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.

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.

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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 3 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 3 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 in enduring 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 polices 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 America'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.

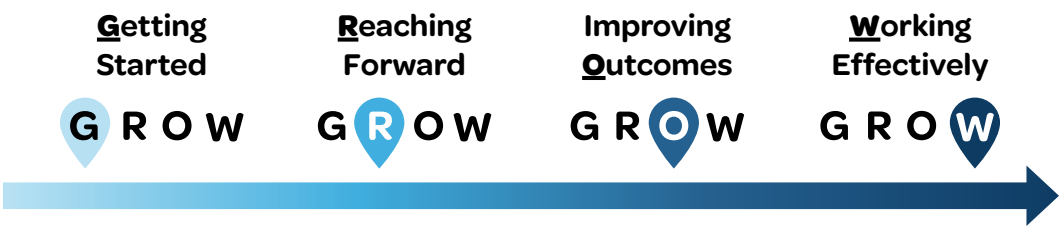
- 45 percent live in households with incomes less than twice the federal poverty line.
- 21 percent live with a single parent, and 9 percent live in grandparent-headed households.
- 61 percent have mothers in the work force.

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 2 years infants from higher and lower socioeconomic status families already exhibit a 6-month gap in processing skills critical to language development.[1] 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

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

GROW

Colorado	Massachusetts	Vermont
Connecticut	Minnesota	Washington
Delaware	Montana	
Maine	New Hampshire	
Maryland	Rhode Island	

Improving Outcomes

GROW

Alaska	Nebraska	Oregon
District of Columbia	New Jersey	Pennsylvania
Hawaii	New Mexico	South Dakota
Iowa	North Carolina	
Missouri	Ohio	

Reaching Forward

GROW

California	Louisiana	Utah
Georgia	Michigan	Virginia
Idaho	New York	Wisconsin
Indiana	North Dakota	
Kansas	South Carolina	

Getting Started

GROW

Alabama	Kentucky	Texas
Arizona	Mississippi	West Virginia
Arkansas	Nevada	Wyoming
Florida	Oklahoma	
Illinois	Tennessee	

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.

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 3 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 3 years of life than at any later point in their lifetimes—creating more than 1 million neural connections per second.[1] These connections form the foundational brain architecture on which all later

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.[2]

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 appear early; at age 2, children in the lowest socioeconomic group already lag behind their peers on measures of language, cognitive abilities, and attachment.[3] 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 (p. 19), 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.

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

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.[4]

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.


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-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).[5] Maternal depression and anxiety disorders affect approximately 10 percent of mothers with young children.[6] 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.[7] 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.[8] 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.[9] 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 social-emotional and cognitive development, making prevention and early intervention efforts especially important.[10] 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.[11]

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.[12]

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.[13] Parents of children under age 3 are more likely to use informal child care (provided by friends, family, or neighbors) than formal child care.[14] 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.

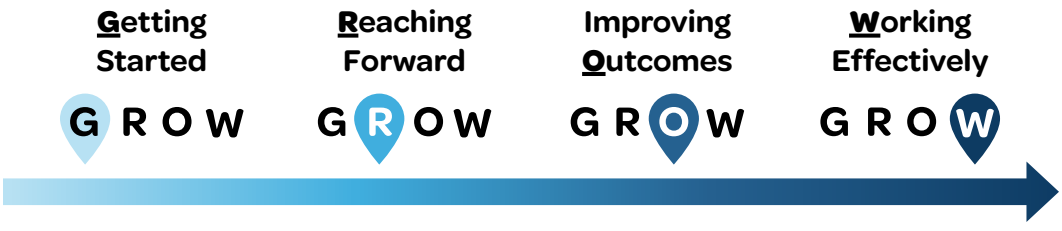
Ensuring all babies have a strong foundation to GROW

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 3 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 on the previous pages 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.

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.[15] 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.[16] 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.

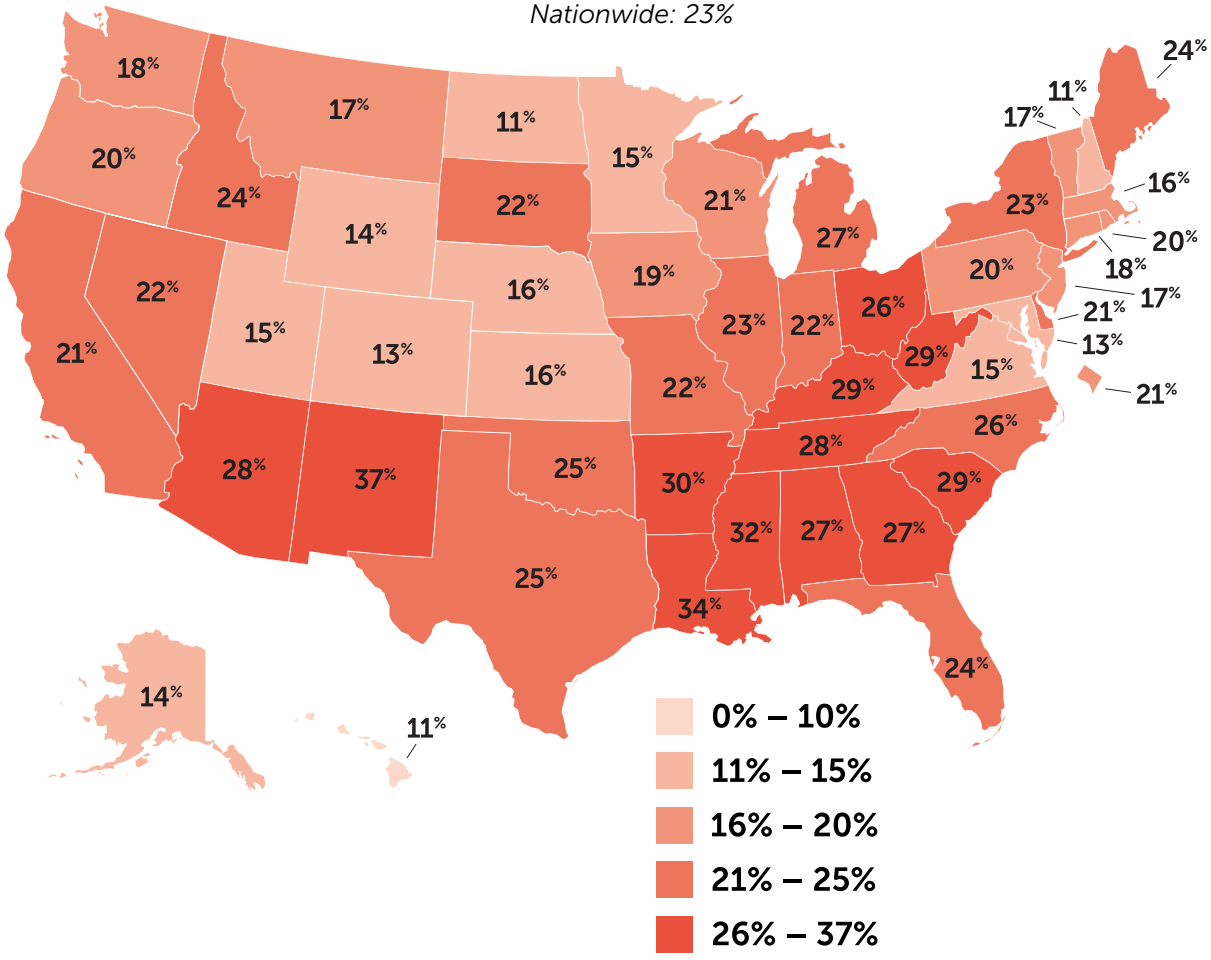
Infants and toddlers represent only 4 percent of the nation's population but 6 percent of those in poverty. As many as 45 percent of infants and toddlers live in households with incomes less than twice the federal poverty line (about $50,000 a year for a family of four in 2017)—23 percent are below poverty 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 31st for relative child

poverty among 38 economically advanced countries.[17] 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.[18]

1 in 4 American Babies is Living in Poverty

Nationwide: 23%



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.[19] 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.[20] 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.[21]


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.[22] Instability and hardship—particularly during the earliest years of life—are known to have negative long-term consequences for children's well-being.[23] 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.[24] 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[25] 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,[26] such as daily reading and singing, that promote early literacy skills and language development.

While supports, such as Early Head Start (EHS) 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 EHS is limiting its reach. In 2017, just 7 percent of eligible infants and toddlers accessed EHS. 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.[27]

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

GROW

Colorado
Connecticut
Delaware
Maine
Maryland
Massachusetts
Minnesota
Montana
New Hampshire
Rhode Island
Vermont
Washington

Improving Outcomes

GROW

Alaska
District of Columbia
Hawaii
Iowa
Missouri
Nebraska
New Jersey
New Mexico
North Carolina
Ohio
Oregon
Pennsylvania
South Dakota

Reaching Forward

GROW

California
Georgia
Idaho
Indiana
Kansas
Louisiana
Michigan
New York
North Dakota
South Carolina
Utah
Virginia
Wisconsin

Getting Started

GROW

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 3 years than at any later stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care 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 line (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 the need for greater attention to 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

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

Reaching Forward

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

Improving Outcomes

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

Working Effectively

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 and Early Childhood 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 Temporary Assistance to Needy Families (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 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

Improving 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 three 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 most 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 line (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 3 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

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

Reaching Forward

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

Improving Outcomes

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

Working Effectively

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%**

Note: N/A = not available


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.[28] Factors that can contribute to the likelihood of low weight at birth include maternal smoking during pregnancy and maternal stress during pregnancy.[29]

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*
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

To view individual state profiles and the data dictionary—including the full list of indicators, definitions, and data sources—download the full *State of Babies Yearbook: 2019* at 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[1]:

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

For indicators (e.g., 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

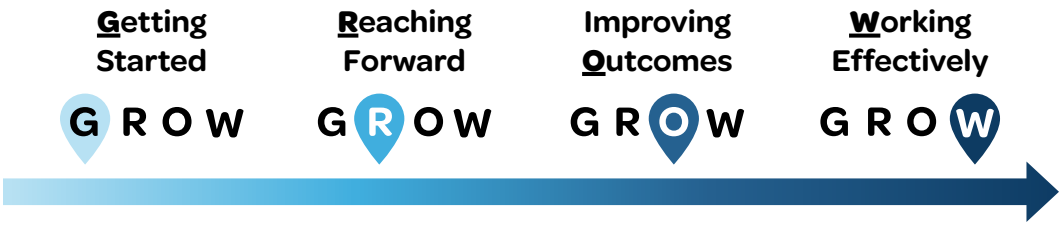
To create state-level composite scores for each of the three domains (Good Health, Strong Families, and Positive Early Learning Experiences), we simply used an unweighted average of the scores of the component indicators for that domain. Likewise, to compute overall state scores, we used an unweighted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

1 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.

GROW

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 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; 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

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	ALABAMA	NATIONAL AVERAGE
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

	ALABAMA	NATIONAL AVERAGE
Mothers in the Labor Force	64.2%	61.5%

Poverty status of infants and toddlers

	ALABAMA	NATIONAL AVERAGE
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

	ALABAMA	NATIONAL AVERAGE
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

	ALABAMA	NATIONAL AVERAGE
2-Parent Family	63.1%	76.3%
1-Parent Family	32.7%	21.5%
No Parents Present	4.2%	2.2%

Grandparent-headed households

	ALABAMA	NATIONAL AVERAGE
	17.4%	9.4%

Rural/Non-metro area

	ALABAMA	NATIONAL AVERAGE
Living Outside of a Metro Area	16.6%	8.7%

Good Health
In Alabama

GROW

What is Good Health?

