Hispanic ■ 10.8% ■ 26.1%

Non-Hispanic other ■ 4.4% ■ 5.1%

Non-Hispanic Asian ■ 1.8% ■ 4.9%

American Indian/Alaska Native ■ 0.2% ■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 62.9% ■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 47.4% ■ 55.4%

In Poverty ■ 28.3% ■ 22.7%

Low-Income ■ 24.3% ■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ 47.3% ■ 39.5%

Hispanic ■ 39.8% ■ 30.8%

Non-Hispanic Other ■ 27.1% ■ 20.0%

Non-Hispanic White ■ 21.0% ■ 14.6%

#### Family structure

2-Parent Family ■ 74.2% ■ 76.3%

1-Parent Family ■ 21.2% ■ 21.5%

No Parents Present ■ 4.6% ■ 2.2%

#### Grandparent-headed households

■ 9.7% ■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 13.4% ■ 8.7%



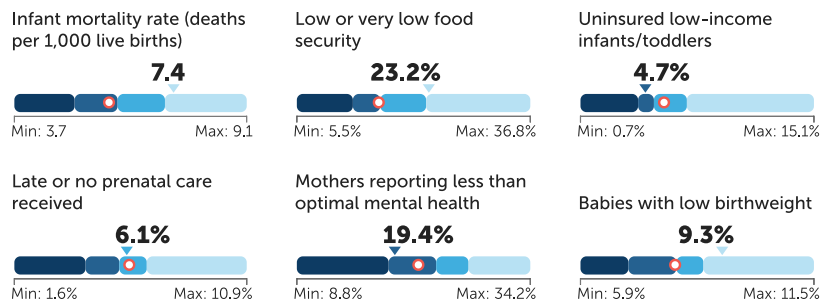
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Tennessee falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects that most indicators are in the Reaching Forward (R) and Getting Started (G) tiers. However, the percentage of uninsured low-income infants and toddlers and the percentage of mothers reporting less than optimal mental health are in the Improving Outcomes (O) tier. Tennessee's Medicaid plan covers early childhood mental health services in home settings and pediatric/family medicine practices, but not in early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Tennessee

Medicaid expansion state	No ❌
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	Yes ✅
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✅
Medicaid plan covers IECMH services at ECE programs	No ❌



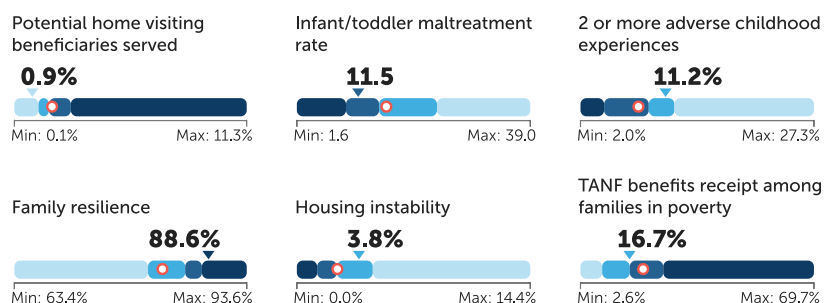
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Tennessee falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking primarily reflects that there are few indicators in this domain for which Tennessee is doing better than national averages. These relatively higher performing indicators include the infant/toddler maltreatment rate, the percentage of young children exiting foster care to permanency, and the percentage of families reporting family resilience. Tennessee has a relatively smaller percentage of infants and toddlers who could benefit from home visiting receive this service, in comparison to other states. The state does not require employers to offer paid sick days that cover care for children, nor does it have a paid family leave program.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Tennessee

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



# Positive Early Learning Experiences

In Tennessee

G R O W

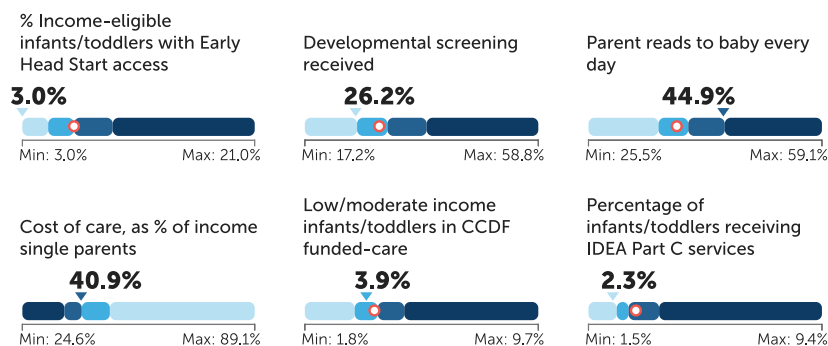
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Tennessee falls in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain is primarily due to the indicators related to early intervention and prevention services, all of which score in the Getting Started (G) tier. Early care and education opportunities indicators are mostly in the Improving Outcomes (O) tier, though the percentage of low/moderate income infants and toddlers in CCDF-funded care and the percentage of income-eligible young children with access to Early Head Start are in the Reaching Forward (R) and Getting Started (G) tiers, respectively.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Tennessee

Families above 200% of FPL eligible for child care subsidy **Yes** ✓

## All indicators for Tennessee

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

### Good Health

R Eligibility limit (% FPL) for pregnant women in Medicaid	200.0	National average: 200.0	O Uninsured low-income infants/toddlers	4.7%	National average: 5.8%
G Low or very low food security	23.2%	National average: 16.5%	G Infants ever breastfed	75.7%	National average: 83.2%
G Infants breastfed at 6 months	49.8%	National average: 57.6%	R Late or no prenatal care received	6.1%	National average: 6.2%
O Mothers reporting less than optimal mental health	19.4%	National average: 22.0%	R Preventive medical care received	90.5%	National average: 90.7%
R Preventive dental care received	30.7%	National average: 30.0%	G Babies with low birthweight	9.3%	National average: 8.2%
G Infant mortality rate (deaths per 1,000 live births)	7.4	National average: 5.9	G Received recommended vaccines	67.4%	National average: 70.7%

## Strong Families

**R** Housing instability **3.8%**  
National average: 2.5%

**R** TANF benefits receipt among families in poverty **16.7%**  
National average: 20.6%

**R** Unsafe neighborhoods **5.2%**  
National average: 6.3%

**R** 1 adverse childhood experience **24.5%**  
National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency **99.4%**  
National average: 98.4%

**O** Crowded housing **10.7%**  
National average: 15.6%

**O** Infant/toddler maltreatment rate **11.5**  
National average: 16.0

**W** Family resilience **88.6%**  
National average: 82.6%

**R** 2 or more adverse childhood experiences **11.2%**  
National average: 8.3%

**G** Potential home visiting beneficiaries served **0.9%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **44.9%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **3.0%**  
National average: 7.0%

**O** Cost of care, as % of income single parents **40.9%**  
National average: N/A

**G** Developmental screening received **26.2%**  
National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services **2.3%**  
National average: 3.1%

**O** Parent sings to baby every day **61.3%**  
National average: 56.4%

**O** Cost of care, as % of income married families **11.6%**  
National average: N/A

**R** Low/moderate income infants/toddlers in CCDF funded-care **3.9%**  
National average: 4.2%

**G** Infants/toddlers with developmental delay **3.8%**  
National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



### Texas' Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

#### Overall

**G R O W**

Getting Started

#### Good Health

**G R O W**

Getting Started

#### Strong Families

**G R O W**

Reaching Forward

#### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Texas

#### Overview

Texas is home to 1,221,075 infants and toddlers, representing 4.3 percent of the state's population. As many as 50 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ TEXAS ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Hispanic  
■ 50.3%  
■ 26.1%

Non-Hispanic White  
■ 30.7%  
■ 49.3%

Non-Hispanic Black  
■ 11.7%  
■ 13.8%

Non-Hispanic Asian  
■ 4.0%  
■ 4.9%

Non-Hispanic other  
■ 3.2%  
■ 5.1%

American Indian/Alaska Native  
■ 0.2%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 53.7%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 49.5%  
■ 55.4%

In Poverty  
■ 25.5%  
■ 22.7%

Low-Income  
■ 25.0%  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 33.8%  
■ 39.5%

Hispanic  
■ 33.1%  
■ 30.8%

Non-Hispanic Other  
■ 18.4%  
■ 20.0%

Non-Hispanic White  
■ 11.9%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 75.4%  
■ 76.3%

1-Parent Family  
■ 22.5%  
■ 21.5%

No Parents Present  
■ 2.0%  
■ 2.2%

#### Grandparent-headed households

■ 9.7%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 4.2%  
■ 8.7%



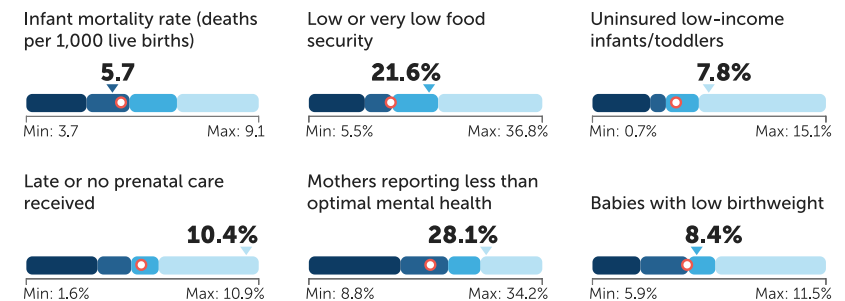
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Texas falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects maternal health indicators, most of which fall in the Getting Started (G) tier. On indicators of food security and nutrition, Texas is primarily in the Reaching Forward (R) tier. However, it is in the Working Effectively (W) tier for preventive dental care received. Texas' Medicaid plan covers early childhood mental health services in home settings and pediatric/family medicine practices, but not in early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Texas

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	Recommended
Medicaid plan covers social-emotional screening for young children	No ❌
Medicaid plan covers IECMH services at home	Yes ✅
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✅
Medicaid plan covers IECMH services at ECE programs	No ❌



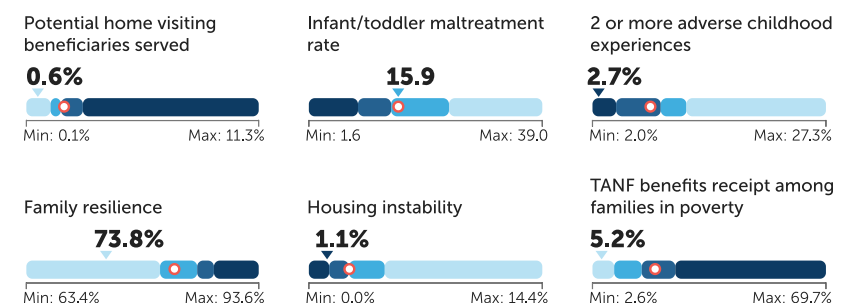
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Texas falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain is primarily due to Texas scoring in the Getting Started (G) tier on some indicators. For example, the state's ranking on indicators related to the percentage of children living in crowded housing and the percentage of families living in poverty receiving TANF benefits are about a quarter of the national average. However, Texas does score in the Working Effectively (W) tier on some indicators, including housing instability and young children exiting foster care to permanency.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Texas

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



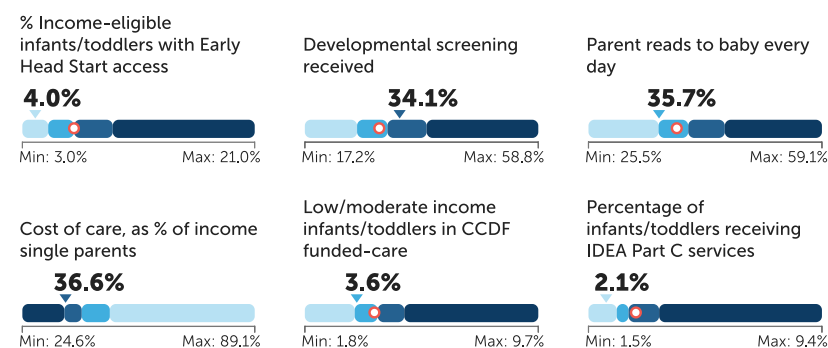
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Texas scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain is primarily due to its indicators in the Getting Started (G) and Reaching Forward (R) tiers, which include the indicators for parents reading to and singing songs to their babies daily. However, the percentage of young children who receive developmental screenings, and the percentage of infants and toddlers with a moderate/severe developmental delay place Texas overall in the Improving Outcomes (O) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Texas

Families above 200% of FPL eligible for child care subsidy

Depends on region

## All indicators for Texas

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>203.0</b>	National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>7.8%</b>	National average: 5.8%
<b>R</b> Low or very low food security	<b>21.6%</b>	National average: 16.5%	<b>O</b> Infants ever breastfed	<b>85.0%</b>	National average: 83.2%
<b>R</b> Infants breastfed at 6 months	<b>56.6%</b>	National average: 57.6%	<b>G</b> Late or no prenatal care received	<b>10.4%</b>	National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>28.1%</b>	National average: 22.0%	<b>G</b> Preventive medical care received	<b>83.0%</b>	National average: 90.7%
<b>W</b> Preventive dental care received	<b>36.9%</b>	National average: 30.0%	<b>R</b> Babies with low birthweight	<b>8.4%</b>	National average: 8.2%
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.7</b>	National average: 5.9	<b>R</b> Received recommended vaccines	<b>69.5%</b>	National average: 70.7%

## Strong Families

**W** Housing instability

**1.1%**

National average: 2.5%

**G** TANF benefits receipt among families in poverty

**5.2%**

National average: 20.6%

**W** Unsafe neighborhoods

**0.4%**

National average: 6.3%

**W** 1 adverse childhood experience

**15.2%**

National average: 21.9%

**W** Infants/toddlers exiting foster care to permanency

**99.6%**

National average: 98.4%

**G** Crowded housing

**20.4%**

National average: 15.6%

**R** Infant/toddler maltreatment rate

**15.9**

National average: 16.0

**G** Family resilience

**73.8%**

National average: 82.6%

**W** 2 or more adverse childhood experiences

**2.7%**

National average: 8.3%

**G** Potential home visiting beneficiaries served

**0.6%**

National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day

**35.7%**

National average: 38.2%

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

**4.0%**

National average: 7.0%

**O** Cost of care, as % of income single parents

**36.6%**

National average: N/A

**O** Developmental screening received

**34.1%**

National average: 30.4%

**G** Percentage of infants/toddlers receiving IDEA Part C services

**2.1%**

National average: 3.1%

**G** Parent sings to baby every day

**45.4%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.2%**

National average: N/A

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

**3.6%**

National average: 4.2%

**O** Infants/toddlers with developmental delay

**0.3%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Utah's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Improving Outcomes

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Utah

#### Overview

Utah is home to 153,019 infants and toddlers, representing 4.9 percent of the state's population. As many as 40 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ UTAH ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 71.7%  
■ 49.3%

Hispanic  
■ 18.8%  
■ 26.1%

Non-Hispanic other  
■ 5.3%  
■ 5.1%

Non-Hispanic Asian  
■ 2.0%  
■ 4.9%

Non-Hispanic Black  
■ 1.2%  
■ 13.8%

American Indian/Alaska Native  
■ 1.1%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 55.9%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 59.7%  
■ 55.4%

Low-Income  
■ 25.1%  
■ 22.0%

In Poverty  
■ 15.2%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Hispanic  
■ 31.9%  
■ 30.8%

Non-Hispanic Other  
■ 17.0%  
■ 20.0%

Non-Hispanic White  
■ 10.1%  
■ 14.6%

Non-Hispanic Black  
■ N/A  
■ 39.5%

#### Family structure

2-Parent Family  
■ 88.1%  
■ 76.3%

1-Parent Family  
■ 10.8%  
■ 21.5%

No Parents Present  
■ 1.0%  
■ 2.2%

#### Grandparent-headed households

■ 8.7%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 4.7%  
■ 8.7%



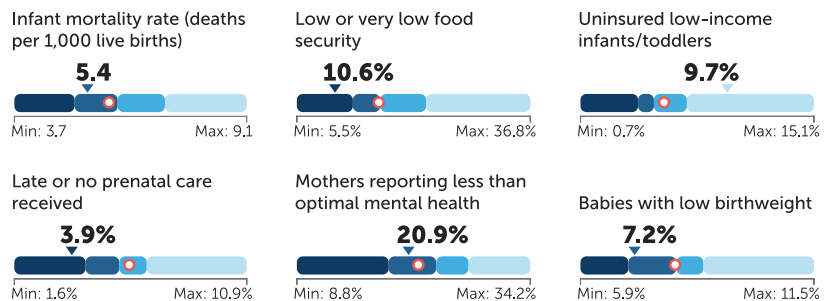
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Utah falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects its food security and nutrition indicators, most of which fall in the Working Effectively (W) tier. However, the state is in the Getting Started (G) tier on indicators of health care access and affordability. Utah's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Utah

Medicaid expansion state	No ✗
State Medicaid policy for maternal depression screening in well-child visits	No policy
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 at ECE programs	Yes ✓



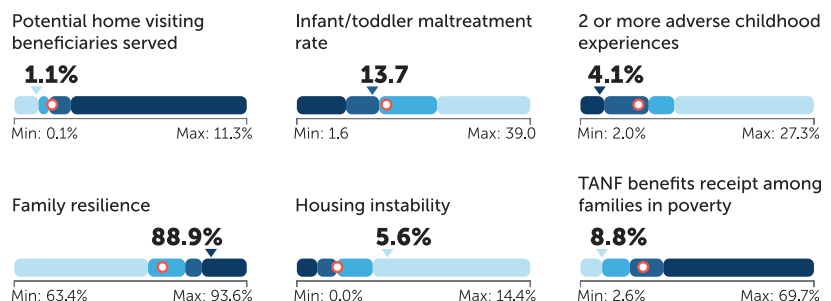
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Utah falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain is primarily due to the predominance of indicators in the Getting Started (G) tier, including the percentage of young children who have experienced housing instability and the percentage of families in poverty receiving TANF benefits. Utah scores in the Working Effectively (W) tier on a few indicators, such as the prevalence of crowded housing and adverse childhood experiences among infants and toddlers.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Utah

Paid sick time that covers care for child	No ✗
Paid family leave	No ✗





# Positive Early Learning Experiences

## In Utah



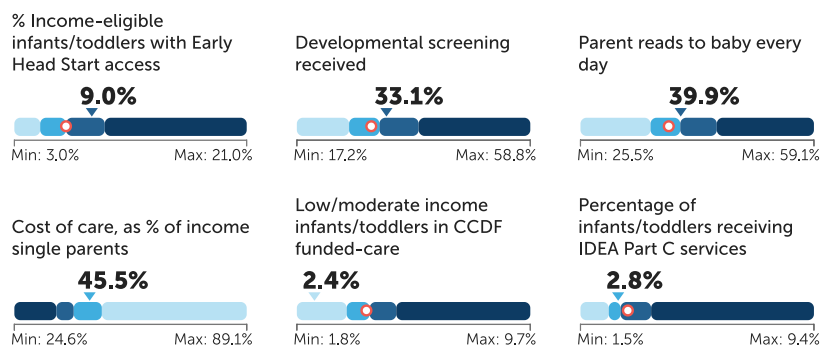
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Utah scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. Utah's low ranking in the Positive Early Learning Experiences domain is primarily due to its indicators in the Getting Started (G) and Reaching Forward (R) tiers, including average infant care costs as a percentage of single parents' and married parents' incomes. Utah does not offer child care subsidies for families at or above 200 percent of the federal poverty level. Compared to many other states, Utah has a higher percentage of parents reading to and singing songs to their babies daily, putting the state in the Improving Outcomes (O) tier for these indicators.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Utah

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Utah

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>144.0</b>	National average: 200.0	<b>G</b> Uninsured low-income infants/toddlers	<b>9.7%</b>	National average: 5.8%
<b>W</b> Low or very low food security	<b>10.6%</b>	National average: 16.5%	<b>W</b> Infants ever breastfed	<b>89.7%</b>	National average: 83.2%
<b>O</b> Infants breastfed at 6 months	<b>62.5%</b>	National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>3.9%</b>	National average: 6.2%
<b>O</b> Mothers reporting less than optimal mental health	<b>20.9%</b>	National average: 22.0%	<b>W</b> Preventive medical care received	<b>97.2%</b>	National average: 90.7%
<b>W</b> Preventive dental care received	<b>36.6%</b>	National average: 30.0%	<b>O</b> Babies with low birthweight	<b>7.2%</b>	National average: 8.2%
<b>O</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.4</b>	National average: 5.9	<b>O</b> Received recommended vaccines	<b>72.2%</b>	National average: 70.7%

## Strong Families

**G** Housing instability **5.6%**  
National average: 2.5%

**G** TANF benefits receipt among families in poverty **8.8%**  
National average: 20.6%

**G** Unsafe neighborhoods **7.0%**  
National average: 6.3%

**G** 1 adverse childhood experience **26.9%**  
National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency **98.6%**  
National average: 98.4%

**W** Crowded housing **8.9%**  
National average: 15.6%

**O** Infant/toddler maltreatment rate **13.7**  
National average: 16.0

**W** Family resilience **88.9%**  
National average: 82.6%

**W** 2 or more adverse childhood experiences **4.1%**  
National average: 8.3%

**G** Potential home visiting beneficiaries served **1.1%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **39.9%**  
National average: 38.2%

**O** % Income-eligible infants/toddlers with Early Head Start access **9.0%**  
National average: 7.0%

**R** Cost of care, as % of income single parents **45.5%**  
National average: N/A

**O** Developmental screening received **33.1%**  
National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services **2.8%**  
National average: 3.1%

**O** Parent sings to baby every day **60.0%**  
National average: 56.4%

**G** Cost of care, as % of income married families **16.0%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **2.4%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.4%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Vermont's Rankings

**KEY**

**G**

Getting Started

**R**

Reaching Forward

**O**

Improving Outcomes

**W**

Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Working Effectively



## Demographics

### Infants and toddlers in Vermont

#### Overview

Vermont is home to 17,724 infants and toddlers, representing 2.8 percent of the state's population. As many as 36 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

VERMONT NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White **88.1%**  
49.3%

Non-Hispanic other **4.2%**  
5.1%

Hispanic **3.2%**  
26.1%

Non-Hispanic Black **2.2%**  
13.8%

Non-Hispanic Asian **2.0%**  
4.9%

American Indian/Alaska Native **0.3%**  
0.8%

#### Working moms

Mothers in the Labor Force **75.3%**  
61.5%

#### Poverty status of infants and toddlers

Above Low-Income **64.1%**  
55.4%

Low-Income **19.0%**  
22.0%

In Poverty **16.9%**  
22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic White **17.5%**  
14.6%

Non-Hispanic Black **N/A**  
39.5%

Non-Hispanic Other **N/A**  
20.0%

Hispanic **N/A**  
30.8%

#### Family structure

2-Parent Family **85.3%**  
76.3%

1-Parent Family **11.7%**  
21.5%

No Parents Present **3.0%**  
2.2%

#### Grandparent-headed households

**3.3%**  
9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area **70.1%**  
8.7%



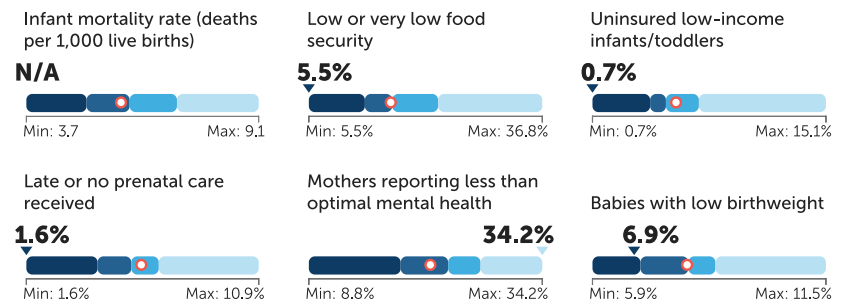
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Vermont falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects indicators of food security, nutrition, and children's health that fall in the Working Effectively (W) tier. However, the state is in the Getting Started (G) tier for the percentage of mothers reporting less than optimal mental health. Vermont's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Vermont

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 at ECE programs	Yes <input checked="" type="checkbox"/>



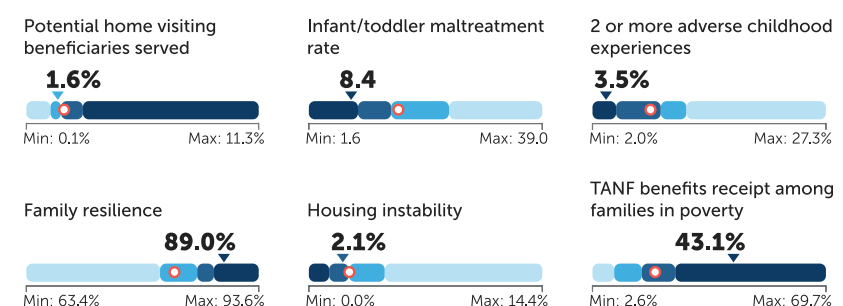
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Vermont falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain is primarily due to the predominance of indicators in the Working Effectively (W) tier, including the percentage of Vermont's families in poverty who receive TANF benefits, which is more than double the national average. Vermont scores in the Reaching Forward (R) tier for a few indicators, such as the percentage of children living in crowded housing, and neighborhood safety.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Vermont

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

In Vermont

G R O W

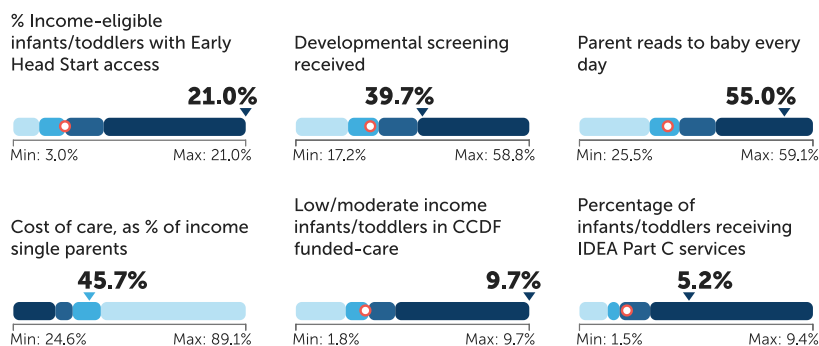
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Vermont scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects that most of its indicators score in the Working Effectively (W) tier. However, average infant care costs, as a percentage of single parents' and married parents' incomes, are more burdensome for families in Vermont compared to other states, putting these indicators in the Reaching Forward (R) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Vermont

Families above 200% of FPL eligible for child care subsidy **Yes** ☒

## All indicators for Vermont

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

### Good Health

<b>O</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>213.0</b> National average: 200.0	<b>W</b> Uninsured low-income infants/toddlers	<b>0.7%</b> National average: 5.8%
<b>W</b> Low or very low food security	<b>5.5%</b> National average: 16.5%	<b>W</b> Infants ever breastfed	<b>89.3%</b> National average: 83.2%
<b>W</b> Infants breastfed at 6 months	<b>70.9%</b> National average: 57.6%	<b>W</b> Late or no prenatal care received	<b>1.6%</b> National average: 6.2%
<b>G</b> Mothers reporting less than optimal mental health	<b>34.2%</b> National average: 22.0%	<b>W</b> Preventive medical care received	<b>95.5%</b> National average: 90.7%
<b>W</b> Preventive dental care received	<b>37.7%</b> National average: 30.0%	<b>W</b> Babies with low birthweight	<b>6.9%</b> National average: 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>N/A</b> National average: 5.9	<b>W</b> Received recommended vaccines	<b>76.8%</b> National average: 70.7%

## Strong Families

<b>O</b> Housing instability	<b>2.1%</b> <i>National average: 2.5%</i>	<b>R</b> Crowded housing	<b>11.2%</b> <i>National average: 15.6%</i>
<b>W</b> TANF benefits receipt among families in poverty	<b>43.1%</b> <i>National average: 20.6%</i>	<b>W</b> Infant/toddler maltreatment rate	<b>8.4</b> <i>National average: 16.0</i>
<b>R</b> Unsafe neighborhoods	<b>5.8%</b> <i>National average: 6.3%</i>	<b>W</b> Family resilience	<b>89.0%</b> <i>National average: 82.6%</i>
<b>G</b> 1 adverse childhood experience	<b>34.8%</b> <i>National average: 21.9%</i>	<b>W</b> 2 or more adverse childhood experiences	<b>3.5%</b> <i>National average: 8.3%</i>
<b>W</b> Infants/toddlers exiting foster care to permanency	<b>100.0%</b> <i>National average: 98.4%</i>	<b>R</b> Potential home visiting beneficiaries served	<b>1.6%</b> <i>National average: 1.9%</i>

## Positive Early Learning Experiences

<b>W</b> Parent reads to baby every day	<b>55.0%</b> <i>National average: 38.2%</i>	<b>W</b> Parent sings to baby every day	<b>67.7%</b> <i>National average: 56.4%</i>
<b>W</b> % Income-eligible infants/toddlers with Early Head Start access	<b>21.0%</b> <i>National average: 7.0%</i>	<b>R</b> Cost of care, as % of income married families	<b>13.2%</b> <i>National average: N/A</i>
<b>R</b> Cost of care, as % of income single parents	<b>45.7%</b> <i>National average: N/A</i>	<b>W</b> Low/moderate income infants/toddlers in CCDF funded-care	<b>9.7%</b> <i>National average: 4.2%</i>
<b>W</b> Developmental screening received	<b>39.7%</b> <i>National average: 30.4%</i>	<b>O</b> Infants/toddlers with developmental delay	<b>0.8%</b> <i>National average: 1.1%</i>
<b>W</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>5.2%</b> <i>National average: 3.1%</i>		





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Virginia's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Improving Outcomes

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Virginia

#### Overview

Virginia is home to 307,077 infants and toddlers, representing 3.6 percent of the state's population. As many as 32 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ VIRGINIA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ 51.5% ■ 49.3%

Non-Hispanic Black ■ 20.2% ■ 13.8%

Hispanic ■ 15.8% ■ 26.1%

Non-Hispanic other ■ 6.3% ■ 5.1%

Non-Hispanic Asian ■ 6.0% ■ 4.9%

American Indian/Alaska Native ■ 0.2% ■ 0.8%

#### Working moms

Mothers in the Labor Force ■ 65.2% ■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ 67.6% ■ 55.4%

Low-Income ■ 17.0% ■ 22.0%

In Poverty ■ 15.4% ■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ 28.6% ■ 39.5%

Hispanic ■ 19.4% ■ 30.8%

Non-Hispanic Other ■ 14.3% ■ 20.0%

Non-Hispanic White ■ 10.2% ■ 14.6%

#### Family structure

2-Parent Family ■ 81.0% ■ 76.3%

1-Parent Family ■ 18.2% ■ 21.5%

No Parents Present ■ 0.7% ■ 2.2%

#### Grandparent-headed households

■ 9.2% ■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ 1.9% ■ 8.7%



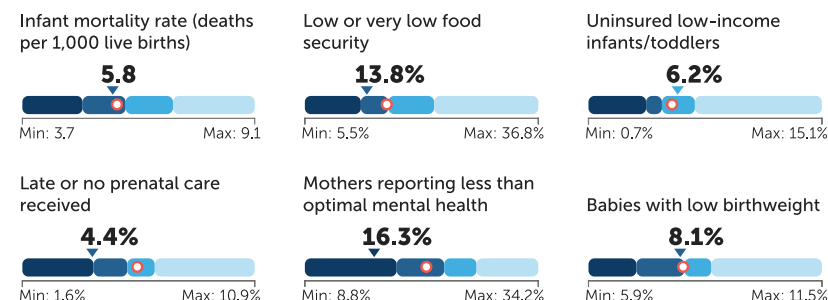
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Virginia falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects Virginia's indicators in the infant/toddler mental health subdomain. Virginia's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs. However, the percentage of mothers reporting less than optimal mental health is in the Working Effectively (W) tier.