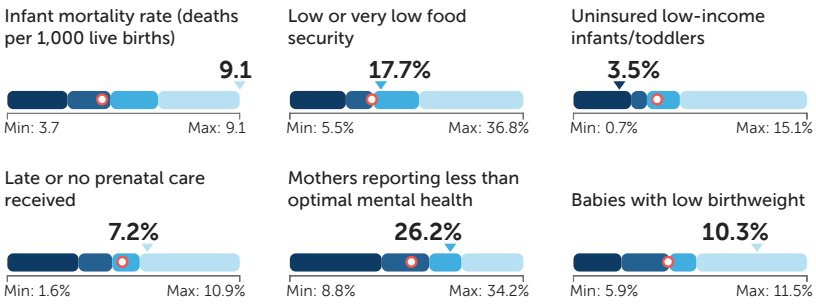
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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

Strong Families
In Alabama

GROW

What Defines Strong Families?

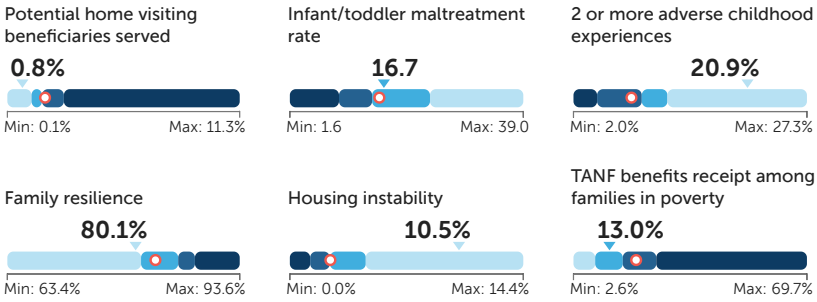
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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

Positive Early Learning Experiences

In Alabama

GROW

What Defines Positive Early Learning Experiences?

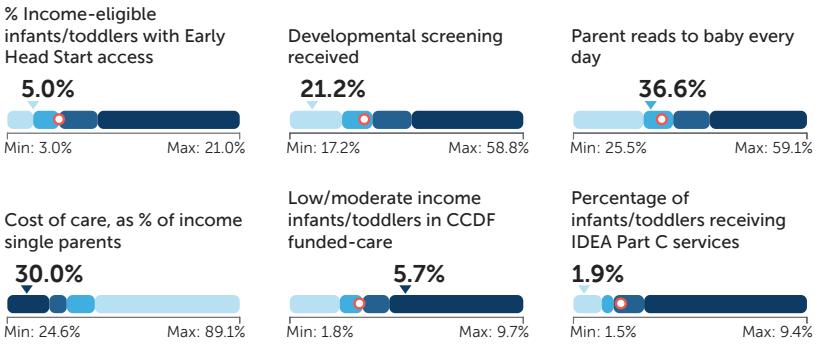
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

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

Strong Families

G Housing instability	**10.5%** *National average: 2.5%*	W Crowded housing	**8.9%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**13.0%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**16.7** *National average: 16.0*
O Unsafe neighborhoods	**3.4%** *National average: 6.3%*	G Family resilience	**80.1%** *National average: 82.6%*
W 1 adverse childhood experience	**14.7%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**20.9%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**97.6%** *National average: 98.4%*	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 Parent sings to baby every day	**53.7%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**7.6%** *National average: N/A*
W Cost of care, as % of income single parents	**30.0%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**5.7%** *National average: 4.2%*
G Developmental screening received	**21.2%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**2.6%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**1.9%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Improving Outcomes

Good Health
GROW
Reaching Forward

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

Non-Hispanic White
49.8%
49.3%

American Indian/Alaska Native
16.9%
0.8%

Non-Hispanic other
14.7%
5.1%

Hispanic
10.5%
26.1%

Non-Hispanic Asian
4.6%
4.9%

Non-Hispanic Black
3.7%
13.8%

Working moms

Mothers in the Labor Force
60.0%
61.5%

Poverty status of infants and toddlers

Above Low-Income
59.0%
55.4%

Low-Income
26.6%
22.0%

In Poverty
14.5%
22.7%

Infants and toddlers in poverty, by race

Non-Hispanic Other
18.8%
20.0%

Non-Hispanic White
13.7%
14.6%

Non-Hispanic Black
N/A
39.5%

Hispanic
N/A
30.8%

Family structure

2-Parent Family
79.2%
76.3%

1-Parent Family
17.4%
21.5%

No Parents Present
3.4%
2.2%

Grandparent-headed households

9.7%
9.4%

Rural/Non-metro area

Living Outside of a Metro Area
33.9%
8.7%

Good Health
In Alaska

GROW

What is Good Health?

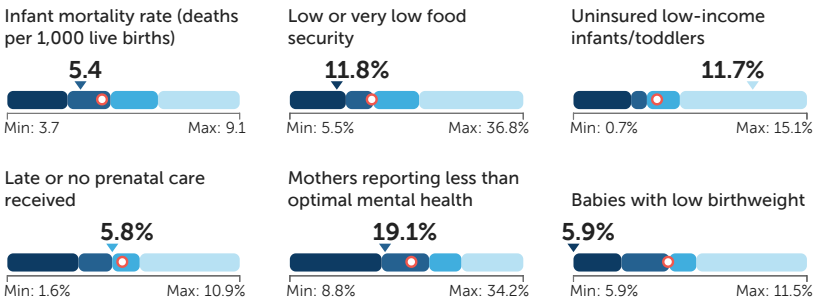
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 O National average

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



Good Health Policy in Alaska

Medicaid expansion state	Yes ✓
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	No ✗
Medicaid plan covers IECMH services at ECE programs	No ✗

Strong Families
In Alaska

GROW

What Defines Strong Families?

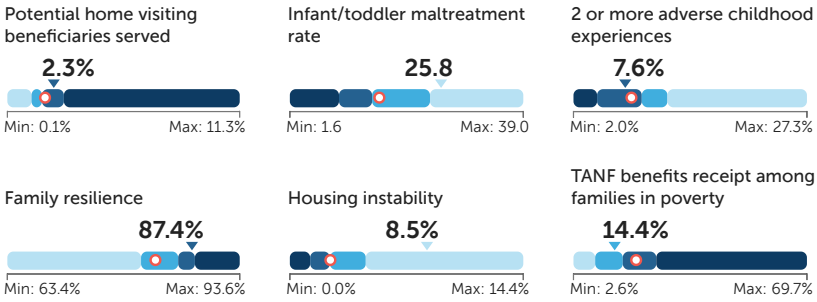
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 O 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Alaska

GROW

What Defines Positive Early Learning Experiences?

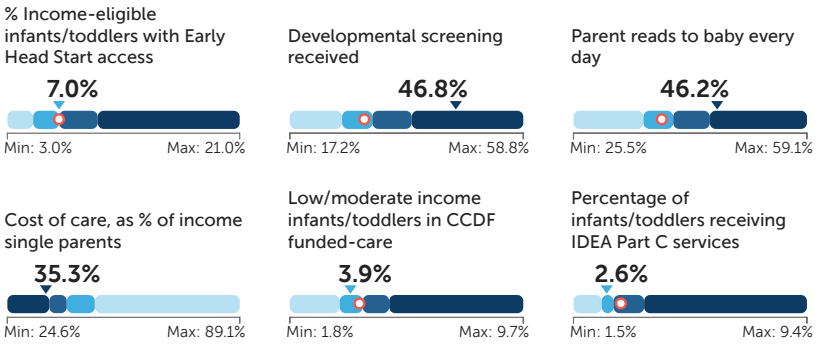
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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 O 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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**205.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**11.7%** *National average: 5.8%*
W Low or very low food security	**11.8%** *National average: 16.5%*	W Infants ever breastfed	**93.1%** *National average: 83.2%*
W Infants breastfed at 6 months	**69.2%** *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	**19.1%** *National average: 22.0%*	G Preventive medical care received	**87.1%** *National average: 90.7%*
O Preventive dental care received	**31.1%** *National average: 30.0%*	W Babies with low birthweight	**5.9%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.4** *National average: 5.9*	R Received recommended vaccines	**68.8%** *National average: 70.7%*

Strong Families

G Housing instability	**8.5%** *National average: 2.5%*	G Crowded housing	**18.6%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**14.4%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**25.8** *National average: 16.0*
O Unsafe neighborhoods	**2.6%** *National average: 6.3%*	O Family resilience	**87.4%** *National average: 82.6%*
W 1 adverse childhood experience	**14.4%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**7.6%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**93.9%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**62.3%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**7.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**12.1%** *National average: N/A*
W Cost of care, as % of income single parents	**35.3%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.9%** *National average: 4.2%*
W Developmental screening received	**46.8%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.4%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.6%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Reaching Forward

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

Hispanic
45.5%
26.1%

Non-Hispanic White
37.8%
49.3%

Non-Hispanic Black
4.8%
13.8%

American Indian/Alaska Native
4.7%
0.8%

Non-Hispanic other
4.5%
5.1%

Non-Hispanic Asian
2.7%
4.9%

Working moms

Mothers in the Labor Force
54.0%
61.5%

Poverty status of infants and toddlers

Above Low-Income
47.2%
55.4%

In Poverty
27.9%
22.7%

Low-Income
24.9%
22.0%

Infants and toddlers in poverty, by race

Hispanic
37.3%
30.8%

Non-Hispanic Black
32.0%
39.5%

Non-Hispanic Other
32.0%
20.0%

Non-Hispanic White
15.0%
14.6%

Family structure

2-Parent Family
79.0%
76.3%

1-Parent Family
19.2%
21.5%

No Parents Present
1.8%
2.2%

Grandparent-headed households

12.0%
9.4%

Rural/Non-metro area

Living Outside of a Metro Area
3.1%
8.7%

Good Health
In Arizona

GROW

What is Good Health?

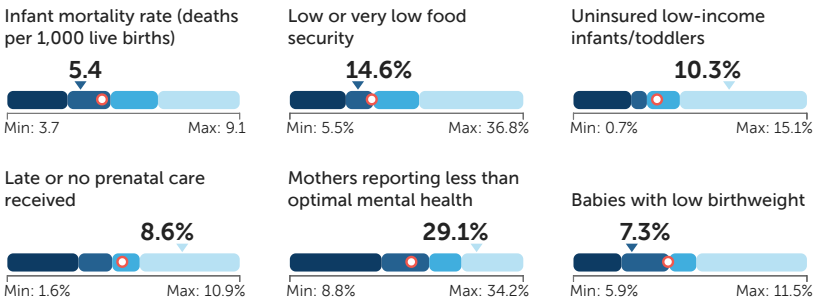
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Arizona

GROW

What Defines Strong Families?