## Six Key Indicators of Good Health

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



## Good Health Policy in Virginia

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 at ECE programs	Yes <input checked="" type="checkbox"/>



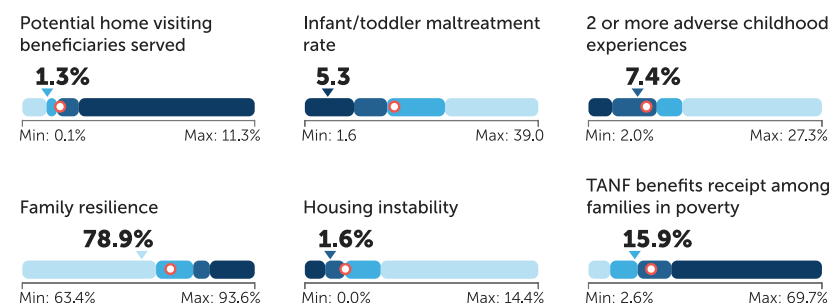
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Virginia falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects its indicators in the Working Effectively (W) tier, which are the percentage of young children living in crowded housing and the infant/toddler maltreatment rate. Some indicators score in the Getting Started (G) tier, including family resilience and children exiting foster care to permanency.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Virginia

Paid sick time that covers care for child	No <input checked="" type="checkbox"/>
Paid family leave	No <input checked="" type="checkbox"/>



# Positive Early Learning Experiences

In Virginia

G R O W

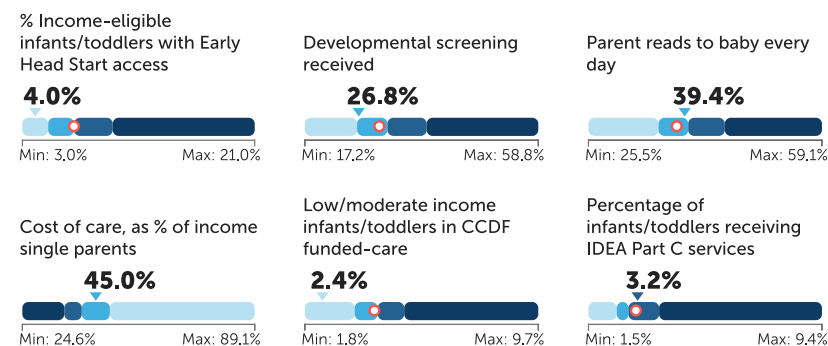
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Virginia scores in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences subdomain is primarily due to the predominance of indicators that score in the Reaching Forward (R) and Getting Started (G) tiers. However, two stronger indicators for Virginia include the percentage of young children receiving IDEA Part C services and the percentage of parents singing songs to their babies daily, both of which are in the Improving Outcomes (O) tier.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Virginia

Families above 200% of FPL eligible for child care subsidy

Depends on region

## All indicators for Virginia

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

### Good Health

G Eligibility limit (% FPL) for pregnant women in Medicaid	148.0	National average: 200.0	R Uninsured low-income infants/toddlers	6.2%	National average: 5.8%
O Low or very low food security	13.8%	National average: 16.5%	R Infants ever breastfed	81.7%	National average: 83.2%
O Infants breastfed at 6 months	62.5%	National average: 57.6%	O Late or no prenatal care received	4.4%	National average: 6.2%
W Mothers reporting less than optimal mental health	16.3%	National average: 22.0%	O Preventive medical care received	93.8%	National average: 90.7%
R Preventive dental care received	29.0%	National average: 30.0%	O Babies with low birthweight	8.1%	National average: 8.2%
O Infant mortality rate (deaths per 1,000 live births)	5.8	National average: 5.9	G Received recommended vaccines	65.9%	National average: 70.7%

## Strong Families

**O** Housing instability **1.6%**  
National average: 2.5%

**R** TANF benefits receipt among families in poverty **15.9%**  
National average: 20.6%

**R** Unsafe neighborhoods **4.6%**  
National average: 6.3%

**O** 1 adverse childhood experience **18.6%**  
National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency **95.6%**  
National average: 98.4%

**W** Crowded housing **9.6%**  
National average: 15.6%

**W** Infant/toddler maltreatment rate **5.3**  
National average: 16.0

**G** Family resilience **78.9%**  
National average: 82.6%

**O** 2 or more adverse childhood experiences **7.4%**  
National average: 8.3%

**R** Potential home visiting beneficiaries served **1.3%**  
National average: 1.9%

## Positive Early Learning Experiences

**R** Parent reads to baby every day **39.4%**  
National average: 38.2%

**G** % Income-eligible infants/toddlers with Early Head Start access **4.0%**  
National average: 7.0%

**R** Cost of care, as % of income single parents **45.0%**  
National average: N/A

**R** Developmental screening received **26.8%**  
National average: 30.4%

**O** Percentage of infants/toddlers receiving IDEA Part C services **3.2%**  
National average: 3.1%

**O** Parent sings to baby every day **60.4%**  
National average: 56.4%

**R** Cost of care, as % of income married families **12.7%**  
National average: N/A

**G** Low/moderate income infants/toddlers in CCDF funded-care **2.4%**  
National average: 4.2%

**G** Infants/toddlers with developmental delay **3.9%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Washington's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Working Effectively

### Good Health

**G R O W**

Working Effectively

### Strong Families

**G R O W**

Working Effectively

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Washington

#### Overview

Washington is home to 274,550 infants and toddlers, representing 3.7 percent of the state's population. As many as 39 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ WASHINGTON ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White  
■ 55.9%  
■ 49.3%

Hispanic  
■ 21.3%  
■ 26.1%

Non-Hispanic other  
■ 9.5%  
■ 5.1%

Non-Hispanic Asian  
■ 7.6%  
■ 4.9%

Non-Hispanic Black  
■ 4.4%  
■ 13.8%

American Indian/Alaska Native  
■ 1.3%  
■ 0.8%

#### Working moms

Mothers in the Labor Force  
■ 51.0%  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income  
■ 60.8%  
■ 55.4%

Low-Income  
■ 21.2%  
■ 22.0%

In Poverty  
■ 18.0%  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black  
■ 33.8%  
■ 39.5%

Hispanic  
■ 31.1%  
■ 30.8%

Non-Hispanic Other  
■ 15.8%  
■ 20.0%

Non-Hispanic White  
■ 12.8%  
■ 14.6%

#### Family structure

2-Parent Family  
■ 83.7%  
■ 76.3%

1-Parent Family  
■ 14.5%  
■ 21.5%

No Parents Present  
■ 1.8%  
■ 2.2%

#### Grandparent-headed households

■ 7.5%  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area  
■ 5.8%  
■ 8.7%



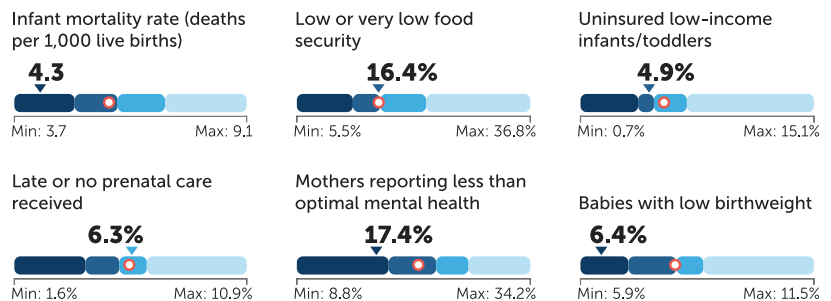
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Washington falls in the Working Effectively (W) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain primarily reflects that most indicators score in the Working Effectively (W) and Improving Outcomes (O) tiers. Exceptions are Washington's income eligibility threshold for pregnant women in Medicaid (as a percentage of the federal poverty level), and the percentage of women in Washington receiving late or no prenatal care, both of which are in the Reaching Forward (R) tier. Washington's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Washington

Medicaid expansion state	Yes <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	Required
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 at ECE programs	Yes <input checked="" type="checkbox"/>



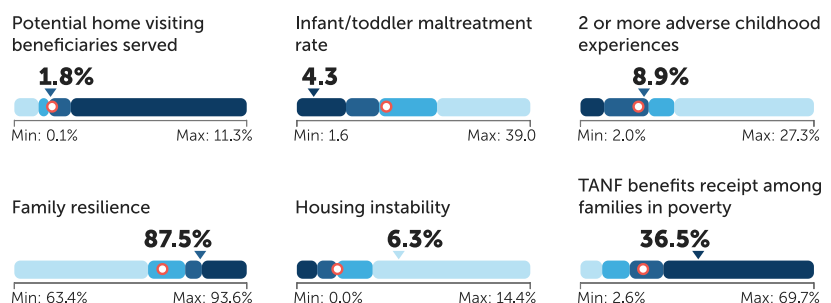
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Washington falls in the Working Effectively (W) tier of states when it comes to indicators of strong families. The state's high ranking in this domain primarily reflects indicators in the Working Effectively (W) and Improving Outcomes (O) tiers. The state scores in the Working Effectively (W) tier on the percentage of families in poverty that receive TANF benefits, and the infant/toddler maltreatment rate. Washington is in the Getting Started (G) tier when it comes to the percentage of young children experiencing housing instability, which is more than double the national average.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Washington

Paid sick time that covers care for child	Yes <input checked="" type="checkbox"/>
Paid family leave	Yes <input checked="" type="checkbox"/>





# Positive Early Learning Experiences

In Washington

G R O W

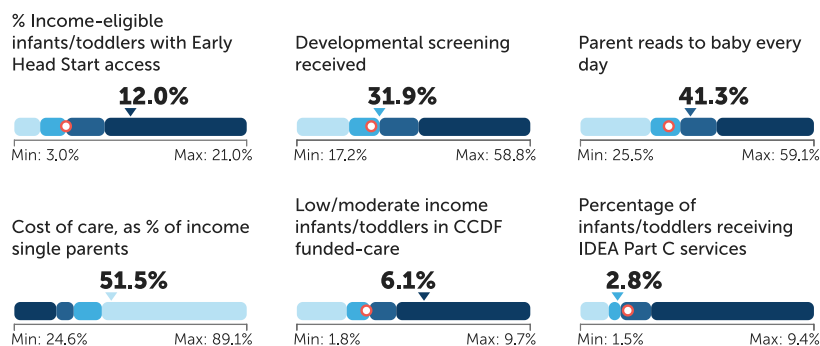
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Washington scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain primarily reflects several indicators of early intervention and prevention services scoring in the Reaching Forward (R) tier. Scores for early care and education opportunities indicators are mixed. The state's percentage of low/moderate income infants and toddlers in CCDF-funded care is in the Working Effectively (W) tier. However, the average infant care costs, as a percentage of single parents' and married parents' incomes, are relatively more burdensome for families in Washington compared to many other states, and the state scores in the Getting Started (G) tier for these indicators.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Washington

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Washington

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

### Good Health

R Eligibility limit (% FPL) for pregnant women in Medicaid	198.0	National average: 200.0	O Uninsured low-income infants/toddlers	4.9%	National average: 5.8%
O Low or very low food security	16.4%	National average: 16.5%	W Infants ever breastfed	92.4%	National average: 83.2%
W Infants breastfed at 6 months	72.7%	National average: 57.6%	R Late or no prenatal care received	6.3%	National average: 6.2%
W Mothers reporting less than optimal mental health	17.4%	National average: 22.0%	O Preventive medical care received	94.6%	National average: 90.7%
W Preventive dental care received	50.0%	National average: 30.0%	W Babies with low birthweight	6.4%	National average: 8.2%
W Infant mortality rate (deaths per 1,000 live births)	4.3	National average: 5.9	O Received recommended vaccines	75.7%	National average: 70.7%

## Strong Families

**G** Housing instability

**6.3%**

National average: 2.5%

**W** TANF benefits receipt among families in poverty

**36.5%**

National average: 20.6%

**R** Unsafe neighborhoods

**5.9%**

National average: 6.3%

**R** 1 adverse childhood experience

**22.5%**

National average: 21.9%

**R** Infants/toddlers exiting foster care to permanency

**98.2%**

National average: 98.4%

**R** Crowded housing

**13.5%**

National average: 15.6%

**W** Infant/toddler maltreatment rate

**4.3**

National average: 16.0

**O** Family resilience

**87.5%**

National average: 82.6%

**O** 2 or more adverse childhood experiences

**8.9%**

National average: 8.3%

**O** Potential home visiting beneficiaries served

**1.8%**

National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day

**41.3%**

National average: 38.2%

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

**12.0%**

National average: 7.0%

**G** Cost of care, as % of income single parents

**51.5%**

National average: N/A

**R** Developmental screening received

**31.9%**

National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services

**2.8%**

National average: 3.1%

**W** Parent sings to baby every day

**63.7%**

National average: 56.4%

**G** Cost of care, as % of income married families

**15.4%**

National average: N/A

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

**6.1%**

National average: 4.2%

**G** Infants/toddlers with developmental delay

**3.7%**

National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## West Virginia's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Reaching Forward

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in West Virginia

#### Overview

West Virginia is home to 57,952 infants and toddlers, representing 3.2 percent of the state's population. As many as 54 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ WEST VIRGINIA ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ **88.0%**  
■ 49.3%

Non-Hispanic other ■ **4.5%**  
■ 5.1%

Non-Hispanic Black ■ **4.0%**  
■ 13.8%

Hispanic ■ **2.6%**  
■ 26.1%

Non-Hispanic Asian ■ **0.7%**  
■ 4.9%

American Indian/Alaska Native ■ **0.2%**  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ **55.3%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **45.9%**  
■ 55.4%

In Poverty ■ **29.1%**  
■ 22.7%

Low-Income ■ **25.0%**  
■ 22.0%

#### Infants and toddlers in poverty, by race

Non-Hispanic White ■ **26.0%**  
■ 14.6%

Non-Hispanic Black ■ **N/A**  
■ 39.5%

Non-Hispanic Other ■ **N/A**  
■ 20.0%

Hispanic ■ **N/A**  
■ 30.8%

#### Family structure

2-Parent Family ■ **70.4%**  
■ 76.3%

1-Parent Family ■ **24.0%**  
■ 21.5%

No Parents Present ■ **5.7%**  
■ 2.2%

#### Grandparent-headed households

■ **13.9%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **63.1%**  
■ 8.7%



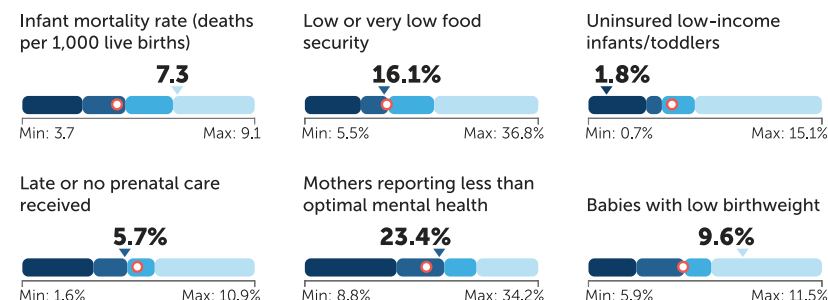
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

West Virginia falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects its child health indicators, which are mostly in the Getting Started (G) tier. The percentage of infants ever breastfed, and the state's income eligibility threshold for pregnant women in Medicaid (as a percentage of the federal poverty level), are also in the Getting Started (G) tier. West Virginia's Medicaid plan covers early childhood mental health services in home settings and pediatric/family medicine practices, but not in early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in West Virginia

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 at ECE programs	No <input type="checkbox"/>



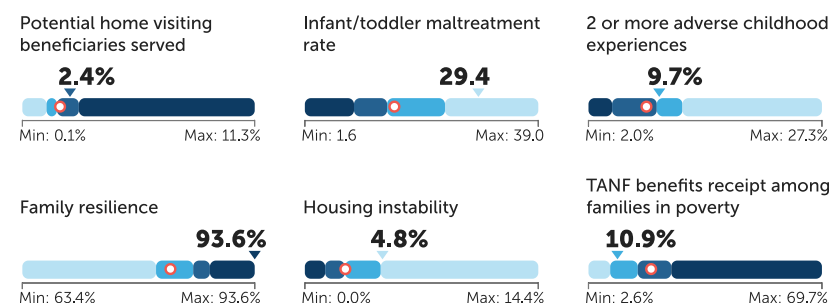
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

West Virginia falls in the Reaching Forward (R) tier of states when it comes to indicators of strong families. The state's low ranking in this domain is primarily due to its indicators in the Getting Started (G) tier, such as the percentage of children experiencing housing instability, and the infant/toddler maltreatment rate. However, a relatively higher percentage of West Virginia families report resilience compared to many other states, putting the state in the Working Effectively (W) tier for this indicator.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in West Virginia

Paid sick time that covers care for child	No <input type="checkbox"/>
Paid family leave	No <input type="checkbox"/>



# Positive Early Learning Experiences

## In West Virginia

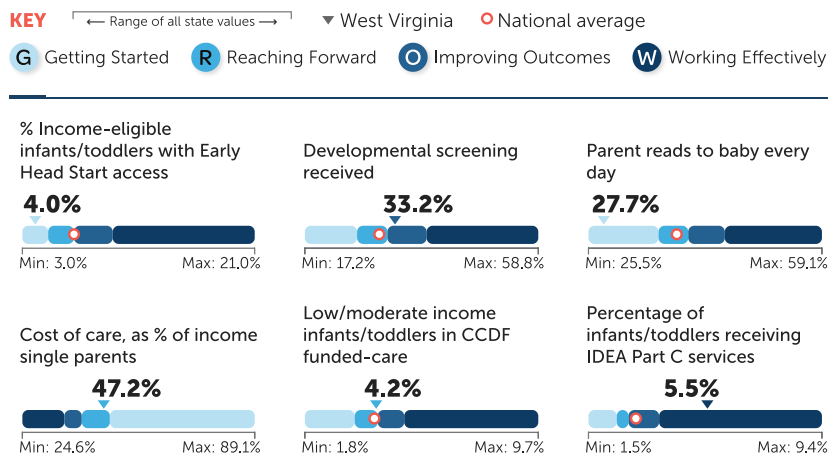
G R O W

### 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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

West Virginia scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain is primarily due to its indicators in the Getting Started (G) tier, including the percentage of income-eligible infants who have access to Early Head Start. West Virginia's average infant care costs, as a percentage of single parents' and married parents' incomes, are in the Reaching Forward (R) and Improving Outcomes (O) tiers, respectively. The percentage of infants and toddlers receiving IDEA Part C services is in the Working Effectively (W) tier.

### Six Key Indicators of Positive Early Learning Experiences



### Positive Early Learning Experiences Policy in West Virginia

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for West Virginia

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

### Good Health

**G** Eligibility limit (% FPL) for pregnant women in Medicaid **163.0**  
National average: 200.0

**O** Low or very low food security **16.1%**  
National average: 16.5%

**G** Infants breastfed at 6 months **40.1%**  
National average: 57.6%

**O** Mothers reporting less than optimal mental health **23.4%**  
National average: 22.0%

**G** Preventive dental care received **23.8%**  
National average: 30.0%

**G** Infant mortality rate (deaths per 1,000 live births) **7.3**  
National average: 5.9

**W** Uninsured low-income infants/toddlers **1.8%**  
National average: 5.8%

**G** Infants ever breastfed **68.6%**  
National average: 83.2%

**O** Late or no prenatal care received **5.7%**  
National average: 6.2%

**R** Preventive medical care received **90.1%**  
National average: 90.7%

**G** Babies with low birthweight **9.6%**  
National average: 8.2%

**G** Received recommended vaccines **64.7%**  
National average: 70.7%

## Strong Families

**G** Housing instability

**4.8%**

National average: 2.5%

**R** TANF benefits receipt among families in poverty

**10.9%**

National average: 20.6%

**O** Unsafe neighborhoods

**4.5%**

National average: 6.3%

**G** 1 adverse childhood experience

**30.3%**

National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency

**99.2%**

National average: 98.4%

**W** Crowded housing

**6.2%**

National average: 15.6%

**G** Infant/toddler maltreatment rate

**29.4**

National average: 16.0

**W** Family resilience

**93.6%**

National average: 82.6%

**R** 2 or more adverse childhood experiences

**9.7%**

National average: 8.3%

**O** Potential home visiting beneficiaries served

**2.4%**

National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day

**27.7%**

National average: 38.2%

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

**4.0%**

National average: 7.0%

**R** Cost of care, as % of income single parents

**47.2%**

National average: N/A

**O** Developmental screening received

**33.2%**

National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services

**5.5%**

National average: 3.1%

**O** Parent sings to baby every day

**58.4%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.5%**

National average: N/A

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

**4.2%**

National average: 4.2%

**G** Infants/toddlers with developmental delay

**2.2%**

National average: 1.1%





**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Wisconsin's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Reaching Forward

### Good Health

**G R O W**

Improving Outcomes

### Strong Families

**G R O W**

Improving Outcomes

### Positive Early Learning Experiences

**G R O W**

Getting Started



## Demographics

### Infants and toddlers in Wisconsin

#### Overview

Wisconsin is home to 200,296 infants and toddlers, representing 3.5 percent of the state's population. As many as 41 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ WISCONSIN ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ **69.8%**  
■ 49.3%

Hispanic ■ **12.0%**  
■ 26.1%

Non-Hispanic Black ■ **9.0%**  
■ 13.8%

Non-Hispanic other ■ **4.3%**  
■ 5.1%

Non-Hispanic Asian ■ **3.6%**  
■ 4.9%

American Indian/Alaska Native ■ **1.1%**  
■ 0.8%

#### Working moms

Mothers in the Labor Force ■ **72.2%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **58.9%**  
■ 55.4%

Low-Income ■ **20.5%**  
■ 22.0%

In Poverty ■ **20.5%**  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic Black ■ **60.3%**  
■ 39.5%

Hispanic ■ **37.9%**  
■ 30.8%

Non-Hispanic Other ■ **27.2%**  
■ 20.0%

Non-Hispanic White ■ **11.9%**  
■ 14.6%

#### Family structure

2-Parent Family ■ **76.6%**  
■ 76.3%

1-Parent Family ■ **21.2%**  
■ 21.5%

No Parents Present ■ **2.2%**  
■ 2.2%

#### Grandparent-headed households

■ **5.4%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **12.9%**  
■ 8.7%



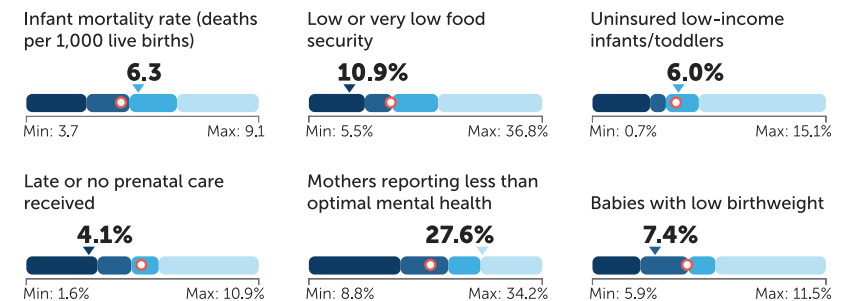
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Wisconsin falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The state's high ranking in the Good Health domain reflects its performance on indicators such as the state's income eligibility threshold for pregnant women in Medicaid (as a percentage of the federal poverty level), the percentage of young children experiencing low or very low food security, and the percentage of women in Wisconsin receiving late or no prenatal care. Some indicators of maternal and children's health are in the Getting Started (G) tier. Wisconsin's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early childhood education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Wisconsin

Medicaid expansion state	No ❌
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 at ECE programs	Yes ✅



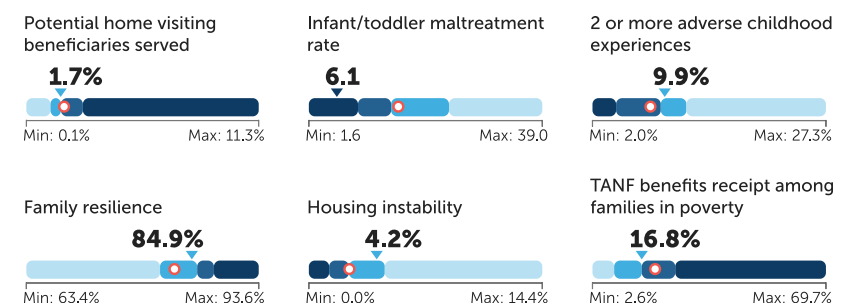
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Wisconsin falls in the Improving Outcomes (O) tier of states when it comes to indicators of strong families. The state's high ranking in this domain reflects indicators such as infant/toddler maltreatment rate, and neighborhood safety. However, access to supports for basic needs (e.g., TANF benefits for families living in poverty) and the percentage of infants/toddlers who could benefit from home visiting and are receiving those services, are primarily in the Reaching Forward (R) tier for Wisconsin.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Wisconsin

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌

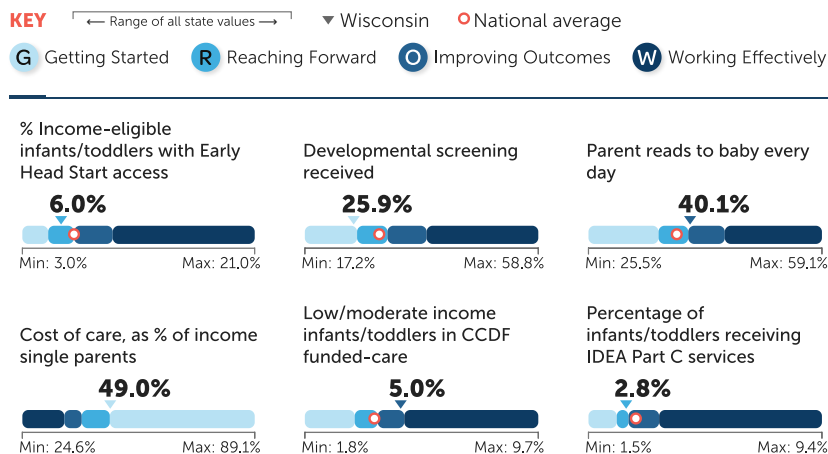


## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Wisconsin falls in the Getting Started (G) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects indicators such as Wisconsin's relatively more burdensome average infant care costs as a percentage of single parents' and married parents' incomes, and the relatively lower percentage of income-eligible young children with access to Early Head Start, in comparison to other states. However, Wisconsin's percentage of low/moderate income infants/toddlers in CCDF-funded care, and the percentage of parents reading to their babies daily are in the Improving Outcomes (O) tier.

## Six Key Indicators of Positive Early Learning Experiences



## Positive Early Learning Experiences Policy in Wisconsin

Families above 200% of FPL eligible for child care subsidy

No ❌

## All indicators for Wisconsin

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

### Good Health

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>306.0</b>	<i>National average: 200.0</i>	<b>R</b> Uninsured low-income infants/toddlers	<b>6.0%</b>	<i>National average: 5.8%</i>
<b>W</b> Low or very low food security	<b>10.9%</b>	<i>National average: 16.5%</i>	<b>R</b> Infants ever breastfed	<b>82.2%</b>	<i>National average: 83.2%</i>
<b>O</b> Infants breastfed at 6 months	<b>59.0%</b>	<i>National average: 57.6%</i>	<b>W</b> Late or no prenatal care received	<b>4.1%</b>	<i>National average: 6.2%</i>
<b>G</b> Mothers reporting less than optimal mental health	<b>27.6%</b>	<i>National average: 22.0%</i>	<b>G</b> Preventive medical care received	<b>89.2%</b>	<i>National average: 90.7%</i>
<b>R</b> Preventive dental care received	<b>30.2%</b>	<i>National average: 30.0%</i>	<b>O</b> Babies with low birthweight	<b>7.4%</b>	<i>National average: 8.2%</i>
<b>R</b> Infant mortality rate (deaths per 1,000 live births)	<b>6.3</b>	<i>National average: 5.9</i>	<b>W</b> Received recommended vaccines	<b>79.4%</b>	<i>National average: 70.7%</i>

## Strong Families

**R** Housing instability **4.2%**  
National average: 2.5%

**R** TANF benefits receipt among families in poverty **16.8%**  
National average: 20.6%

**W** Unsafe neighborhoods **0.7%**  
National average: 6.3%

**R** 1 adverse childhood experience **25.4%**  
National average: 21.9%

**O** Infants/toddlers exiting foster care to permanency **98.8%**  
National average: 98.4%

**O** Crowded housing **9.7%**  
National average: 15.6%

**W** Infant/toddler maltreatment rate **6.1**  
National average: 16.0

**R** Family resilience **84.9%**  
National average: 82.6%

**R** 2 or more adverse childhood experiences **9.9%**  
National average: 8.3%

**R** Potential home visiting beneficiaries served **1.7%**  
National average: 1.9%

## Positive Early Learning Experiences

**O** Parent reads to baby every day **40.1%**  
National average: 38.2%

**R** % Income-eligible infants/toddlers with Early Head Start access **6.0%**  
National average: 7.0%

**G** Cost of care, as % of income single parents **49.0%**  
National average: N/A

**G** Developmental screening received **25.9%**  
National average: 30.4%

**R** Percentage of infants/toddlers receiving IDEA Part C services **2.8%**  
National average: 3.1%

**R** Parent sings to baby every day **55.9%**  
National average: 56.4%

**R** Cost of care, as % of income married families **13.9%**  
National average: N/A

**O** Low/moderate income infants/toddlers in CCDF funded-care **5.0%**  
National average: 4.2%

**R** Infants/toddlers with developmental delay **1.4%**  
National average: 1.1%



**W**here 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 fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



## Wyoming's Rankings

**KEY**



Getting Started



Reaching Forward



Improving Outcomes



Working Effectively

### Overall

**G R O W**

Getting Started

### Good Health

**G R O W**

Getting Started

### Strong Families

**G R O W**

Getting Started

### Positive Early Learning Experiences

**G R O W**

Reaching Forward



## Demographics

### Infants and toddlers in Wyoming

#### Overview

Wyoming is home to 22,242 infants and toddlers, representing 3.8 percent of the state's population. As many as 34 percent live in households with incomes less than twice the federal poverty level (in 2017, 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. A broad array of policies and services are required to ensure that all of them have an equitable start in life.