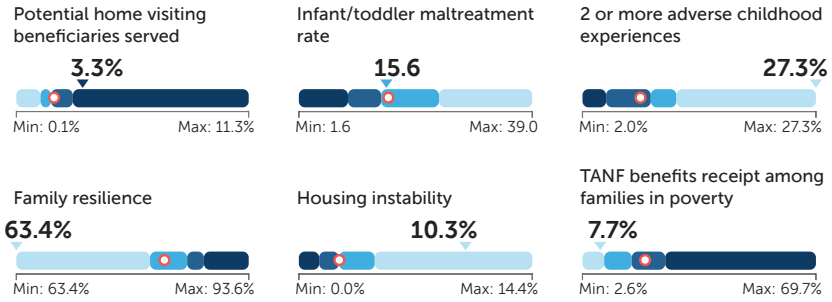
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✓
Paid family leave	No ✗

Positive Early Learning Experiences

In Arizona

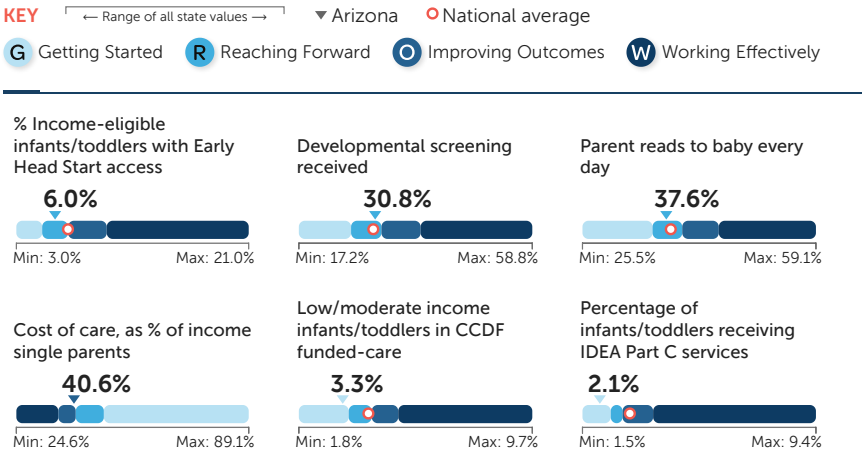
GROW

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



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

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

Strong Families

G Housing instability	**10.3%** *National average: 2.5%*	G Crowded housing	**17.1%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**7.7%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**15.6** *National average: 16.0*
G Unsafe neighborhoods	**9.7%** *National average: 6.3%*	G Family resilience	**63.4%** *National average: 82.6%*
W 1 adverse childhood experience	**16.3%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**27.3%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**97.2%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**52.6%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**13.9%** *National average: N/A*
O Cost of care, as % of income single parents	**40.6%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**3.3%** *National average: 4.2%*
R Developmental screening received	**30.8%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.1%** *National average: 3.1%*		

The State of Arkansas' Babies

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	ARKANSAS	NATIONAL AVERAGE
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

	ARKANSAS	NATIONAL AVERAGE
Mothers in the Labor Force	62.8%	61.5%

Poverty status of infants and toddlers

	ARKANSAS	NATIONAL AVERAGE
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

	ARKANSAS	NATIONAL AVERAGE
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

	ARKANSAS	NATIONAL AVERAGE
2-Parent Family	73.8%	76.3%
1-Parent Family	24.9%	21.5%
No Parents Present	1.3%	2.2%

Grandparent-headed households

	ARKANSAS	NATIONAL AVERAGE
	8.2%	9.4%

Rural/Non-metro area

	ARKANSAS	NATIONAL AVERAGE
Living Outside of a Metro Area	22.9%	8.7%

Good Health
In Arkansas

GROW

What is Good Health?

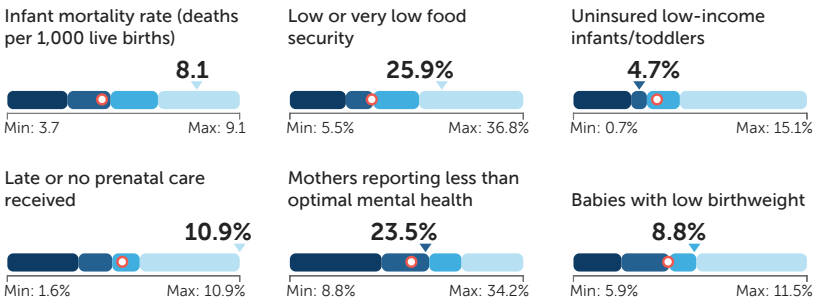
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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	No ✗

Strong Families
In Arkansas

GROW

What Defines Strong Families?

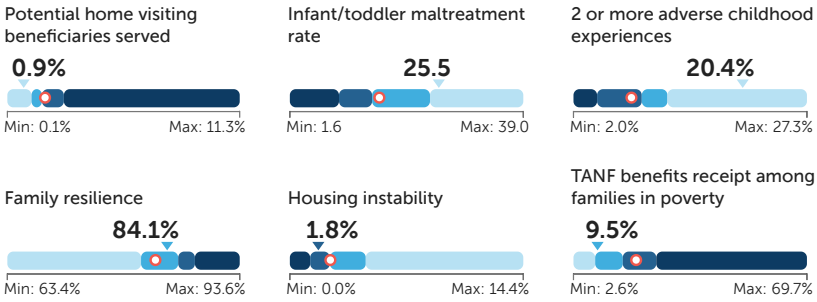
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Arkansas

GROW

What Defines Positive Early Learning Experiences?

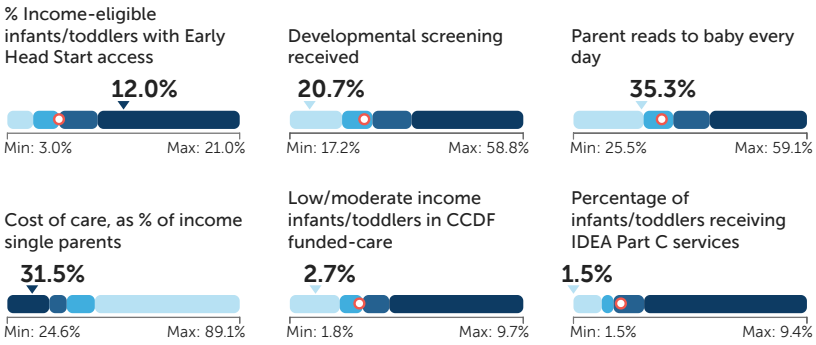
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Arkansas ○ National average

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



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

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

Strong Families

O Housing instability	**1.8%** *National average: 2.5%*	R Crowded housing	**13.3%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**9.5%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**25.5** *National average: 16.0*
R Unsafe neighborhoods	**6.3%** *National average: 6.3%*	R Family resilience	**84.1%** *National average: 82.6%*
W 1 adverse childhood experience	**16.1%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**20.4%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**98.7%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**56.8%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**12.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**9.2%** *National average: N/A*
W Cost of care, as % of income single parents	**31.5%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**2.7%** *National average: 4.2%*
G Developmental screening received	**20.7%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**3.5%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**1.5%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Working Effectively

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	CALIFORNIA	NATIONAL AVERAGE
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

	CALIFORNIA	NATIONAL AVERAGE
Mothers in the Labor Force	56.4%	61.5%

Poverty status of infants and toddlers

	CALIFORNIA	NATIONAL AVERAGE
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

	CALIFORNIA	NATIONAL AVERAGE
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

	CALIFORNIA	NATIONAL AVERAGE
2-Parent Family	80.4%	76.3%
1-Parent Family	17.6%	21.5%
No Parents Present	2.1%	2.2%

Grandparent-headed households

	CALIFORNIA	NATIONAL AVERAGE
	10.7%	9.4%

Rural/Non-metro area

	CALIFORNIA	NATIONAL AVERAGE
Living Outside of a Metro Area	1.8%	8.7%

Good Health
In California

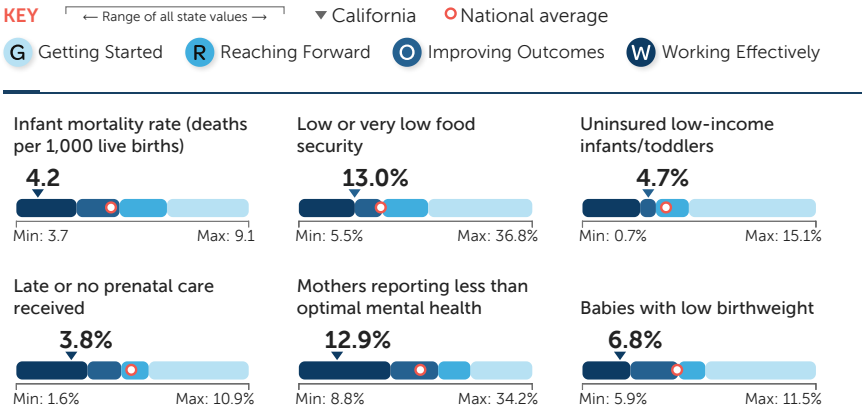
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in California

Medicaid expansion state	Yes ✓
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 ✗

Strong Families
In California

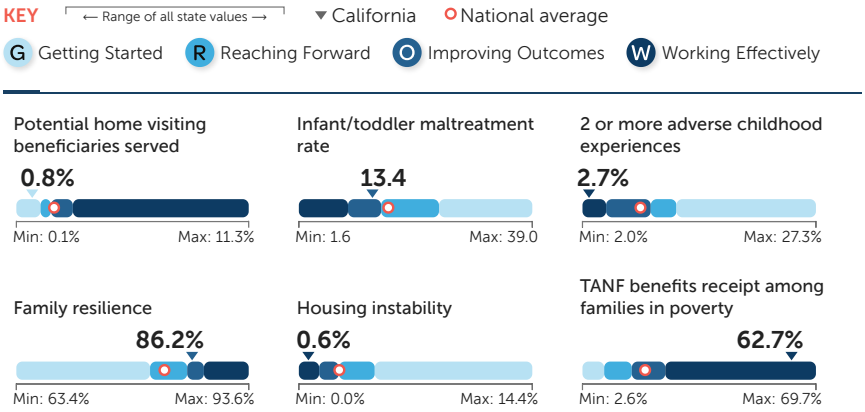
GROW

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



Strong Families Policy in California

Paid sick time that covers care for child	Yes ✓
Paid family leave	Yes ✓

Positive Early Learning Experiences

In California

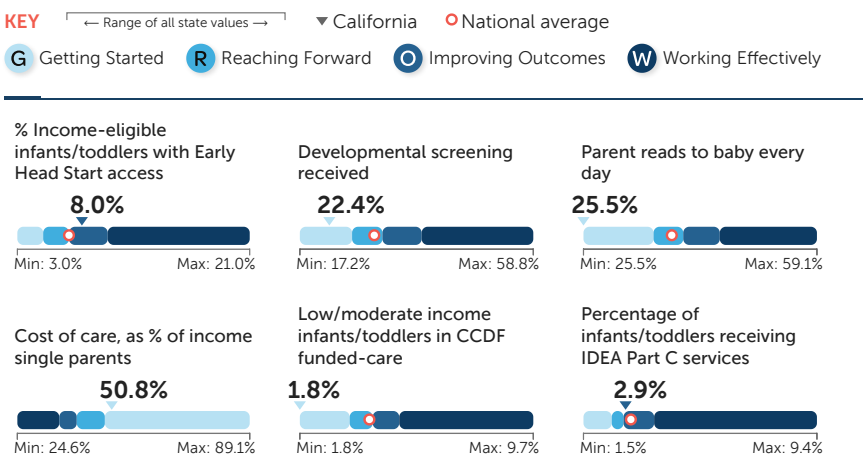
GROW

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



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

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

Strong Families

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

Positive Early Learning Experiences

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

The State of Colorado's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Working Effectively

Good Health
GROW
Working Effectively

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	COLORADO	NATIONAL AVERAGE
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

	COLORADO	NATIONAL AVERAGE
Mothers in the Labor Force	63.5%	61.5%

Poverty status of infants and toddlers

	COLORADO	NATIONAL AVERAGE
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

	COLORADO	NATIONAL AVERAGE
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

	COLORADO	NATIONAL AVERAGE
2-Parent Family	83.9%	76.3%
1-Parent Family	16.0%	21.5%
No Parents Present	0.1%	2.2%

Grandparent-headed households

	COLORADO	NATIONAL AVERAGE
	7.0%	9.4%

Rural/Non-metro area

	COLORADO	NATIONAL AVERAGE
Living Outside of a Metro Area	6.4%	8.7%

Good Health
In Colorado

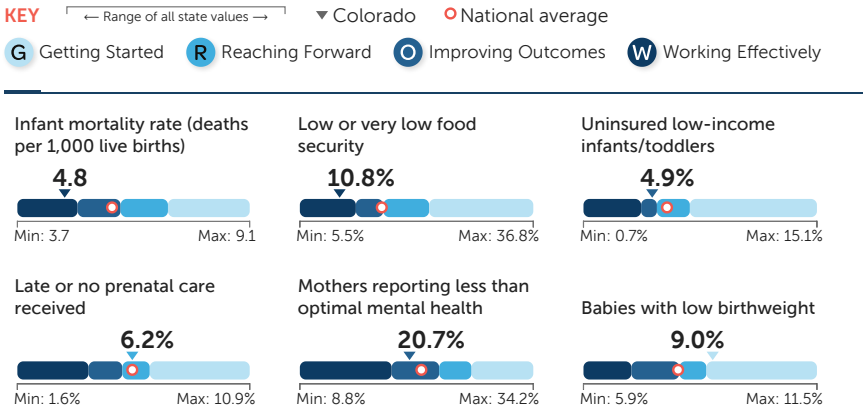
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in Colorado

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In Colorado

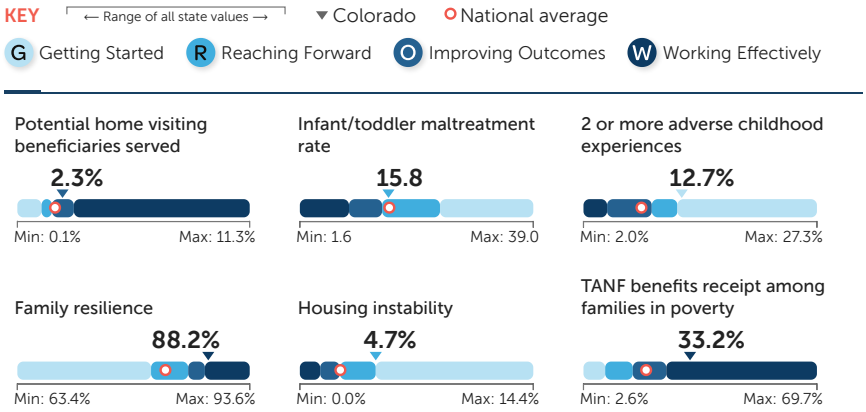
GROW

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



Strong Families Policy in Colorado

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

Positive Early Learning Experiences

In Colorado

GROW

What Defines Positive Early Learning Experiences?