■ WYOMING ■ NATIONAL AVERAGE

#### Race/ethnicity of infants and toddlers

Non-Hispanic White ■ **75.4%**  
■ 49.3%

Hispanic ■ **15.3%**  
■ 26.1%

Non-Hispanic other ■ **4.4%**  
■ 5.1%

American Indian/Alaska Native ■ **2.7%**  
■ 0.8%

Non-Hispanic Black ■ **1.4%**  
■ 13.8%

Non-Hispanic Asian ■ **0.8%**  
■ 4.9%

#### Working moms

Mothers in the Labor Force ■ **55.2%**  
■ 61.5%

#### Poverty status of infants and toddlers

Above Low-Income ■ **66.2%**  
■ 55.4%

Low-Income ■ **19.9%**  
■ 22.0%

In Poverty ■ **13.9%**  
■ 22.7%

#### Infants and toddlers in poverty, by race

Non-Hispanic White ■ **11.7%**  
■ 14.6%

Non-Hispanic Black ■ **N/A**  
■ 39.5%

Non-Hispanic Other ■ **N/A**  
■ 20.0%

Hispanic ■ **N/A**  
■ 30.8%

#### Family structure

2-Parent Family ■ **78.3%**  
■ 76.3%

1-Parent Family ■ **19.7%**  
■ 21.5%

No Parents Present ■ **2.0%**  
■ 2.2%

#### Grandparent-headed households

■ **8.0%**  
■ 9.4%

#### Rural/Non-metro area

Living Outside of a Metro Area ■ **100.0%**  
■ 8.7%



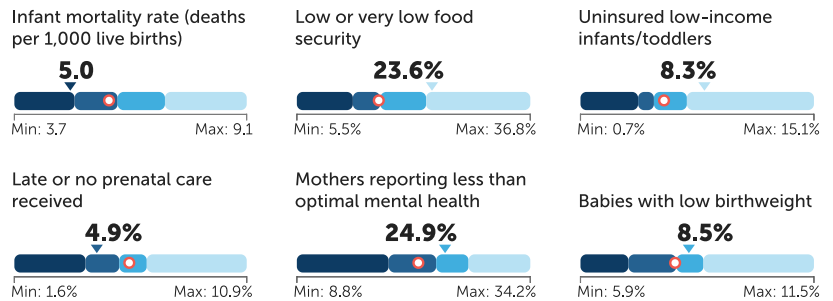
## What is Good Health?

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 three years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Wyoming falls in the Getting Started (G) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators of food security, as well as health care access and affordability. Wyoming's Medicaid plan covers early childhood mental health services in home settings, pediatric/family medicine practices, and early care and education programs.

## Six Key Indicators of Good Health

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



## Good Health Policy in Wyoming

Medicaid expansion state	No ❌
State Medicaid policy for maternal depression screening in well-child visits	No policy
Medicaid plan covers social-emotional screening for young children	No ❌
Medicaid plan covers IECMH services at home	Yes ✅
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes ✅
Medicaid plan covers IECMH services at ECE programs	Yes ✅



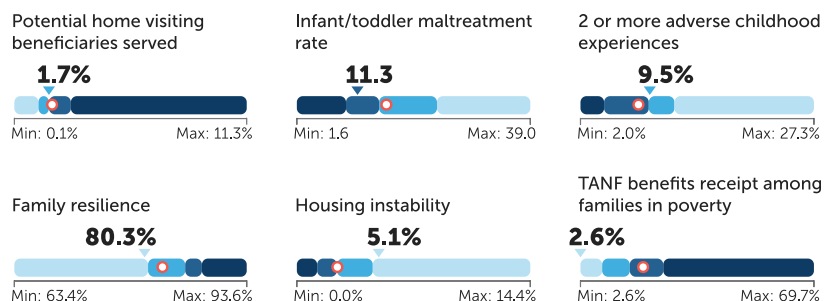
## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Wyoming falls in the Getting Started (G) tier of states when it comes to indicators of strong families. The state's low ranking in this domain reflects most indicators of access to basic needs and supports, child welfare, and home visiting. However, Wyoming has a lower infant/toddler maltreatment rate and a lower percentage of young children living in crowded housing compared to other states, which places the state in the Improving Outcomes (O) tier for these indicators.

## Six Key Indicators of Strong Families

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



## Strong Families Policy in Wyoming

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌





# Positive Early Learning Experiences

In Wyoming

G R O W

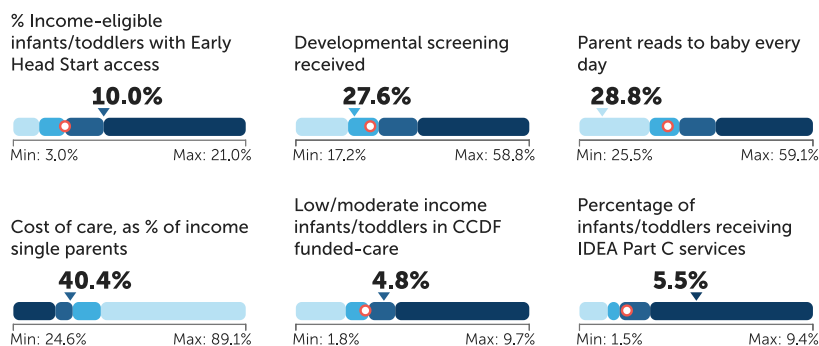
## What Defines Positive Early Learning Experiences?

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 has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Wyoming scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain is primarily due to indicators such as the percentage of parents reading to their babies daily, and the percentage of young children with a moderate/severe developmental delay. Wyoming has a relatively higher percentage of eligible infants and toddlers receiving IDEA Part C services, in comparison to other states.

## Six Key Indicators of Positive Early Learning Experiences

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



## Positive Early Learning Experiences Policy in Wyoming

Families above 200% of FPL eligible for child care subsidy No ❌

## All indicators for Wyoming

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

### Good Health

<b>G</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>159.0</b>	<i>National average: 200.0</i>	<b>G</b> Uninsured low-income infants/toddlers	<b>8.3%</b>	<i>National average: 5.8%</i>
<b>G</b> Low or very low food security	<b>23.6%</b>	<i>National average: 16.5%</i>	<b>W</b> Infants ever breastfed	<b>90.0%</b>	<i>National average: 83.2%</i>
<b>O</b> Infants breastfed at 6 months	<b>59.4%</b>	<i>National average: 57.6%</i>	<b>O</b> Late or no prenatal care received	<b>4.9%</b>	<i>National average: 6.2%</i>
<b>R</b> Mothers reporting less than optimal mental health	<b>24.9%</b>	<i>National average: 22.0%</i>	<b>W</b> Preventive medical care received	<b>95.0%</b>	<i>National average: 90.7%</i>
<b>O</b> Preventive dental care received	<b>34.4%</b>	<i>National average: 30.0%</i>	<b>R</b> Babies with low birthweight	<b>8.5%</b>	<i>National average: 8.2%</i>
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>5.0</b>	<i>National average: 5.9</i>	<b>G</b> Received recommended vaccines	<b>62.8%</b>	<i>National average: 70.7%</i>

## Strong Families

**G** Housing instability

**5.1%**

National average: 2.5%

**G** TANF benefits receipt among families in poverty

**2.6%**

National average: 20.6%

**G** Unsafe neighborhoods

**7.2%**

National average: 6.3%

**G** 1 adverse childhood experience

**28.2%**

National average: 21.9%

**G** Infants/toddlers exiting foster care to permanency

**93.8%**

National average: 98.4%

**O** Crowded housing

**9.6%**

National average: 15.6%

**O** Infant/toddler maltreatment rate

**11.3**

National average: 16.0

**G** Family resilience

**80.3%**

National average: 82.6%

**R** 2 or more adverse childhood experiences

**9.5%**

National average: 8.3%

**R** Potential home visiting beneficiaries served

**1.7%**

National average: 1.9%

## Positive Early Learning Experiences

**G** Parent reads to baby every day

**28.8%**

National average: 38.2%

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

**10.0%**

National average: 7.0%

**O** Cost of care, as % of income single parents

**40.4%**

National average: N/A

**R** Developmental screening received

**27.6%**

National average: 30.4%

**W** Percentage of infants/toddlers receiving IDEA Part C services

**5.5%**

National average: 3.1%

**R** Parent sings to baby every day

**54.7%**

National average: 56.4%

**O** Cost of care, as % of income married families

**11.8%**

National average: N/A

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

**4.8%**

National average: 4.2%

**G** Infants/toddlers with developmental delay

**3.6%**

National average: 1.1%

## Appendix A: How States Compare

Good Health				
Subdomain	Indicator	National Average/ Policy Count	Range	Comparison
Health Care Access/ Affordability	Income cutoff (percentage of the federal poverty line) for Medicaid eligibility for pregnant women in Medicaid	200%	138 (ID, LA, OK, SD) – 380 (IA)	24 States > 200%
	State adopted Medicaid expansion under the Affordable Care Act	34 States	—	—
	Percentage of low-income infants/toddlers who are uninsured	5.8%	0.7% (VT) – 15.1% (ND)	4 States > 10%
Food Security	Percentage of households with infants/toddlers experiencing low or very low food security	16.5%	5.5% (VT) – 36.8% (NM)	16 States > 20%
Nutrition	Percentage of infants ever breastfed	83.2%	63.2% (MS) – 93.1% (AK)	12 States < 80%
	Percentage of infants breastfed at 6 months	57.6%	35.4% (MS) – 72.7% (WA)	11 States < 50%
Maternal Health	State Medicaid policy requires, recommends, or allows maternal depression screenings during well-child visits	36 States	—	—
	Percentage of women receiving late/no prenatal care	6.2%	1.6% (VT) – 10.9% (AR)	3 States > 10%
	Percentage of mothers of infants/toddlers who rate their mental health as worse than “excellent” or “very good”	22.0%	8.8% (DC) – 34.2% (VT)	16 States < 20%
Child Health	Percentage of infants/toddlers who had a preventive medical visit in the past year	90.7%	83% (TX) – 98.8% (OH)	ALL States > 80%
	Percentage of infants/toddlers who had a preventive dental visit in the past year	30.0%	17.4% (ND) – 50.9% (NM)	13 States < 25%
	Percentage of babies with low birth-weight	8.2%	5.9% (AK) – 11.5% (MS)	4 States > 10%
	Infant mortality rate (deaths per 1,000 live births)	5.9	3.7 (NH) – 9.1 (AL)	14 States > 7.0
	Percentage of infants/toddlers receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by ages 19 through 35 months	70.7%	58.1% (OR) – 85.3% (MA)	21 States < 70%

(continued)

## Good Health

<i>Subdomain</i>	<i>Indicator</i>	<i>National Average/ Policy Count</i>	<i>Range</i>	<i>Comparison</i>
<b>Infant/ Toddler Mental Health</b>	State Medicaid plan covers social-emotional screening for young children (ages 0 through 6 years) with a tool specifically designed for this purpose	<b>41 States</b>	—	—
	State Medicaid plan covers Infant and Early Childhood Mental Health services in home settings	<b>46 States</b>	—	—
	State Medicaid plan covers Infant and Early Childhood Mental Health services in pediatric/family medicine settings	<b>45 States</b>	—	—
	State Medicaid plan covers Infant and Early Childhood Mental Health services in early care and education program settings	<b>34 States</b>	—	—

## Strong Families

Subdomain	Indicator	National Average/ Policy Count	Range	Comparison
<b>Basic Needs Support</b>	Housing instability: Percentage of infants/toddlers who have moved 3 or more times since birth	<b>2.5%</b>	0.0% (CT, DE, FL, LA, MD, MN) – 14.4% (NM)	3 States > 10%
	Percentage of infants/toddlers who live in crowded housing	<b>15.6%</b>	6.2% (WV) – 28.3% (CA)	34 States > 10%
	Percentage of families with infants/toddlers living below 100 percent of the federal poverty line that receive TANF benefits	<b>20.6%</b>	2.6% (WY) – 69.7% (MD)	11 States > 30%
<b>Child Welfare</b>	Maltreatment rate per 1,000 infants/toddlers	<b>16.0</b>	1.6 (PA) – 39.0 (MA)	18 States > 20
	Percentage of infants/toddlers living in unsafe neighborhoods, as reported by parents	<b>6.3%</b>	0.0% (GA) – 18.8% (CA)	4 States > 10%
	Percentage of families with infants/toddlers who report “family resilience”	<b>82.6%</b>	63.4% (AZ) – 93.6% (WV)	42 States > 80%
	Percentage of infants/toddlers who have experienced one adverse childhood experience	<b>21.9%</b>	13.7% (MN) – 34.8% (VT)	29 States > 20%
	Percentage of infants/toddlers who have experienced two or more adverse childhood experiences	<b>8.3%</b>	2.0% (MA) – 27.3% (AZ)	3 States > 20%
	Percentage of infants/toddlers exiting foster care who achieve permanency	<b>98.4%</b>	82.1% (SD) – 100% (MA, DE, NH, DC, VT)	5 States < 95%
<b>Home Visiting</b>	Percentage of infants/toddlers who could benefit from evidence-based home visiting and are receiving those services	<b>1.9%</b>	0.1% (NV) – 11.3% (MO)	5 States > 5%
<b>Supportive Policies/ Paid Leave</b>	State requires employers to provide paid sick days that cover care for child	<b>11 States</b>	—	—
	State has a paid family leave program	<b>7 States</b>	—	—

## Positive Early Learning Experiences

Subdomain	Indicator	National Average/ Policy Count	Range	Comparison
Early Care and Education Opportunities	Percentage of parents who report reading to their infants/toddlers every day	<b>38.2%</b>	25.5% (CA) – 59.1% (ME)	9 States > 50%
	Percentage of parents who report singing songs or telling stories to their infants/toddlers every day	<b>56.4%</b>	45.4% (TX) – 68.9% (ME)	47 States > 50%
	Percentage of infants/toddlers below 100 percent of the federal poverty line with access to Early Head Start	<b>7.0%</b>	3.0% (TN) – 21% (VT)	11 States > 10%
	Average state cost of center-based infant care as a percentage of median income for married families	<b>NA</b>	6.6% (LA) – 17.2% (MA)	10 States > 15%
	Average state cost of center-based infant care as a percentage of median income for single parents	<b>NA</b>	24.6% (SD) – 89.1% (DC)	11 States > 50%
	Income eligibility level for child care subsidy above 200 percent of the federal poverty line	<b>12 States</b>	—	—
	Percentage of infants/toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy	<b>4.2%</b>	1.8% (CA) – 9.7% (VT)	17 States > 5%
Early Intervention and Prevention Services	Percentage of infants/toddlers, ages 9 through 35 months, who received a developmental screening using a parent-completed tool in the past year	<b>30.4%</b>	17.2% (MS) – 58.8% (OR)	11 States > 40%
	Percentage of infants/toddlers with moderate/severe developmental delay	<b>1.1%</b>	0.0% (15 States) – 5.6% (SC)	8 States > 3%
	Percentage of infants/toddlers receiving the Individuals with Disabilities Education Act Part C services	<b>3.1%</b>	1.5% (AR) – 9.4% (MA)	20 States > 3%



# Appendix B: State of Babies Yearbook: 2019

## Indicator Dictionary

### Good Health

#### **Income cutoff (percentage of the federal poverty line) for Medicaid eligibility for pregnant women in Medicaid (as of January 2018)**

Caring well for infants and toddlers begins with prenatal care. Medicaid/CHIP helps lower-income women pay for health services that help ensure a healthy pregnancy and birth. States have flexibility to set income thresholds for eligibility; these are expressed as a percentage of the federal poverty line (FPL).

The eligibility limits for each state reflects Medicaid rules in effect as of January 2018, as reported by the Kaiser Family Foundation.