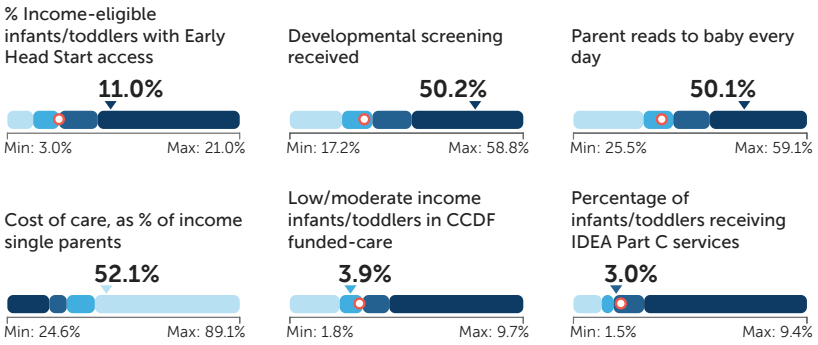
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Colorado ○ National average

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



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

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

Strong Families

R Housing instability	**4.7%** *National average: 2.5%*	R Crowded housing	**12.0%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**33.2%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**15.8** *National average: 16.0*
G Unsafe neighborhoods	**8.1%** *National average: 6.3%*	W Family resilience	**88.2%** *National average: 82.6%*
O 1 adverse childhood experience	**19.2%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**12.7%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.3%** *National average: 98.4%*	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 Parent sings to baby every day	**64.0%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**11.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**16.7%** *National average: N/A*
G Cost of care, as % of income single parents	**52.1%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.9%** *National average: 4.2%*
W Developmental screening received	**50.2%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.0%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Working Effectively

Good Health
GROW
Working Effectively

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
Improving Outcomes

Demographics

Infants and toddlers in Connecticut

Overview

Connecticut is home to 108,539 infants and toddlers, representing 3 percent of the state's population. As many as 35 percent live in households with incomes less than twice the federal poverty line (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

	CT	US
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

	CT	US
Mothers in the Labor Force	71.8%	61.5%

Poverty status of infants and toddlers

	CT	US
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

	CT	US
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

	CT	US
2-Parent Family	88.4%	76.3%
1-Parent Family	10.2%	21.5%
No Parents Present	1.4%	2.2%

Grandparent-headed households

	CT	US
	7.4%	9.4%

Rural/Non-metro area

	CT	US
Living Outside of a Metro Area	4.8%	8.7%

Good Health
In Connecticut

GROW

What is Good Health?

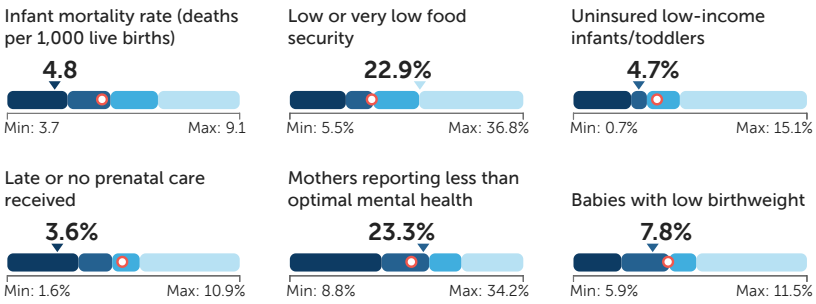
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Connecticut

GROW

What Defines Strong Families?

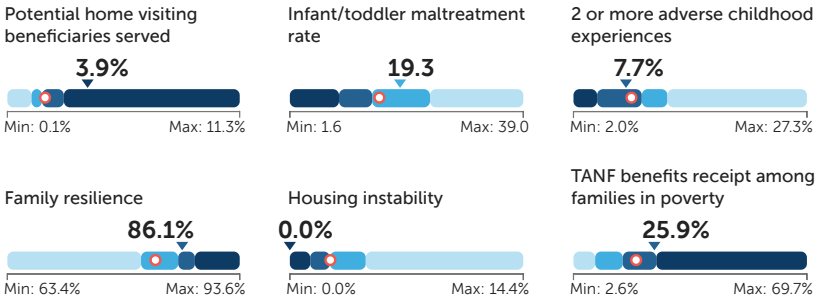
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✓
Paid family leave	No ✗

Positive Early Learning Experiences

In Connecticut

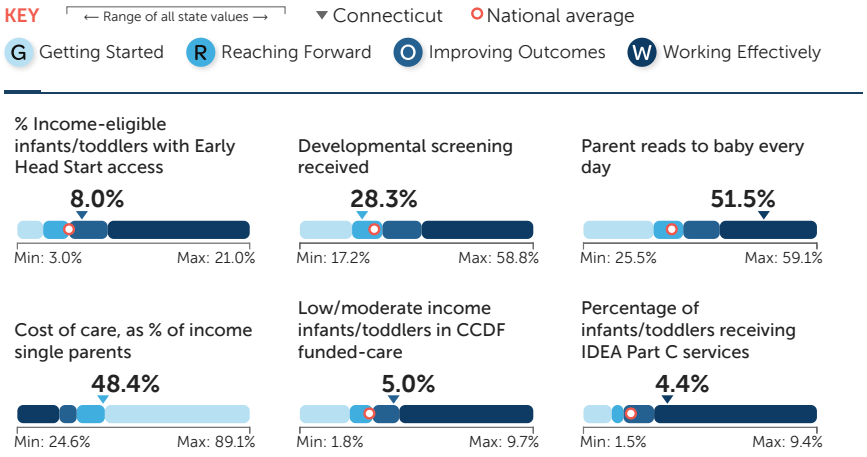
GROW

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

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

Strong Families

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

Positive Early Learning Experiences

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

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Improving Outcomes

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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%

Good Health
In District of Columbia

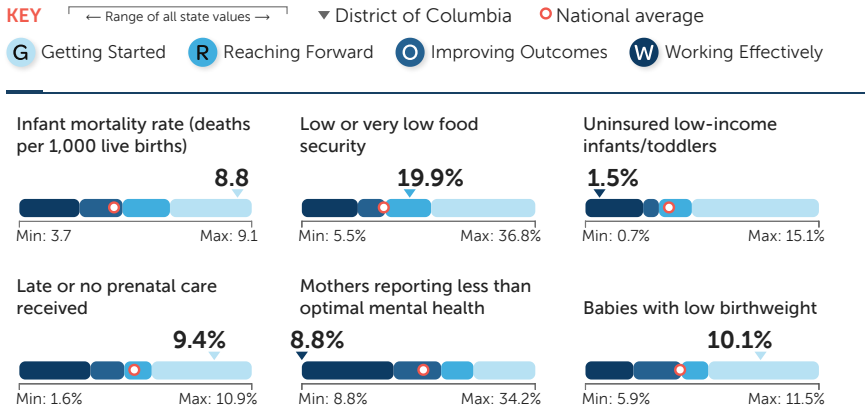
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in District of Columbia

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

Strong Families
In District of Columbia

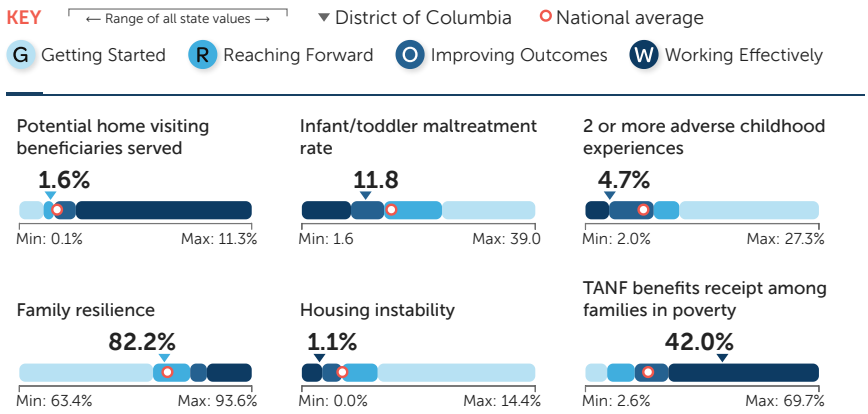
GROW

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



Strong Families Policy in District of Columbia

Paid sick time that covers care for child	Yes ✓
Paid family leave	Yes ✓

Positive Early Learning Experiences

In District of Columbia

GROW

What Defines Positive Early Learning Experiences?

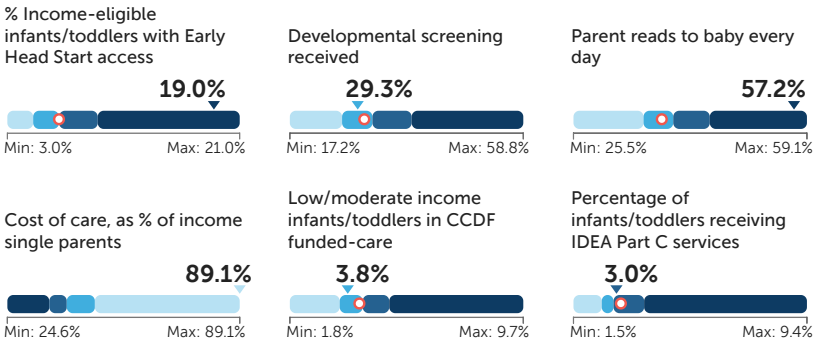
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

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

Strong Families

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

Positive Early Learning Experiences

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

The State of Delaware's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Working Effectively

Good Health
GROW
Reaching Forward

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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

	DELAWARE	NATIONAL AVERAGE
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

	DELAWARE	NATIONAL AVERAGE
Mothers in the Labor Force	72.1%	61.5%

Poverty status of infants and toddlers

	DELAWARE	NATIONAL AVERAGE
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

	DELAWARE	NATIONAL AVERAGE
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

	DELAWARE	NATIONAL AVERAGE
2-Parent Family	75.9%	76.3%
1-Parent Family	21.3%	21.5%
No Parents Present	2.8%	2.2%

Grandparent-headed households

	DELAWARE	NATIONAL AVERAGE
	14.3%	9.4%

Rural/Non-metro area

	DELAWARE	NATIONAL AVERAGE
Living Outside of a Metro Area	0.0%	8.7%

Good Health
In Delaware

GROW

What is Good Health?

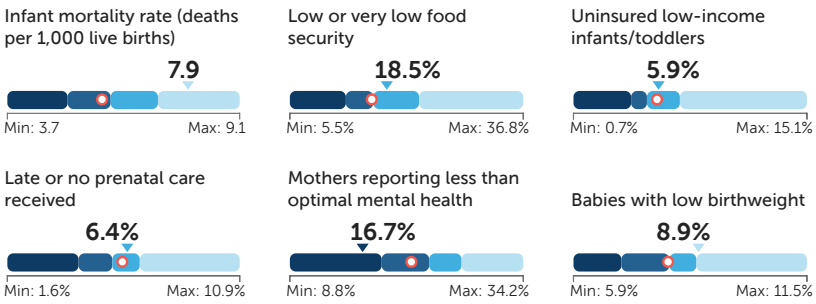
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 line), 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 ✓
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	No ✗
Medicaid plan covers IECMH services at ECE programs	No ✗

Strong Families
In Delaware

GROW

What Defines Strong Families?

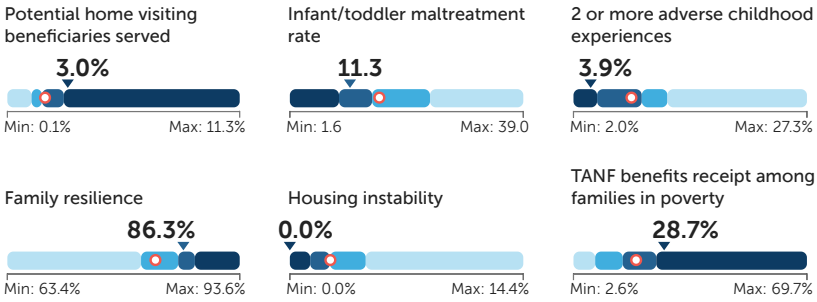
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Delaware

GROW

What Defines Positive Early Learning Experiences?

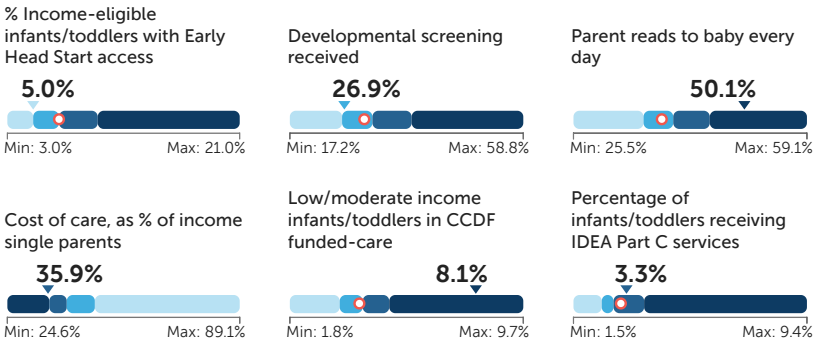
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Delaware O National average

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



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 Uninsured low-income infants/toddlers	**5.9%** *National average: 5.8%*
R Low or very low food security	**18.5%** *National average: 16.5%*	G Infants ever breastfed	**77.4%** *National average: 83.2%*
R Infants breastfed at 6 months	**55.6%** *National average: 57.6%*	R Late or no prenatal care received	**6.4%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**16.7%** *National average: 22.0%*	O Preventive medical care received	**93.2%** *National average: 90.7%*
G Preventive dental care received	**18.0%** *National average: 30.0%*	G Babies with low birthweight	**8.9%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**7.9** *National average: 5.9*	W Received recommended vaccines	**78.1%** *National average: 70.7%*

Strong Families

W Housing instability	**0.0%** *National average: 2.5%*	O Crowded housing	**10.0%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**28.7%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**11.3** *National average: 16.0*
R Unsafe neighborhoods	**4.7%** *National average: 6.3%*	O Family resilience	**86.3%** *National average: 82.6%*
O 1 adverse childhood experience	**19.3%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**3.9%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**100.0%** *National average: 98.4%*	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%*	W Parent sings to baby every day	**66.4%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**11.0%** *National average: N/A*
O Cost of care, as % of income single parents	**35.9%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**8.1%** *National average: 4.2%*
R Developmental screening received	**26.9%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**1.8%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.3%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	FLORIDA	NATIONAL AVERAGE
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

	FLORIDA	NATIONAL AVERAGE
Mothers in the Labor Force	60.9%	61.5%

Poverty status of infants and toddlers

	FLORIDA	NATIONAL AVERAGE
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

	FLORIDA	NATIONAL AVERAGE
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

	FLORIDA	NATIONAL AVERAGE
2-Parent Family	70.3%	76.3%
1-Parent Family	27.8%	21.5%
No Parents Present	1.9%	2.2%

Grandparent-headed households

	FLORIDA	NATIONAL AVERAGE
	10.2%	9.4%

Rural/Non-metro area

	FLORIDA	NATIONAL AVERAGE
Living Outside of a Metro Area	0.4%	8.7%

Good Health
In Florida

GROW

What is Good Health?

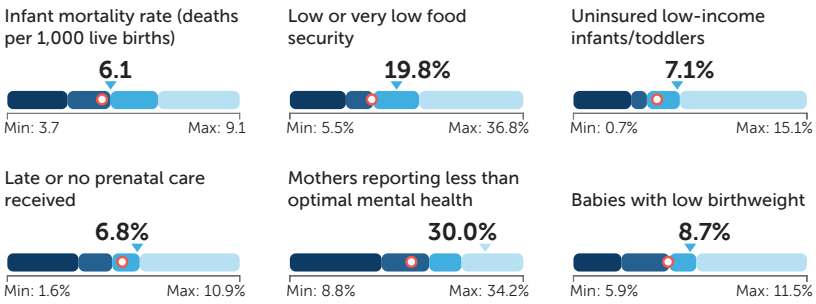
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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

Strong Families
In Florida

GROW

What Defines Strong Families?

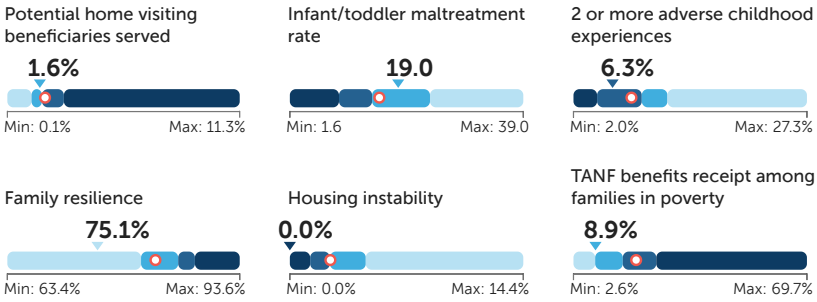
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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

Positive Early Learning Experiences

In Florida

GROW

What Defines Positive Early Learning Experiences?

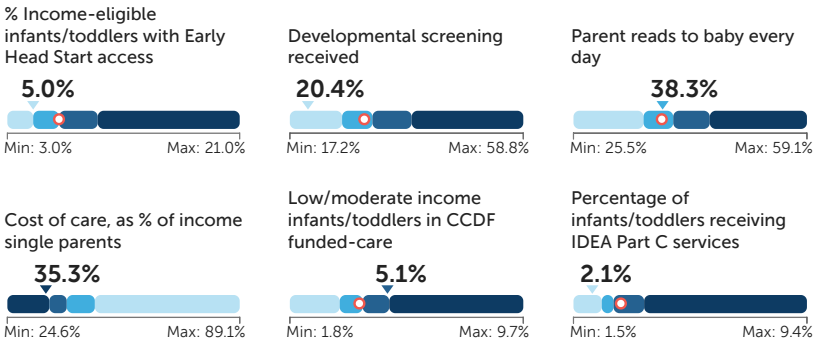
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

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

Strong Families

W Housing instability	**0.0%** *National average: 2.5%*	G Crowded housing	**14.1%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**8.9%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**19.0** *National average: 16.0*
W Unsafe neighborhoods	**1.6%** *National average: 6.3%*	G Family resilience	**75.1%** *National average: 82.6%*
G 1 adverse childhood experience	**28.8%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**6.3%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**99.6%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**58.3%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.9%** *National average: N/A*
W Cost of care, as % of income single parents	**35.3%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**5.1%** *National average: 4.2%*
G Developmental screening received	**20.4%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**2.0%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.1%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Reaching Forward

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	GEORGIA	NATIONAL AVERAGE
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

	GEORGIA	NATIONAL AVERAGE
Mothers in the Labor Force	61.7%	61.5%

Poverty status of infants and toddlers

	GEORGIA	NATIONAL AVERAGE
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

	GEORGIA	NATIONAL AVERAGE
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

	GEORGIA	NATIONAL AVERAGE
2-Parent Family	71.4%	76.3%
1-Parent Family	26.6%	21.5%
No Parents Present	2.0%	2.2%

Grandparent-headed households

	GEORGIA	NATIONAL AVERAGE
	12.9%	9.4%

Rural/Non-metro area

	GEORGIA	NATIONAL AVERAGE
Living Outside of a Metro Area	4.8%	8.7%

Good Health
In Georgia

GROW

What is Good Health?

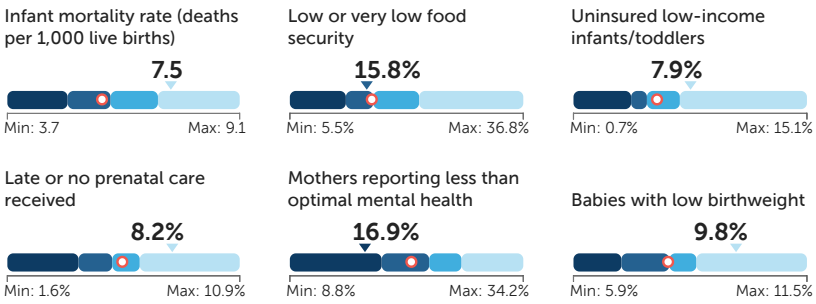
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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

Strong Families
In Georgia

GROW

What Defines Strong Families?

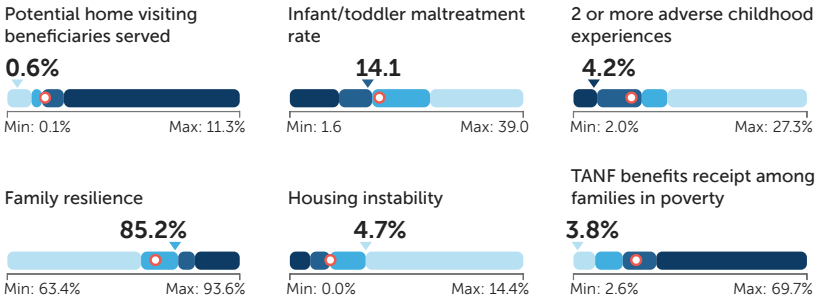
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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

GROW

What Defines Positive Early Learning Experiences?

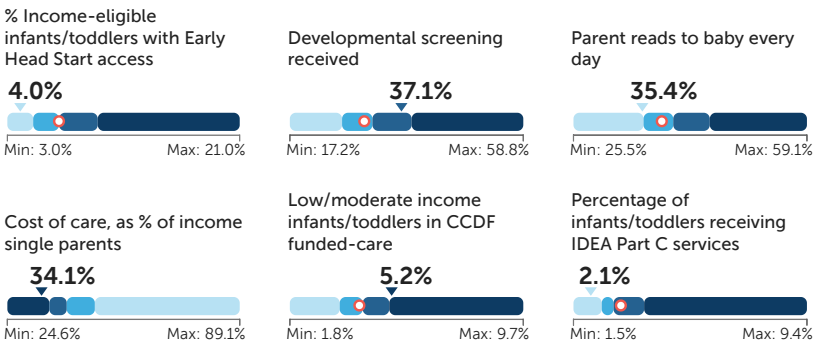
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

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

Strong Families

G Housing instability	**4.7%** *National average: 2.5%*	R Crowded housing	**11.8%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**3.8%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**14.1** *National average: 16.0*
W Unsafe neighborhoods	**0.0%** *National average: 6.3%*	R Family resilience	**85.2%** *National average: 82.6%*
R 1 adverse childhood experience	**23.0%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**4.2%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**96.7%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**56.2%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**4.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**9.8%** *National average: N/A*
W Cost of care, as % of income single parents	**34.1%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**5.2%** *National average: 4.2%*
O Developmental screening received	**37.1%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**3.0%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.1%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Improving Outcomes

Good Health
GROW
Working Effectively

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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%

Good Health
In Hawaii

GROW

What is Good Health?