Source: Kaiser Family Foundation (2018). *Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults*. Retrieved from <https://www.kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/#table2>

#### **State-adopted Medicaid expansion under the Affordable Care Act**

States with expanded Medicaid eligibility bring more children and families into the share of the population that have health insurance. Because children generally require less costly care than adults, expanding the pool of insured residents can bring down medical expenses for everyone. States with expanded Medicaid coverage can offer mental health services (including depression screening treatment) to many more low-income parents. Expanded Medicaid coverage has been shown to improve children's use of preventive care,<sup>1</sup> reduce infant mortality,<sup>2</sup> lower families' out-of-pocket medical expenditures,<sup>3</sup> reduce the amount of their unpaid medical bills,<sup>4</sup> and bring down the poverty rate.<sup>5</sup>

Medicaid expansion status for each state is based on Kaiser Family Foundation's tracking and analysis of state expansion activity. States' decisions about adopting Medicaid expansion are as of July 2018. Additional state-specific notes are provided in the data source.

Source: Kaiser Family Foundation (2018). *Status of State Medicaid Expansion Decisions: Interactive Map*. Retrieved August 2018 from <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

- 1 Venkataramani, M., Pollack, C. E., & Roberts, E. T. (2017). Spillover effects of adult Medicaid expansions on children's use of preventive services. *Pediatrics*, 140(6), e20170953.
- 2 Bhatt, C. & Beck-Sagué, C. M. (2018). Medicaid expansion and infant mortality in the United States. *Research and Practice, American Journal of Public Health*. Published online ahead of print. January 18, 2018.
- 3 Brevoort, K., Grodzicki, D., & Hackmann, M. B. (2017). Medicaid and financial health. NBER Working Paper No. 24002. National Bureau of Economic Research.
- 4 Abramowitz, J. (2018). The effect of state Medicaid expansions on medical out-of-pocket expenditures. *Medical Care Research and Review*. First published online May 10, 2018.
- 5 Remler, D. K. Korenman, S. D., & Hyson, R. T. Estimating the effects of health insurance and other social programs on poverty under the Affordable Care Act. *Health Affairs*, 36(10), <https://doi.org/10.1377/hlthaff.2017.0331>

### Percentage of low-income infants/toddlers who are uninsured

Health insurance is an important financial backstop for families. An infant or toddler with a serious injury or illness can incur medical expenses that are overwhelming, particularly for families with low incomes. While health insurance coverage for this age group is nearly universal, some groups of children are still uncovered, and enrolling them may require special outreach efforts to close this gap.

The denominator is the number of children ages 0-2 living below 200 percent of the federal poverty line. The numerator is the number of children ages 0-2 living below 200 percent of the federal poverty line (according to the poverty variable) who do not have health insurance at the time of the interview.

Source: American Community Survey 2016, five-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. <https://doi.org/10.18128/D010.V8.0>

### Percentage of households with infants/toddlers experiencing low or very low food security

A lack of sufficient nutritious food is associated with a number of serious health, behavior, and cognitive deficits in children. Children living with food insecurity have poorer health than children who are in food-secure households.<sup>6</sup> Infants who experience food insecurity are more likely to have insecure attachment relationships, and to perform poorly on tests of cognitive development.<sup>7</sup> For infants and toddlers, even mild levels of food insecurity may result in developmental deficits during this period of rapid brain growth.<sup>8</sup> Screening for food insecurity is easily accomplished within many community settings.

The denominator is the number of households with one or more children ages 0-2. The numerator is the number of households with one or more children ages 0-2 that experienced low or very low food security (not child- or adult-specific).

Source: Current Population Survey, Food Security Supplement (2016).

### Percentage of infants who are ever breastfed, breastfed at 6 months

Breastfeeding conveys advantages to both infants and their mothers. For young children, breastfeeding is associated with numerous benefits, including reduced rates of disease, overweight, and obesity. Breastfeeding is also associated with positive outcomes for mothers. Maternal health benefits include earlier return to pre-pregnancy weight, reduced rates of breast and ovarian cancers, and decreased risk of hip fractures and osteoporosis later in life. Breastfeeding mothers also report higher rates of mother-infant attachment and bonding, feelings of maternal empowerment, and confidence.<sup>9</sup> Experts recommend that babies breastfeed throughout the first year of life.

For the percentage of infants who are ever breastfed, the denominator is the number of births in 2015. The numerator is the number of infants born in 2015 who were ever breastfed.

6 Coleman-Jensen, A., McFall, W., & Nord, M. (2013). Food insecurity in households with children: prevalence, severity, and household characteristics, 2010-11. U.S. Department of Agriculture, Economic Research Service. Retrieved from [https://www.ers.usda.gov/webdocs/publications/eib113/37672\\_eib-113.pdf](https://www.ers.usda.gov/webdocs/publications/eib113/37672_eib-113.pdf)

7 Zaslow, M., Bronte-Tinkew, J., Capps, R., Horowitz, A., Moore, K. A., & Weinstein, D. (2009). Food security during infancy: Implications for attachment and mental proficiency in toddlerhood. *Maternal and Child Health Journal*, 13, 66-80.

8 Rose-Jacobs, R., Black, M. M., Casey P. H., et al. (2008). Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72.

9 Child Trends DataBank. (2016). Breastfeeding. Retrieved from <https://www.childtrends.org/indicators/breastfeeding>

For the percentage of infants breastfed at 6 months, the denominator is the number of births in 2015. The numerator is the number of infants born in 2015 who were breastfed at six months of age. Information was obtained from the table on page 3 of the source document. Original source is CDC National Immunization Survey (NIS) 2016-2017.

Source: CDC (2018). CDC Breastfeeding Report Card United States, 2018. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2018breastfeedingreportcard.pdf>

### **State Medicaid policy requires, recommends, or allows maternal depression screening during well-child visits**

A young child's visit for pediatric care is an opportune time to assess the child's parent for depression, which can have detrimental effects on caregiving and on the well-being of both the parent and the child. Recent federal guidance<sup>10</sup> allows states to include screening for maternal depression as part of a well-child visit, and even limited treatment for depressed mothers within the context of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid program for children.

The National Academy for State Health Policy's website states that this policy information is based on state Medicaid websites and direct communication with state Medicaid officials, as of August 2018.

Source: National Academy for State Health Policy (2018). *Medicaid Fee for Service Policies for Maternal Depression Screening in a Well-Child Visit [Interactive Map]*. Retrieved August 2018 from <https://healthychild.nashp.org/resource-center/maternal-depression/>

### **Percentage of women receiving late or no prenatal care**

Women who receive no prenatal care, or whose care begins only in the last trimester of pregnancy, are more likely to have infants with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die.<sup>11</sup> However, in addition prenatal care that starts early, its frequency and timing are important, especially to respond effectively to specific maternal risk factors.<sup>12</sup>

The National Center for Health Statistics report states that "late or no prenatal care" combines prenatal care that begins during the third trimester of pregnancy and absence of prenatal care.

Source: Osterman MJK, Martin JA. National Center for Health Statistics (2018). *Timing and Adequacy of Prenatal Care in the United States, 2016*. National Vital Statistics Reports, Volume 67, Number 3. Retrieved from [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_03.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf)

### **Percentage of mothers of infants/toddlers who rate their mental health as worse than "excellent" or "very good"**

The links between parental mental health—depression, particularly—and child well-being are well

10 Center for Medicaid & CHIP Services. (2016). Maternal depression screening and treatment: A critical role for Medicaid in the care of mothers and children. Informational Bulletin. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>

11 Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (undated) Prenatal services. Retrieved from <http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm>

12 Alexander, G.R., Kotelchuck, M. (2001). Assessing the role and effectiveness of prenatal care: History, challenges, and directions for future research. *Public Health Reports*, 116(4). 306-16.

established in research.<sup>13</sup> The negative effects of maternal depression can begin prenatally.<sup>14</sup> Parents who are depressed are less likely to engage in the kinds of reciprocal social interplay that is so important to the healthy development of infants and toddlers.<sup>15</sup> Untreated depression in mothers or fathers is also associated with greater risk for delays in cognitive and motor development,<sup>16</sup> child maltreatment,<sup>17</sup> and neglectful parenting practices.<sup>18</sup> Several intervention models are effective in treating parents' depression.<sup>19</sup>

This measure summarizes the mental or emotional health status of the child's biological, step, adoptive, or foster mother. The denominator is children ages 0-2 who live with their biological, step, adoptive, or foster mother. The numerator is children ages 0-2 whose mother's mental/emotional health status is good, fair, or poor.

Source: National Survey of Children's Health (2016).

### **Percentage of infants/toddlers who had a preventative medical care visit in the past year (medical/dental)**

Preventive medical care (also known as "well-child care") is a critical opportunity to detect a developmental delay or disability, so that early treatment can reduce its impact on both the child and family.<sup>20</sup> In addition, well-child visits allow medical providers to promote behaviors conducive to healthy development, and to share advice with the parents of infants and toddlers. For example, physician guidance increases the likelihood that parents will read to their child, or that a child will be breastfed.<sup>21</sup>

For the medical care indicator, the denominator is children ages 0-2, and the numerator is children ages 0-2 who had one or more preventive medical visits in the past 12 months. For the dental care indicator, the denominator is children ages 1-2, and the numerator is children ages 1-2 who ever had one or more preventive dental visits.

Source: National Survey of Children's Health (2016).

### **Percentage of babies with low birthweight (less than 5.5 pounds)**

Low birthweight (less than 5.5 pounds) is strongly associated with poor developmental outcomes,

- .....
- 13 Chester, A., Schmit, S., Alker, J., & Golden, O. (2016). Medicaid expansion promotes children's development and family success by treating maternal depression. Georgetown University Health Policy Institute, Center for Children and Families. Retrieved from <https://ccf.georgetown.edu/wp-content/uploads/2016/07/Maternal-Depression-4.pdf>
  - 14 Oberlander, T. F., Papsdorf, M., Brain, U. M., Misri, S., Ross, C., and Grunau, R. E. (2010). Prenatal effects of selective serotonin reuptake inhibitors antidepressants, serotonin transporter promoter genotype (SLC6A4), and maternal mood on child behavior at 3 years of age. *Archives of Pediatrics & Adolescent Medicine*, 164(5), 444-451.
  - 15 Hops, H. (1995). Age- and gender-specific effects of parental depression: A commentary. *Developmental Psychology*, 31(3), 428-431.
  - 16 Petterson, S. M. & Albers, A. B. (2001). Effects of poverty and maternal depression on early child development. *Child Development*, 72(6), 1794-1813.
  - 17 Administration for Children and Families. (2007). Depression among caregivers of young children reported for child maltreatment. National Survey of Child and Adolescent Well-Being: Research Brief No. 13. Retrieved from [www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/reports/depression\\_caregivers/depression\\_caregivers.pdf](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/depression_caregivers/depression_caregivers.pdf)
  - 18 Chung, E. K., McCollum, K. F., and Elo, I. T., et al. (2004). Maternal depressive symptoms and infant health practices among low-income women. Electronic Article. *Pediatrics*, 113, e523-e529.
  - 19 Goodman, S. H. & Garber, J. (2017). Evidence-based interventions for depressed mothers and their young children. *Child Development*, 88(2), 368-377.
  - 20 American Academy of Pediatrics. (2002). Developmental surveillance and screening of infants and young children. *Pediatrics*, 109(1), 144-145.
  - 21 Young, K. T., Davis, K., Schoen, C., Parker, S. (1998). Listening to parents. A national survey of parents with young children. *Archives of Pediatric and Adolescent Medicine*, 152(3), 255-62.

beginning in infancy but extending into adult life.<sup>22</sup> Low weight is often associated with pre-term delivery, but can occur also with full-term births. Research points to a number of factors that can contribute to the likelihood of low weight at birth, including smoking during pregnancy; mother's low weight gain during pregnancy, or low pre-pregnancy weight; and mother's stress during pregnancy.<sup>23</sup>

The National Center for Health Statistics report defines low birthweight as a weight of less than 2,500 grams, or 5 pounds and 8 ounces. The denominator is the total number of all births, and the numerator is the number of babies with low birthweight.

Source: National Center for Health Statistics (2018) Percentage of Babies Born Low Birthweight by State. Retrieved from: [https://www.cdc.gov/nchs/pressroom/sosmap/lbw\\_births/lbw.htm](https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htm)

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

Children are much more likely to die during the first year of life than they are at older ages. Infant deaths can reflect underlying problems, such as poor access to prenatal care, violent neighborhoods, or inadequate child supervision. They can also highlight inequities: for example, in access to health care or safe places to play, or exposure to environmental toxins. Among infants, the leading causes of death include congenital and chromosomal abnormalities, problems related to short gestation and low birthweight, and sudden infant death syndrome (SIDS).<sup>24</sup>

The Centers for Disease Control and Prevention (CDC) website reports the infant mortality rate as the number of infant deaths per 1,000 live births. The estimates are for 2016, except for the District of Columbia (2015).

Source: Centers for Disease Control and Prevention (2016). *Infant Mortality Rates by State [Interactive Map]*. Retrieved August 2018 from [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm)

### **Percentage of infants/toddlers receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19 through 35 months**

Vaccines are important for infants and toddlers because many of the diseases vaccines prevent are more common, and more deadly, at this age. Vaccination protects not only the child who receives the vaccine, but also others in the child's community, including those who, for health reasons, cannot be vaccinated. The Centers for Disease Control and Prevention (CDC) recommends four doses of the diphtheria, tetanus, and pertussis (DTaP) vaccine, three or more doses of polio vaccine, one or more doses of the measles-mumps-rubella (MMR) vaccine, three or more doses of the *Haemophilus influenzae type b* (Hib) vaccine (or, for certain brands, four or more doses), the hepatitis B vaccine, and the varicella (chicken pox) vaccine.

Technical notes on vaccine abbreviations, dose definitions and vaccine series for the National Immunization Survey (NIS) surveillance tables are available at: <https://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html>.

Source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2016). *Combined 7-vaccine Series coverage among children 19-35 months by State, HHS*

22 Reichman, N. (2005). Low birth weight and school readiness. In School readiness: Closing racial and ethnic gaps. *The Future of Children*, 15(1), 91-116. Retrieved from [https://www.princeton.edu/futureofchildren/publications/docs/15\\_01\\_FullJournal.pdf](https://www.princeton.edu/futureofchildren/publications/docs/15_01_FullJournal.pdf)

23 Ricketts, S. A., Murray, E. K., and Schwalberg, R. (2005). Reducing low birthweight by resolving risks: Results from Colorado's Prenatal Plus Program. *American Journal Public Health*, 57(11):1952-1957.

24 Kochanek, K. D., Murphy, S. L., Xu, J., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *National Vital Statistics Reports*, 65(4). Hyattsville, Maryland: National Center for Health Statistics. Tables 3-4. Available at [http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf)

Region, and the United States, National Immunization Survey-Child (NIS-Child), 2002 through 2017. Retrieved from <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/7-series/trend/index.html>.

### **State Medicaid plan covers social-emotional screening for young children (ages 0 through 6 years) with a tool specifically designed for this purpose**

Because young children's social-emotional development is so critical to their present well-being, as well as their later success, an accurate assessment of their status in this area is important. Health care providers should use an instrument that identifies young children at risk of behavioral health problems, specifically, not just a general developmental screening.

Survey administered by The National Center for Children in Poverty. Participants were asked if the state's Medicaid plan covers social-emotional screening for children ages 0-6 years with a tool specifically designed for the purpose of identifying young children who may need further evaluation for social-emotional and behavioral difficulties. Georgia and Illinois were not included in the survey.

Source: Smith, S., Granja, M., Ekono, M., Robbins, T., Nagarur, M. (2016). *Using Medicaid to Help Young Children and Parents Access Mental Services: Results of a 50-State Survey*. National Center for Children in Poverty, Mailman School of Public Health, Columbia University. Retrieved from [http://www.nccp.org/publications/pdf/text\\_1164.pdf](http://www.nccp.org/publications/pdf/text_1164.pdf)

### **Medicaid plan covers Infant and Early Childhood Mental Health services**

Mental health concerns arising during the first years of life can develop into serious problems if not identified and treated promptly. Low-income families may not be able to afford these services unless they are covered by Medicaid. Ideally, the state Medicaid plan covers early infant and early childhood mental health (IECMH) services in any of the following settings: home, pediatric/family medicine practices, and early care and education programs.