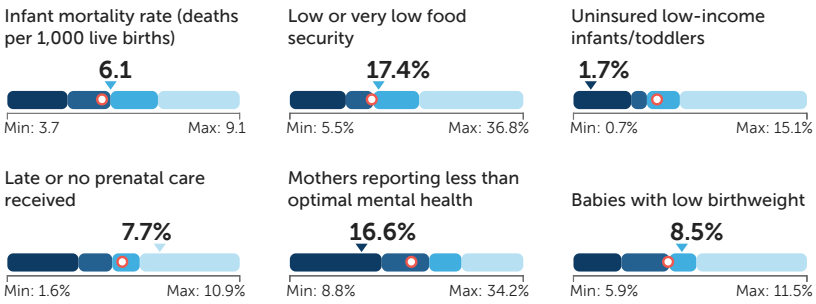
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Hawaii

GROW

What Defines Strong Families?

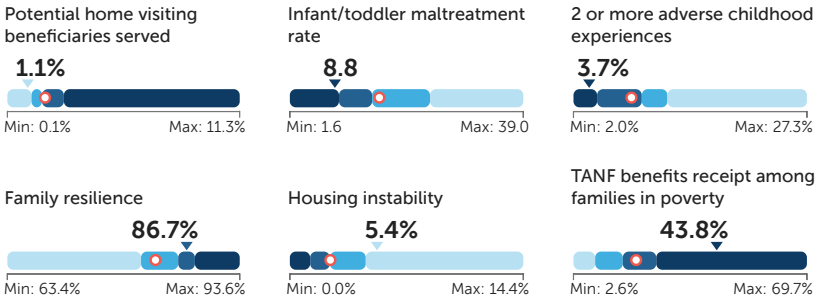
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Hawaii

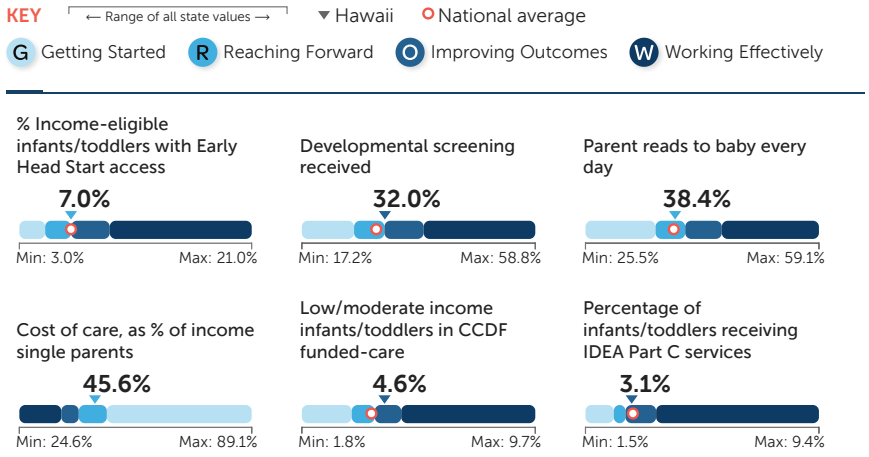
GROW

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



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

R Eligibility limit (% FPL) for pregnant women in Medicaid	**196.0** *National average: 200.0*	W Uninsured low-income infants/toddlers	**1.7%** *National average: 5.8%*
R Low or very low food security	**17.4%** *National average: 16.5%*	W Infants ever breastfed	**90.6%** *National average: 83.2%*
W Infants breastfed at 6 months	**65.6%** *National average: 57.6%*	G Late or no prenatal care received	**7.7%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**16.6%** *National average: 22.0%*	G Preventive medical care received	**86.7%** *National average: 90.7%*
W Preventive dental care received	**44.3%** *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)	**6.1** *National average: 5.9*	O Received recommended vaccines	**75.1%** *National average: 70.7%*

Strong Families

G Housing instability	**5.4%** *National average: 2.5%*	G Crowded housing	**23.9%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**43.8%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**8.8** *National average: 16.0*
O Unsafe neighborhoods	**3.1%** *National average: 6.3%*	O Family resilience	**86.7%** *National average: 82.6%*
O 1 adverse childhood experience	**19.9%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**3.7%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.6%** *National average: 98.4%*	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 Parent sings to baby every day	**57.2%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**7.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**15.3%** *National average: N/A*
R Cost of care, as % of income single parents	**45.6%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.6%** *National average: 4.2%*
O Developmental screening received	**32.0%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.4%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.1%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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%

Good Health
In Idaho

GROW

What is Good Health?

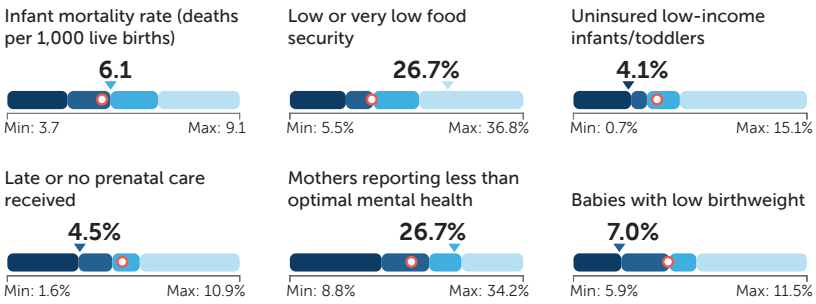
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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

Strong Families
In Idaho

GROW

What Defines Strong Families?

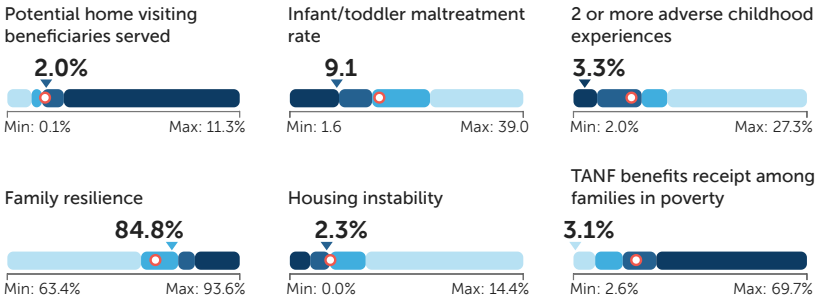
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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

GROW

What Defines Positive Early Learning Experiences?

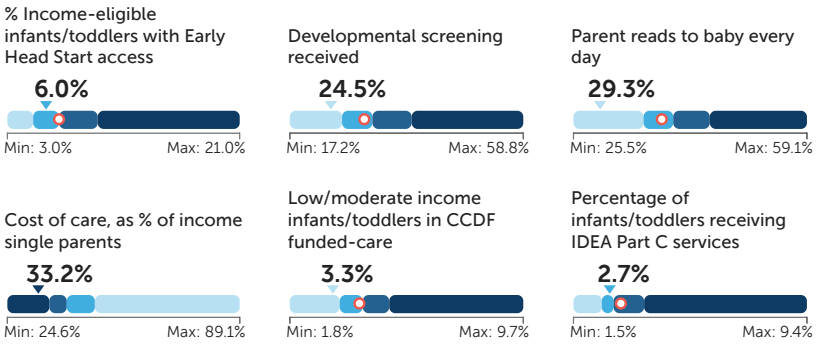
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Idaho ○ National average

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



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*	W Uninsured low-income infants/toddlers	**4.1%** *National average: 5.8%*
G Low or very low food security	**26.7%** *National average: 16.5%*	W Infants ever breastfed	**90.1%** *National average: 83.2%*
O Infants breastfed at 6 months	**62.1%** *National average: 57.6%*	O Late or no prenatal care received	**4.5%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**26.7%** *National average: 22.0%*	O Preventive medical care received	**94.2%** *National average: 90.7%*
R Preventive dental care received	**31.0%** *National average: 30.0%*	O Babies with low birthweight	**7.0%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.1** *National average: 5.9*	O Received recommended vaccines	**73.9%** *National average: 70.7%*

Strong Families

O Housing instability	**2.3%** *National average: 2.5%*	O Crowded housing	**10.0%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**3.1%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**9.1** *National average: 16.0*
O Unsafe neighborhoods	**2.5%** *National average: 6.3%*	R Family resilience	**84.8%** *National average: 82.6%*
G 1 adverse childhood experience	**26.2%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**3.3%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.4%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**47.5%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**10.5%** *National average: N/A*
W Cost of care, as % of income single parents	**33.2%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**3.3%** *National average: 4.2%*
G Developmental screening received	**24.5%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.5%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.7%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Reaching Forward

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	ILLINOIS	NATIONAL AVERAGE
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

	ILLINOIS	NATIONAL AVERAGE
Mothers in the Labor Force	67.0%	61.5%

Poverty status of infants and toddlers

	ILLINOIS	NATIONAL AVERAGE
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

	ILLINOIS	NATIONAL AVERAGE
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

	ILLINOIS	NATIONAL AVERAGE
2-Parent Family	75.2%	76.3%
1-Parent Family	21.8%	21.5%
No Parents Present	3.1%	2.2%

Grandparent-headed households

	ILLINOIS	NATIONAL AVERAGE
	8.3%	9.4%

Rural/Non-metro area

	ILLINOIS	NATIONAL AVERAGE
Living Outside of a Metro Area	5.6%	8.7%

Good Health
In Illinois

GROW

What is Good Health?

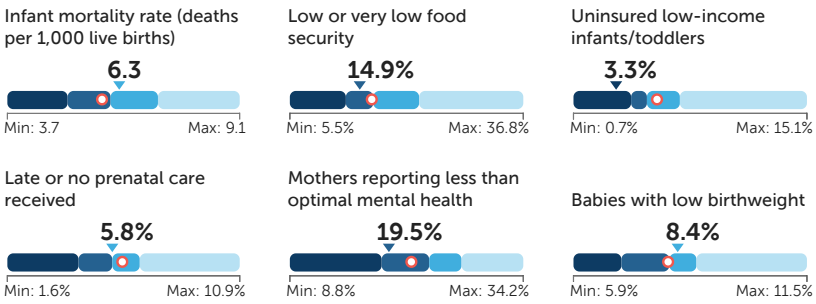
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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

Strong Families
In Illinois

GROW

What Defines Strong Families?

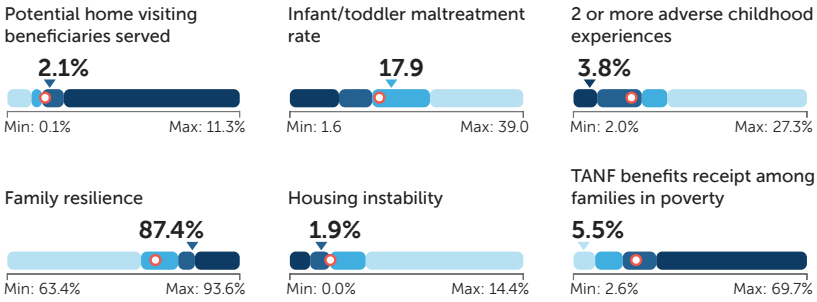
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Illinois

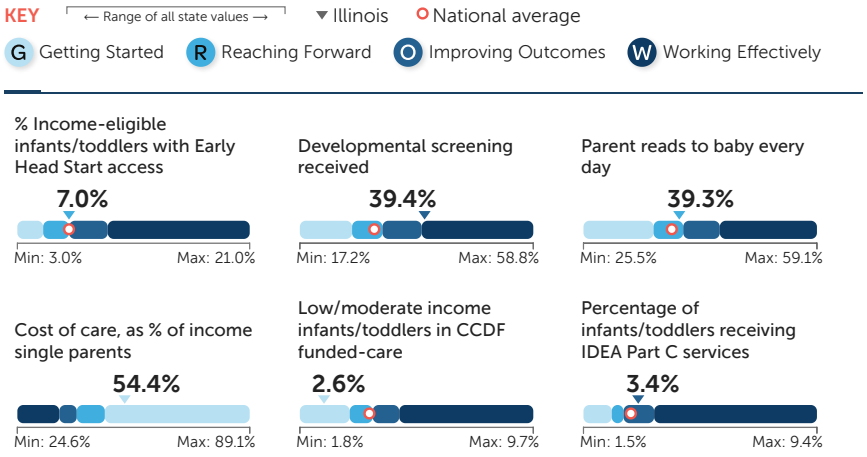
GROW

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



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

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

Positive Early Learning Experiences

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

The State of Indiana's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Reaching Forward

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	INDIANA	NATIONAL AVERAGE
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

	INDIANA	NATIONAL AVERAGE
Mothers in the Labor Force	64.7%	61.5%

Poverty status of infants and toddlers

	INDIANA	NATIONAL AVERAGE
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

	INDIANA	NATIONAL AVERAGE
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

	INDIANA	NATIONAL AVERAGE
2-Parent Family	73.6%	76.3%
1-Parent Family	24.6%	21.5%
No Parents Present	1.8%	2.2%

Grandparent-headed households

	INDIANA	NATIONAL AVERAGE
	8.2%	9.4%

Rural/Non-metro area

	INDIANA	NATIONAL AVERAGE
Living Outside of a Metro Area	12.1%	8.7%

Good Health
In Indiana

GROW

What is Good Health?

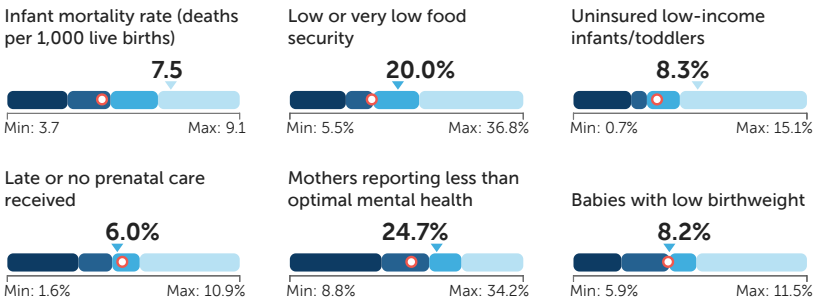
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✗

Strong Families
In Indiana

GROW

What Defines Strong Families?

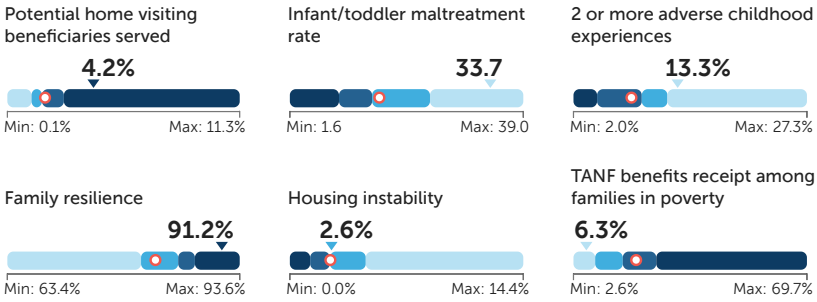
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Indiana

GROW

What Defines Positive Early Learning Experiences?

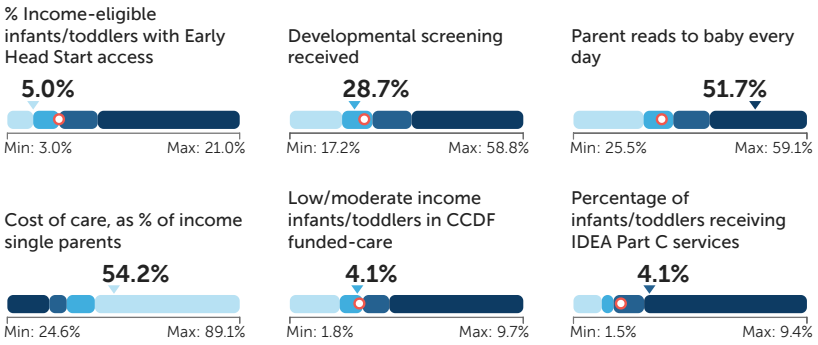
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

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

Strong Families

R Housing instability	**2.6%** *National average: 2.5%*	O Crowded housing	**10.0%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**6.3%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**33.7** *National average: 16.0*
G Unsafe neighborhoods	**9.9%** *National average: 6.3%*	W Family resilience	**91.2%** *National average: 82.6%*
R 1 adverse childhood experience	**23.2%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**13.3%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.6%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**62.1%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**15.1%** *National average: N/A*
G Cost of care, as % of income single parents	**54.2%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**4.1%** *National average: 4.2%*
R Developmental screening received	**28.7%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**4.1%** *National average: 3.1%*		

The State of Iowa's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Improving Outcomes

Good Health
GROW
Working Effectively

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	IOWA	NATIONAL AVERAGE
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

	IOWA	NATIONAL AVERAGE
Mothers in the Labor Force	69.8%	61.5%

Poverty status of infants and toddlers

	IOWA	NATIONAL AVERAGE
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

	IOWA	NATIONAL AVERAGE
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

	IOWA	NATIONAL AVERAGE
2-Parent Family	78.5%	76.3%
1-Parent Family	20.4%	21.5%
No Parents Present	1.2%	2.2%

Grandparent-headed households

	IOWA	NATIONAL AVERAGE
	6.5%	9.4%

Rural/Non-metro area

	IOWA	NATIONAL AVERAGE
Living Outside of a Metro Area	23.7%	8.7%

Good Health
In Iowa

GROW

What is Good Health?

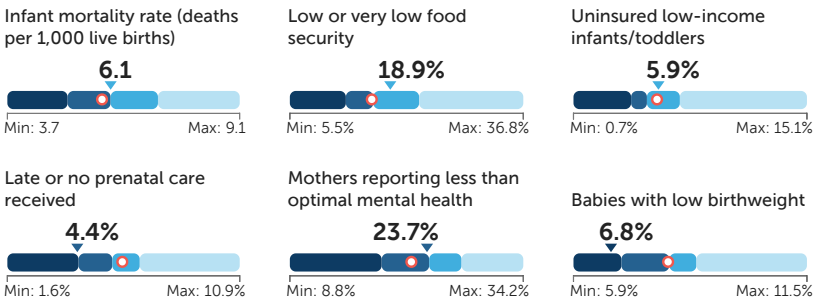
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Iowa

GROW

What Defines Strong Families?

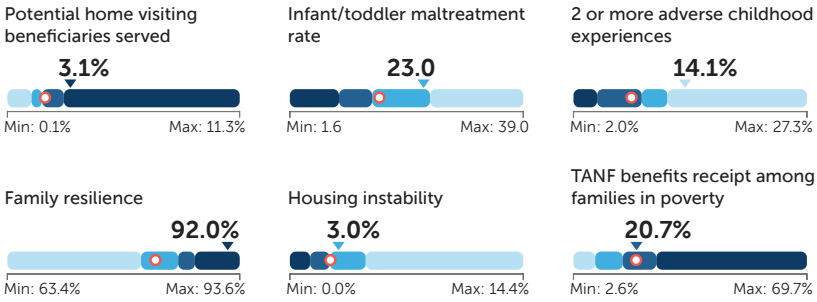
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Iowa

GROW

What Defines Positive Early Learning Experiences?

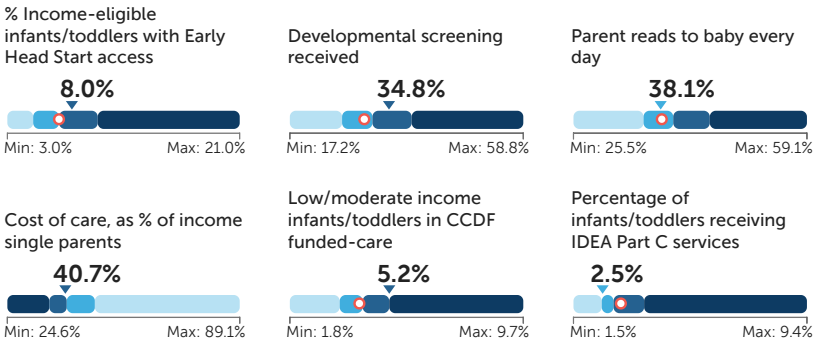
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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 O 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

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

Strong Families

R Housing instability	**3.0%** *National average: 2.5%*	W Crowded housing	**9.3%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**20.7%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**23.0** *National average: 16.0*
O Unsafe neighborhoods	**3.5%** *National average: 6.3%*	W Family resilience	**92.0%** *National average: 82.6%*
O 1 adverse childhood experience	**19.8%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**14.1%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**99.9%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**50.7%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**8.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.9%** *National average: N/A*
O Cost of care, as % of income single parents	**40.7%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**5.2%** *National average: 4.2%*
O Developmental screening received	**34.8%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.5%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Reaching Forward

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	KANSAS	NATIONAL AVERAGE
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

	KANSAS	NATIONAL AVERAGE
Mothers in the Labor Force	63.2%	61.5%

Poverty status of infants and toddlers

	KANSAS	NATIONAL AVERAGE
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

	KANSAS	NATIONAL AVERAGE
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

	KANSAS	NATIONAL AVERAGE
2-Parent Family	81.6%	76.3%
1-Parent Family	17.3%	21.5%
No Parents Present	1.1%	2.2%

Grandparent-headed households

	KANSAS	NATIONAL AVERAGE
	7.2%	9.4%

Rural/Non-metro area

	KANSAS	NATIONAL AVERAGE
Living Outside of a Metro Area	33.7%	8.7%

Good Health
In Kansas

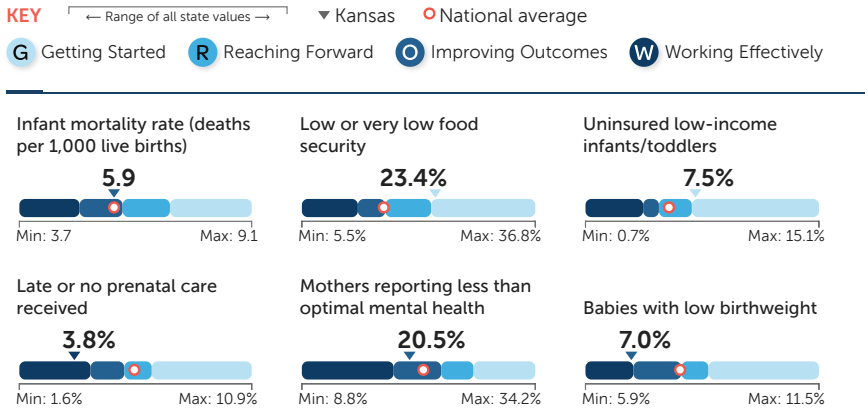
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In Kansas

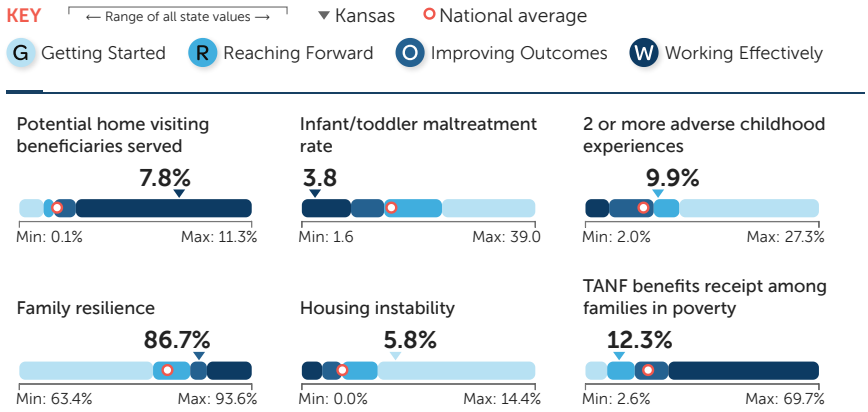
GROW

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



Strong Families Policy in Kansas

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

Positive Early Learning Experiences

In Kansas

GROW

What Defines Positive Early Learning Experiences?