Source: Smith, S., Granja, M., Ekono, M., Robbins, T., Nagarur, M. (2016). *Using Medicaid to Help Young Children and Parents Access Mental Services: Results of a 50-State Survey* New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University. Retrieved from [http://www.nccp.org/publications/pdf/text\\_1164.pdf](http://www.nccp.org/publications/pdf/text_1164.pdf)

Survey administered by The National Center for Children in Poverty. Participants were asked if the state's Medicaid plan covers services to address a child's mental health needs in the child's home, early care and education settings, and pediatric or family medicine settings. Georgia and Illinois were not included in the survey.



## Strong Families

### **Housing insecurity (percentage of infants/toddlers who have moved three or more times since birth, and percentage of infants/toddlers who live in crowded housing)**

The physical environment, and, in particular, housing quality, has marked effects on development—perhaps especially so for the youngest children, since they lack independent mobility. In addition, the stability of housing—as measured by the frequency of residential moves—plays a role in young children’s well-being. In homes where families are crowded, parents are less responsive to infants and toddlers, and more likely to use punitive discipline.<sup>25</sup> Crowding has also been associated with children’s health problems, including respiratory conditions, injuries, and infectious diseases, and with young children’s food insecurity.<sup>26</sup> Frequent moves can disrupt many aspects of families’ lives, including their connections with social support networks and formal services such as child care. High rates of moving may also be indicative of economic insecurity and parents’ tenuous hold on employment.

For the percentage of infants/toddlers who have moved three or more times since birth indicator, the denominator is children ages 0-2. The numerator is children ages 0-2 who moved to a new address three or more times since they were born, as reported by parents.

For the percentage of infants/toddlers who live in crowded housing indicator, the denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live in homes with more than two household members per bedroom, or, if no bedrooms, more than one person per room.

Source: National Survey of Children’s Health (2016).

### **Percentage of families with infants/toddlers living below 100 percent of the federal poverty line that receive TANF benefits**

The Temporary Aid to Needy Families program (TANF) was designed to help poor families with minor children with cash assistance, particularly while parents are seeking employment. However, states are allowed to spend TANF funds for a variety of other activities (for example, administrative costs, child care and pre-K programs, child welfare services, and work support activities) besides directly supporting families. Nationwide, only about one in four poor families receive any TANF benefits, and the amount those families receive is often insufficient to lift them out of poverty.<sup>27</sup> Poor families with an infant or toddler often are the least likely to have economic security.

The numerator is the number of TANF families with youngest child under 3 for Fiscal Year 2016. The denominator is the number of families with youngest child under 3 and below the federal poverty line based on estimates from the 2017 Current Population Survey, which spans from March 2016–February 2017.

Sources: U.S. Department of Health and Human Services Administration for Children & Families Office of Family Assistance. Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2016 [Tables] (2017). Retrieved from <https://www.acf.hhs.gov/ofa/resource/characteristics-and-financial-circumstances-of-tanf-recipients-fiscal-year-2016-0>

25 Evans, G. (2006). Child development and the physical environment. *Annual Review of Psychology*, 57, 423-451.

26 Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., Geppert, J., Ettinger de Cuba, S., Heeren, T., Coleman, S., Rose-Jacobs, R., & Frank, D. A. (2011). U.S. housing insecurity and the health of very young children. *American Journal of Public Health*, 101(8), 1508-1514.

27 Floyd, I., Pavetti, L., & Schott, L. (2017). *TANF reaching few poor families*. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/family-income-support/tanf-reaching-few-poor-families>

Current Population Survey 2017. Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). Integrated Public Use Microdata Series, Current Population Survey: Version 6.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D030.V6.0>

### **Maltreatment rate per 1,000 infants/toddlers**

Infants and toddlers are the age group most likely to suffer abuse and neglect, accounting for more than a quarter of all substantiated incidents.<sup>28</sup> By far, the most prevalent form of maltreatment is neglect: “the absence of sufficient attention, responsiveness, and protection that are appropriate to the ages and needs of a child.”<sup>29</sup> Child maltreatment is influenced by a number of factors, including poor knowledge of child development, substance abuse, other forms of domestic violence, and mental illness. Although maltreatment occurs in families at all economic levels, abuse—and especially neglect—are more common in economically disadvantaged families than in families with higher incomes.<sup>30</sup> Note that the data source for this indicator is agency-confirmed reports, which are likely to underestimate the actual prevalence of maltreatment.

The numerator is the number of unique maltreatment victims ages 0-2 (substantiated or indicated), as reported in the Child Maltreatment 2016 report. The denominator is the total number of children ages 0-2 in 2016, according to Census Bureau population estimates. Population estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since.

Sources: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2018). Child maltreatment 2016. Retrieved from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>

U.S. Census Bureau, Population Division. (2017). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2016. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers living in unsafe neighborhoods, as reported by parents**

Living in neighborhoods that are unsafe can be a source of stress and may pose threats—through violence or pollutants—to physical well-being. Neighborhoods that are unsafe are associated with high rates of infant mortality and low birthweight, child abuse and neglect, and poor motor and social development among young children.<sup>31</sup> Parents in these neighborhoods may restrict children’s opportunities for outdoor play.<sup>32</sup>

The denominator is children ages 0-2. The numerator is children ages 0-2 whose parents somewhat or definitely disagree that their children are safe in the neighborhood.

Source: National Survey of Children’s Health (2016).

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28 U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2018). *Child maltreatment 2016*. Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2016>

29 National Center on the Developing Child. (2012). *The science of neglect: The persistent absence of responsive care disrupts the developing brain. Working Paper 12*. Retrieved from <http://www.developingchild.harvard.edu>

30 Slack, K. S., Holl, J. L., McDaniel, M., Yoo, J., Bolger, K. (2004). Understanding the risks of child neglect: An exploration of poverty and parenting characteristics. *Child Maltreatment*, 9(4), 395-408.

31 To, T., Cadarette, S. M., Liu, Y. (2001). Biological, social, and environmental correlates of preschool development. *Child Care Health & Development*, 27(2), 187-200.

32 Beets, M. W., Foley, J. T. (2008). Association of father involvement and neighborhood quality with kindergarteners’ physical activity: A multi-level structural equation model. *American Journal of Health Promotion*, 22(3), 195-203.

### **Percentage of families with infants/toddlers who report “family resilience”**

How families cope with challenges can make a difference to their overall well-being. Children who learn that families can solve problems together, participate in decision-making, and reduce conflict gain valuable skills related to planning, communication, managing emotions, and optimism that can improve their chances of being resilient when encountering their own challenges.<sup>33</sup>

The denominator is children ages 0-2. The numerator is children ages 0-2 who live in a family that responded “most of the time” or “all of the time” to all four family resilience items. Regarding the question “When your family faces problems, how often are you likely to do each of the following?”, these four items are (a) talk together about what to do, (b) work together to solve our problems, (c) know we have strengths to draw on, and (d) stay hopeful even in difficult times. Response options for each family resilience item is none of the time, some of the time, most of the time, or all of the time.

Source: National Survey of Children’s Health (2016).

### **Percentage of infants/toddlers who have experienced two or more adverse childhood experiences**

Exposure to unmanageable stress can interfere with the normal development of the body’s neurological, endocrine, and immune systems, leading to increased susceptibility to disease. Because their brains are developing rapidly, infants and toddlers are especially vulnerable, and the damage may be long-lasting.<sup>34</sup> Survey items asked parents to indicate whether their child had ever experienced one or more of the following: economic hardship, divorce/separation of parent, death of a parent, a parent who served time in jail, witness to domestic violence, victim of or witness to neighborhood violence, lived with someone who was mentally ill or suicidal, lived with someone with an alcohol/drug problem, or was treated or judged unfairly due to race/ethnicity.

The denominator is children ages 0-2. The numerator is children ages 0-2 with two or more adverse childhood experiences (ACE’s). There are nine ACE’s items: hard to get by on family’s income; parent or guardian divorced or separated; parent or guardian died; parent or guardian served time in jail; saw or heard parents or adults slap, hit, kick, punch one another in the home; was a victim of violence or witnessed violence in neighborhood; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol or drugs; and treated or judged unfairly due to race/ethnicity. A response of “somewhat often” or “very often” to the question “How often has it been very hard to get by on your family’s income?” was coded as an adverse childhood experience. The remaining survey items are dichotomous Yes/No response options, with “Yes” coded as an ACE.

Source: National Survey of Children’s Health (2016).

### **Percentage of infants/toddlers exiting foster care who achieve permanency; and, of these, the percentage reunified, placed with guardian, placed with non-guardian relative, and adopted**

Young children fare best when they experience stable and consistent caregiving. Most often, that is with their own parents; other relatives may be a next-best alternative. If care by a relative is not feasible, then loving adoptive parents can provide a permanent home. Multiple temporary placements, by contrast, can disrupt a young child’s sense of trust and security and contribute to emotional and

33 Moore, K. A., Bethell, C. D., Murphey, D. A., Martin, M. C., & Beltz, M. (2017). *Flourishing from the start: What is it and how can it be measured?* Child Trends Research Brief. Retrieved from <https://www.childtrends.org/wp-content/uploads/2017/03/2017-16FlourishingFromTheStart-1.pdf>

34 Shonkoff, J. P., Garner, A. S., & the Committee on Psychosocial Aspects of Child and Family Health. (2012). *The lifelong effects of early childhood adversity and toxic stress*. American Academy of Pediatrics Technical Report. Retrieved from <http://pediatrics.aappublications.org/content/129/1/e232.full.pdf>

behavioral problems.<sup>35</sup>

For the percentage of infants/toddlers exiting foster care who achieve permanency, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. Permanency is defined as reunification with the parent, termination of parental rights (TPR) and adoption, guardianship with a permanent guardian, and guardianship with a “fit and willing relative” while remaining in the state’s legal custody.

For the percentage of infants/toddlers exiting foster care who are reunified, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are reunified with the parent.

For the percentage of infants/toddlers exiting foster care who are placed with a guardian, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are placed with a guardian.

For the percentage of infants/toddlers exiting foster care who are placed with a relative, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are placed with a relative.

For the percentage of infants/toddlers exiting foster care who are adopted, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are adopted.

Source: Adoption & Foster Care Analysis Reporting System (2016).

### **Percentage of infants/toddlers who could benefit from evidence-based home visiting services and are receiving those services**

Home visiting is a two-generation approach to serving the varied needs of families with an infant or toddler. Trained home visitors teach parents about milestones of early development and other appropriate expectations for very young children, help parents promote good health and keep their homes safe for babies and toddlers, use effective parenting practices, and access additional resources within their communities. A number of home visiting programs have been shown through evaluations to be effective at improving one or more aspects of family well-being.<sup>36</sup> Yet, in most communities, the need for home visiting services far outpaces current capacity.<sup>37</sup>

The denominator is the number of children ages 0-2 who could benefit from home visiting according to the source document, which is calculated based on the number and age of children under 6 years and not yet in kindergarten, the number of families with pregnant women and children under 6 years not yet in kindergarten, the percentage of families with children under 1 year, the percentage

35 Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and developmental snapshot*. Chapin Hall Issue Brief. Retrieved from [https://fcda.chapinhall.org/wp-content/uploads/2012/10/2011\\_infants\\_issue-brief.pdf](https://fcda.chapinhall.org/wp-content/uploads/2012/10/2011_infants_issue-brief.pdf)

36 Sama-Miller, E., Akers, L., Mraz-Espósito, A., Zukiewicz, M., Avellar, S., Paulsell, D., & Del Grosso, P. (2018). *Home visiting evidence of effectiveness review: Executive summary*. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/homvee\\_executive\\_summary\\_2018\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/homvee_executive_summary_2018_508.pdf)

37 National Home Visiting Resource Center. (2017). *2017 Home visiting yearbook*. Retrieved from [https://www.nhvr.org/wp-content/uploads/NHVR\\_Yearbook\\_2017\\_Final.pdf](https://www.nhvr.org/wp-content/uploads/NHVR_Yearbook_2017_Final.pdf)

of families with single mothers, the percentage of families with parents who have no high school diploma, the percentage of families with pregnant women and mothers under 21 years, and the percentage of families who are low income. The numerator is calculated by multiplying the number of children who received home visiting by the percentage of children who received home visiting who are ages 0–2.

Source: National Home Visiting Resource Center. (2018). Data Supplement to the 2017 Home Visiting Yearbook. Arlington, VA: James Bell Associates and the Urban Institute. Retrieved from [https://www.nhvrc.org/wp-content/uploads/NHVRC\\_Data-Supplement\\_FINAL.pdf](https://www.nhvrc.org/wp-content/uploads/NHVRC_Data-Supplement_FINAL.pdf)

### **State requires employers to provide paid sick days that cover care for child**

Parents should not have to give up pay to care for a sick child. To attract and retain a capable workforce, employers need to acknowledge that their employees have multiple responsibilities. When parents cannot stay home with a child who is ill, the child may attend a group care setting where others can become sick, affecting multiple families. Employee productivity also suffers when parents must make stop-gap arrangements for their child's care.

Whether or not the state has a policy covering paid sick time for the care of family members that includes care for children, as reported by the National Partnership for Women and Families.

Source: National Partnership for Women and Families. *Paid Sick Days—State and District Statutes*. (2018). Retrieved from <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-statutes.pdf>.

### **State has a paid family leave program**

Nearly alone among all the world's nations, the United States has no policy of paid family leave. Therefore, states must lead the way. Family leave is used primarily to care for a newborn child, but also to meet other exceptional caregiving needs, such as for an older, disabled, or chronically ill relative, or a newly adopted child. In addition to economic benefits for families, paid family leave promotes parent-infant bonding, can increase the likelihood of breastfeeding, and lessen the likelihood of maternal depression, promote fathers' involvement in childrearing, increase mothers' attachment to the labor force, and reduce reliance on public assistance.<sup>38</sup>

The National Partnership for Women and Families (NPWF) produced a table summarizing state paid family and medical leave insurance laws, as of July 2018. NPWF references the term "family leave" to mean time off to care for another person in the family, such as a newborn or newly adopted child, child, spouse, or parent with a serious health condition.

Source: National Partnership for Women and Families. *State Paid Family and Medical Leave Insurance Laws*. (2018). Retrieved from <http://www.nationalpartnership.org/research-library/work-family/paid-leave/state-paid-family-leave-laws.pdf>

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38 Schulte, B. et al. (2017). Paid family leave: How much time is enough? New America. Retrieved from <https://www.newamerica.org/better-life-lab/reports/paid-family-leave-how-much-time-enough/>

# Positive Early Learning Experiences

## Percentage of parents who report reading to their infants/toddlers every day

Long before they are able to read, infants and toddlers develop literacy skills and an awareness of language.<sup>39</sup> Since language development is fundamental to many areas of learning, skills developed early in life help set the stage for later school success. By reading aloud to their young children, parents help them acquire the skills they will need to be ready for school.<sup>40</sup> Young children who are regularly read to have a larger vocabulary; higher levels of phonological, letter name, and sound awareness; and better success at decoding words.<sup>41</sup>

The denominator is children ages 0-2. The numerator is children ages 0-2 whose family members report reading to them every day.

Source: National Survey of Children's Health (2016).

## Percentage of parents who report singing songs or telling stories to their infants/toddlers every day

Reading is not the only way parents can promote their young child's language development. Singing songs and telling stories are language-rich activities that are also typically rich in cultural traditions, thus contributing to a child's positive identity. Important features of many songs and stories are repetition, internal structure, and multiple perspectives—all features that help children develop the skills that underlie school success. Not all parents are comfortable with reading or have the appropriate materials, so encouraging parents to use songs and stories to nurture their child's language development is a smart strategy.

The denominator is children ages 0-2. The numerator is children ages 0-2 whose family members report singing or telling stories to them every day.

Source: National Survey of Children's Health (2016).

## Percentage of infants/toddlers below 100 percent of the federal poverty line with access to Early Head Start

Early Head Start (EHS) is a comprehensive child development and family support program for infants, toddlers, and pregnant women in poor families. Apart from family income, each EHS program sets its own eligibility criteria, targeting their services to best meet the needs of families and children in their community. Services may be delivered in centers, family child care homes, or individual family homes.<sup>42</sup> A recent study found that, among families participating in EHS, children had enhanced cognitive development, attention, and engagement; their parents had less stress and family conflict, and were more likely to be responsive, warm, and supportive. EHS families had lower rates of subsequent child maltreatment than those in a control group.<sup>43</sup>

39 Burns, M. S., Griffin, P., & Snow, C. (Eds.) (1999). *Starting off right: A guide to promoting children's reading success*. Washington, DC: National Academy Press.

40 Raikes, H., Pan, B. A., Luze, G. J., Tamis-LeMonda, C. S., Brooks-Gunn, J., Constantine, J., Tarullo, L. B., Raikes, H. A., Rodriguez, E. (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development*, 77(4), 924-953.

41 Burgess, S. R., Hecht, S. A., & Lonigan, C. J. (2002). Relations of the home literacy environment (HLE) to the development of reading-related abilities: A one-year longitudinal study. *Reading Research Quarterly*, 37(4), 408-426

42 Early Head Start National Resource Center. <http://www.ehsnrc.org/ChildEligible.htm>

43 Green, B. L. et al. (2018). *How Early Head Start prevents child maltreatment*. Child Trends. Retrieved from <https://www.childtrends.org/publications/how-early-head-start-prevents-child-maltreatment>



The National Head Start Association reports the percentage of eligible children ages 0-2 who had access to Early Head Start during 2016-2017. The denominator is the number of children ages 0-2 below 100 percent of the federal poverty line according to the 2017 U.S. Census Bureau's Current Population Survey, Annual Social and Economic Supplement. The numerator is ACF-funded enrollment based on the 2016-2017 Head Start Program Information Report.

Source: National Head Start Association (2016-2017). *Access to Head Start in the United States State-by-State Fact Sheets*. Retrieved August 2018 from <https://www.nhsa.org/facts>

### **Average state cost of center-based infant care as a percentage of median income for married families/single parents**

Providing care for infants and toddlers is more expensive than for older children, because higher adult-child ratios are required, and additional costs are associated with maintaining appropriate hygiene around diapering, bottle feeding, bedding, and so on. The amount parents pay for care is generally less than the total cost of providing care; still, parents can pay more than \$23,000 per year for center-based infant care, depending on where they live. The new federal standard is that families should spend no more than 7 percent of their income for child care.<sup>44</sup>

The denominators for single and married parents are the median incomes based on the 2015 U.S. Census Bureau's American Community Survey, five-year estimates for single parent-families and married-couple families, respectively. The numerator is the 2016 annual cost of center-based infant care, based on the Child Care Aware of America's February 2017 survey of Child Care Resource and Referral State Networks. Due to data availability, the numerator for South Dakota is based on Child Care Aware of America's 2016 State Fact Sheets report.

Sources: Child Care Aware of America (2016). *2017 Appendices: Parents and The High Cost of Child Care*. Retrieved from [http://usa.childcareaware.org/wp-content/uploads/2018/01/2017\\_CCA\\_High\\_Cost\\_Appendices\\_FINAL\\_180112\\_small.pdf](http://usa.childcareaware.org/wp-content/uploads/2018/01/2017_CCA_High_Cost_Appendices_FINAL_180112_small.pdf)

Child Care Aware of America (2016) *Child Care in America: 2016 State Fact Sheets*. Retrieved from <http://usa.childcareaware.org/wp-content/uploads/2016/07/2016-Fact-Sheets-Full-Report-02-27-17.pdf>.

### **Income eligibility level for child care subsidy above 200 percent of the federal poverty line**

According to reputable estimates, families in every state need an income at least twice the federal poverty line to meet basic needs for food, housing, child care, transportation, and health care. In states with a lower income threshold for subsidy eligibility, families with an infant or toddler cannot afford care without sacrificing other essentials.<sup>45</sup>

The National Women's Law Center reports the income eligibility limits for a child care subsidy as a percentage of the 2017 federal poverty line for a family of three, or \$20,420 a year. We recoded this data to values of "Yes" for eligibility limits that are above 200 percent of the federal poverty line, and a value of "No" for eligibility limits that are equal to or less than 200 percent of the federal poverty line.

For Colorado, the counties set their income limits, and the median eligibility limit is less than 200 percent of the federal poverty line, so it was coded as a "No." Texas and Virginia set different income limits for different regions, so it is not possible to compute this indicator for these states.

44 Child Care Aware of America. (2018). *The U.S. and the high cost of child care*. Retrieved from <http://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>

45 Schulman, K. (2018). *Overdue for investment: State child care assistance policies, 2018*. National Women's Law Center. Retrieved from <https://nwlc-ci49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/11/NWLC-State-Child-Care-Assistance-Policies-2018.pdf>

Sources: Schulman, K., & Blank, H. National Women's Law Center. (2017). *Persistent Gaps: State Child Care Assistance Policies 2017*. Retrieved from <https://nwlc-ciww49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/10/NWLC-State-Child-Care-Assistance-Policies-2017-1.pdf>

Colorado Department of Human Services. Colorado Child Care Assistance Program. Retrieved from [http://coloradoofficeofearlychildhood.force.com/oec/OEC\\_Families?p=Family&s=Colorado-Child-Care-Assistance-Program&lang=en](http://coloradoofficeofearlychildhood.force.com/oec/OEC_Families?p=Family&s=Colorado-Child-Care-Assistance-Program&lang=en)

### **Percent of infants/toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy**

The federal Child Care and Development Fund (CCDF) is the primary source of financing for states' child care subsidy programs. States set their own eligibility requirements; however, even in the most generous states, access to these programs is restricted due to various barriers. These include waiting lists or frozen intake, high family copayments, and low reimbursement rates for care providers.<sup>46</sup>

The denominator is the number of children ages 0-2 with family incomes less than or equal to 150 percent of the state median income. To calculate the denominator, we used the following steps: a) obtained the state median incomes for 4-person families, by state, from the Federal Register; b) multiplied those numbers by 1.5 to get 150 percent state median income for 4-person families; c) calculated 150 percent state median income for families of different sizes using the conversion provided in a table footnote in the Federal Register; d) assigned each respondent in the 2016 1-year American Community Survey (ACS) their specific 150 percent state median income threshold based on their state and family size; e) flagged respondents whose family income was less than or equal to the 150 percent state median income threshold; f) exported the number of children ages 0-2 with flags for family income less than or equal to 150 percent state median income. The numerator is the number of children ages 0-2 who received CCDF-funded care in Fiscal Year 2016 (based on estimates from the Administration for Children and Families Office of Child Care).

Sources: Administration for Children and Families, Office of Child Care, FY 2016 CCDF Data Tables

The Low-Income Home Energy Assistance Program Announces the State Median Income Estimates for Federal Fiscal Year 2016, 80 Fed. Reg. 111 (June 10, 2015) (to be codified at 45 C.F.R. 96.85(b) and 42 U.S.C. 8624(b)(2)(B)(ii)). Retrieved from <https://www.gpo.gov/fdsys/pkg/FR-2015-06-10/pdf/2015-14187.pdf>

American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E. Pacas, J. and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of infants/toddlers, ages 9 through 35 months, who received a developmental screening using a parent-completed tool in the past year**

Developmental screening is an efficient, cost-effective way to identify potential health or behavioral problems. In primary health care settings, the most effective screening tools rely on parent-reported information.<sup>47</sup> Children who get screening are more likely to have delays identified, be referred for early intervention, and be determined eligible for early intervention services.<sup>48</sup> The American Academy of Pediatrics recommends that children, before their third birthday, receive developmental screening

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<sup>46</sup> Ibid.

<sup>47</sup> Glascoe, F. P. (2000). Early detection of developmental and behavioral problems. *Pediatrics in Review*, 21(8), 272-280.

<sup>48</sup> Guevara, J. P., Gerdes, M., Localio, R., Huang, Y. V., Pinto-Martin, J., Minkovitz, C. S., Hsu, D., Kyriakou, L., Baglivo, S., Kavanagh, J., & Pati, S. (2012). Effectiveness of developmental screening in an urban setting. *Pediatrics*, Published online December 17, 2012.

from their physicians at least three times.<sup>49</sup>

The denominator is children ages 9 through 35 months. The numerator is children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year, as reported by parents.

Source: National Survey of Children's Health (2016).

### **Percentage of infants/toddlers with moderate/severe developmental delay**

Developmental delays among young children can signal the presence of serious physical or social-emotional problems, as well as problems with vision or hearing that, if untreated, can negatively affect learning. Screenings can help identify children who are not meeting expected milestones of development,<sup>50</sup> and should lead to more detailed assessment and appropriate treatment and guidance for parents.

The denominator is children ages 0-2. The numerator is children ages 0-2 whose parents respond "yes" to the question "Has a doctor, other health care provider, or educator ever told you that this child has developmental delays?" and report that their child currently has a moderate/severe developmental delay.

Source: National Survey of Children's Health (2016).

### **Percentage of infants/toddlers receiving the Individuals with Disabilities Education Act Part C services**

Early intervention services, also known as the Program for Infants and Toddlers with Disabilities, provide services for infants and toddlers with disabilities and their families.<sup>51</sup> In some states, eligibility extends to those who are at risk for developing a disability. States' eligibility criteria for early intervention services vary, as do the services they offer.

The denominator is the estimated population of children ages 0-2 based on U.S. Census Bureau's State Population Estimates. The numerator is the number of children ages 0-2 served under the Individuals with Disabilities Education Act (IDEA), Part C services, based on the U.S. Department of Education's IDEA Part C Child Count and Settings Survey.

Source: U.S. Department of Education (2016-2017). IDEA Section 618 Data Products: Static Tables. Part C Child Count and Settings. Retrieved from <https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html#partc-cc>

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49 American Academy of Pediatrics, Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405-420.

50 Glascoe, F. P. (2000). Early detection of developmental and behavioral problems. *Pediatrics in Review*, 21(8), 272-280.

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# Demographics

## Number of infants/toddlers

These are vintage 2017 population estimates. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

## Percentage of infant/toddler population

The denominator is the total population, based on the Census Bureau's vintage 2017 population estimates. The numerator is the population ages 0-2. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

## Percentage of infants/toddlers who are Hispanic

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the population ages 0-2 of Hispanic origin. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

## Percentage of infants/toddlers who are non-Hispanic white

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic white population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates

for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers who are non-Hispanic black**

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic black population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers who are non-Hispanic Asian**

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic Asian population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers who are non-Hispanic American Indian or Alaskan Native**

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic American Indian and Alaska Native population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers who are non-Hispanic Native Hawaiian or Pacific Islander**

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic Native Hawaiian and Other Pacific Islander population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of

any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers who are non-Hispanic multiple races**

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic population of multiple races ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers who are non-Hispanic Native Hawaiian, other Pacific Islander or multiple race categories**

This is an alternative, non-mutually-exclusive race/ethnicity category. The denominator is the total population ages 0-2 based on the Census Bureau's vintage 2017 population estimates. The numerator is the non-Hispanic population ages 0-2 who are Native Hawaiian and other Pacific Islander, or multiple race categories. Hispanic origin is considered an ethnicity, not a race, and Hispanics may be of any race. Estimates are produced using a cohort component method, based on the 2010 Census, and births, deaths, and migration occurring since. For more information, see the Census Bureau's documentation: <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2017/2017-natstcopr-meth.pdf?#>

Source: U.S. Census Bureau, Population Division. (2018). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017. <https://www.census.gov/programs-surveys/popest/data/tables.html>

### **Percentage of infants/toddlers living in two-parent families**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who have two parents present in their household. The definition of parent includes the presence of biological as well as social (step or adoptive) parents, and unmarried partners of a parent. Families with two same-sex parents present in the household are included as two-parent families.

Source: Current Population Survey 2017. Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). Integrated Public Use Microdata Series, Current Population Survey: Version 6.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D030.V6.0>



### **Percentage of infants/toddlers living in one-parent families**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who have one-parent present in their household. The definition of parent includes the presence of biological as well as social (step or adoptive) parents.

Source: Current Population Survey 2017. Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). Integrated Public Use Microdata Series, Current Population Survey: Version 6.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D030.V6.0>

### **Percentage of infants/toddlers living with no parents**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who have no parents present in their household. The definition of parent includes the presence of biological as well as social (step or adoptive) parents.

Source: Current Population Survey 2017. Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). Integrated Public Use Microdata Series, Current Population Survey: Version 6.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D030.V6.0>

### **Percentage of infants/toddlers living in grandparent-headed households**

The denominator is the total number of children ages 0-2. The numerator is the number of infants and toddlers who live in a household headed by their grandparent. Note that this classification is not mutually exclusive with other family structure categories.

Source: Current Population Survey 2017. Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). Integrated Public Use Microdata Series, Current Population Survey: Version 6.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D030.V6.0>

### **Percentage of infants/toddlers that have mothers in the labor force**

The denominator is the number of children ages 0-2 who live with their mothers. The numerator is the number of children ages 0-2 who live with their mother and whose mother is in the labor force (either employed or unemployed but looking for work). People in the armed forces are not in the universe for labor force participation. If there are two mothers in the household, the labor force participation of only the first mother is considered.

Source: Current Population Survey 2017. Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). Integrated Public Use Microdata Series, Current Population Survey: Version 6.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D030.V6.0>

### **Percentage of infants/toddlers living below 100 percent of the federal poverty line**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live below 100 percent of the federal poverty line.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. (2018). IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of infants/toddlers living between 100-199 percent of the federal poverty line**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live at or above 100 percent and below 200 percent of the federal poverty line.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of infants/toddlers living at or above 200 percent of the federal poverty line**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live at or above 200 percent of the federal poverty line.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of infants/toddlers living outside of metro areas**

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 that live outside of metro areas. All geographic areas not considered part of a metro area are considered rural.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic white infants/toddlers living below 100 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live below 100 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic black infants/toddlers living below 100 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live below 100 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic infants/toddlers of races other than white or black, or of multiple races, living below 100 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live below 100 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of Hispanic infants/toddlers living below 100 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live below 100 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic white infants/toddlers living between 100-199 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 100 percent and below 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic black infants/toddlers living between 100-199 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 100 percent and below 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic infants/toddlers of races other than white or black, or of multiple races, living between 100-199 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 100 percent and below 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of Hispanic infants/toddlers living between 100-199 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 100 percent and

below 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic white infants/toddlers living at or above 200 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic black infants/toddlers living at or above 200 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of non-Hispanic infants/toddlers of races other than white or black, or of multiple races, living at or above 200 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

### **Percentage of Hispanic infants/toddlers living at or above 200 percent of the federal poverty line**

The denominator is the total number of children ages 0-2 in the racial/ethnic group. The numerator is the number of children ages 0-2 in the racial/ethnic group who live at or above 200 percent of the federal poverty line. Some states have very small cell sizes and estimates may be unreliable.

Source: American Community Survey 2016, one-year estimates. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from <https://doi.org/10.18128/D010.V8.0>

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