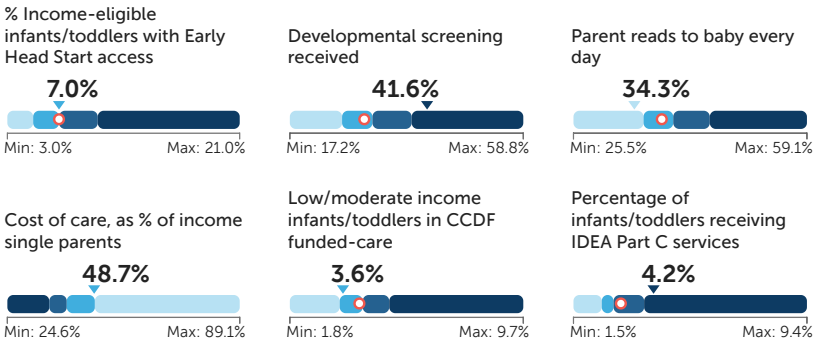
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

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

Strong Families

G Housing instability	**5.8%** *National average: 2.5%*	R Crowded housing	**11.6%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**12.3%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**3.8** *National average: 16.0*
O Unsafe neighborhoods	**4.3%** *National average: 6.3%*	O Family resilience	**86.7%** *National average: 82.6%*
O 1 adverse childhood experience	**20.1%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**9.9%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**97.6%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**54.4%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**7.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**14.6%** *National average: N/A*
R Cost of care, as % of income single parents	**48.7%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.6%** *National average: 4.2%*
W Developmental screening received	**41.6%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.1%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**4.2%** *National average: 3.1%*		

The State of Kentucky's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	KENTUCKY	NATIONAL AVERAGE
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

	KENTUCKY	NATIONAL AVERAGE
Mothers in the Labor Force	59.1%	61.5%

Poverty status of infants and toddlers

	KENTUCKY	NATIONAL AVERAGE
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

	KENTUCKY	NATIONAL AVERAGE
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

	KENTUCKY	NATIONAL AVERAGE
2-Parent Family	71.3%	76.3%
1-Parent Family	22.8%	21.5%
No Parents Present	5.9%	2.2%

Grandparent-headed households

	KENTUCKY	NATIONAL AVERAGE
	9.6%	9.4%

Rural/Non-metro area

	KENTUCKY	NATIONAL AVERAGE
Living Outside of a Metro Area	33.8%	8.7%

Good Health
In Kentucky

GROW

What is Good Health?

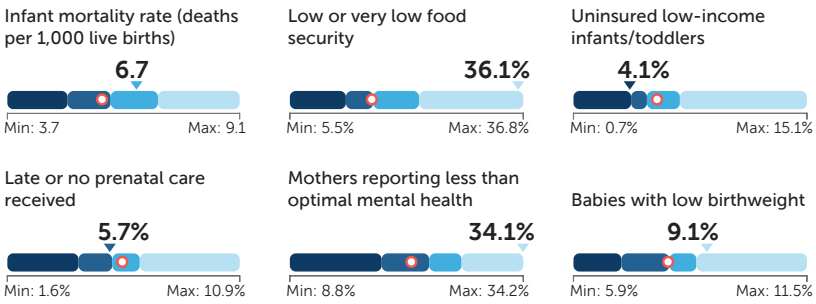
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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	Yes ✓

Strong Families
In Kentucky

GROW

What Defines Strong Families?

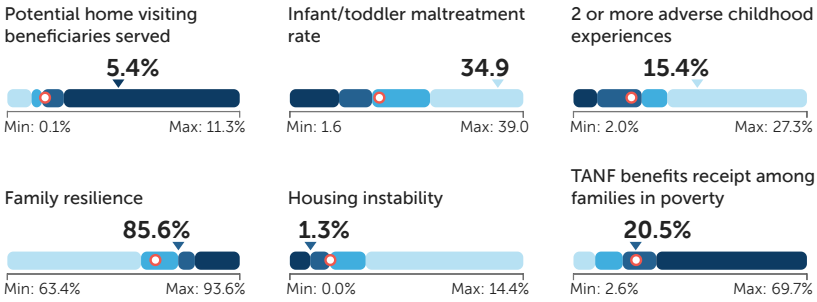
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Kentucky

GROW

What Defines Positive Early Learning Experiences?

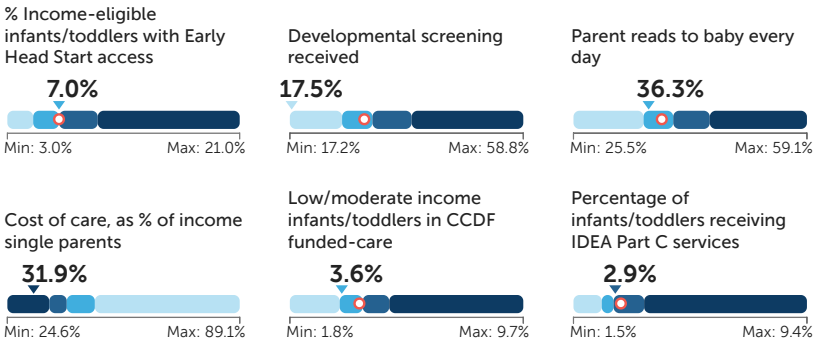
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Kentucky O National average

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



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*	W Uninsured low-income infants/toddlers	**4.1%** *National average: 5.8%*
G Low or very low food security	**36.1%** *National average: 16.5%*	G Infants ever breastfed	**73.9%** *National average: 83.2%*
G Infants breastfed at 6 months	**48.6%** *National average: 57.6%*	O Late or no prenatal care received	**5.7%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**34.1%** *National average: 22.0%*	G Preventive medical care received	**88.1%** *National average: 90.7%*
G Preventive dental care received	**23.2%** *National average: 30.0%*	G Babies with low birthweight	**9.1%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.7** *National average: 5.9*	O Received recommended vaccines	**74.5%** *National average: 70.7%*

Strong Families

O Housing instability	**1.3%** *National average: 2.5%*	W Crowded housing	**9.2%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**20.5%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**34.9** *National average: 16.0*
G Unsafe neighborhoods	**7.0%** *National average: 6.3%*	O Family resilience	**85.6%** *National average: 82.6%*
G 1 adverse childhood experience	**28.2%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**15.4%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.3%** *National average: 98.4%*	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 Parent sings to baby every day	**56.8%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**7.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**8.1%** *National average: N/A*
W Cost of care, as % of income single parents	**31.9%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.6%** *National average: 4.2%*
G Developmental screening received	**17.5%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**2.9%** *National average: 3.1%*		

The State of Louisiana's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Getting Started

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
Working Effectively

Demographics

Infants and toddlers in Louisiana

Overview

Louisiana is home to 188,400 infants and toddlers, representing 4 percent of the state's population. As many as 52 percent live in households with incomes less than twice the federal poverty line (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

	LOUISIANA	NATIONAL AVERAGE
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

	LOUISIANA	NATIONAL AVERAGE
Mothers in the Labor Force	67.6%	61.5%

Poverty status of infants and toddlers

	LOUISIANA	NATIONAL AVERAGE
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

	LOUISIANA	NATIONAL AVERAGE
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

	LOUISIANA	NATIONAL AVERAGE
2-Parent Family	63.0%	76.3%
1-Parent Family	34.7%	21.5%
No Parents Present	2.4%	2.2%

Grandparent-headed households

	LOUISIANA	NATIONAL AVERAGE
	11.3%	9.4%

Rural/Non-metro area

	LOUISIANA	NATIONAL AVERAGE
Living Outside of a Metro Area	4.8%	8.7%

Good Health
In Louisiana

GROW

What is Good Health?

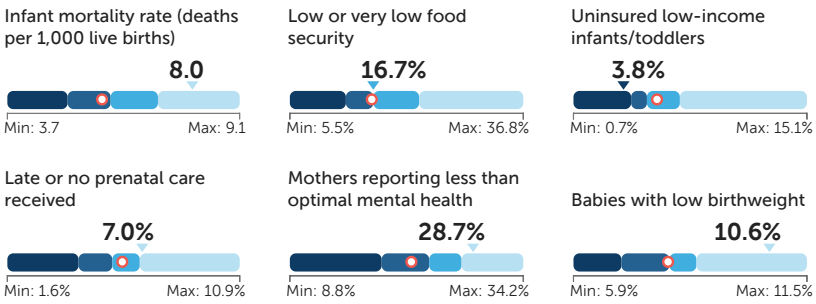
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Louisiana

GROW

What Defines Strong Families?

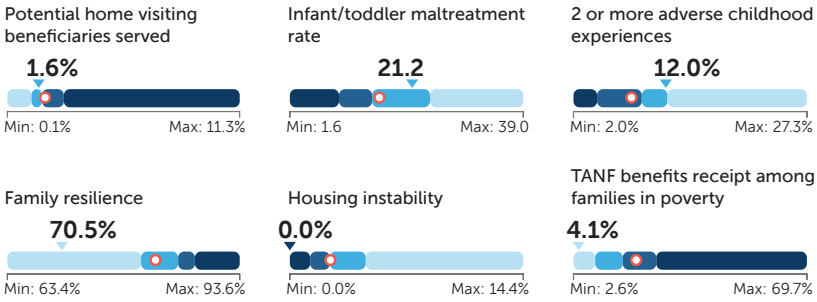
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Louisiana

GROW

What Defines Positive Early Learning Experiences?

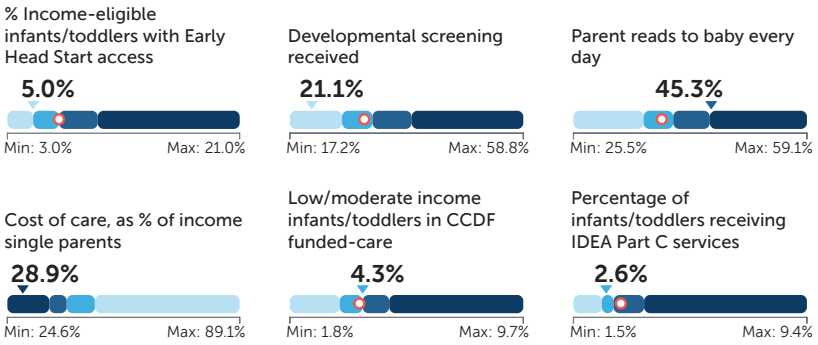
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Louisiana ○ National average

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



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*	W Uninsured low-income infants/toddlers	**3.8%** *National average: 5.8%*
R Low or very low food security	**16.7%** *National average: 16.5%*	G Infants ever breastfed	**67.0%** *National average: 83.2%*
G Infants breastfed at 6 months	**39.0%** *National average: 57.6%*	G Late or no prenatal care received	**7.0%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**28.7%** *National average: 22.0%*	W Preventive medical care received	**97.0%** *National average: 90.7%*
O Preventive dental care received	**35.2%** *National average: 30.0%*	G Babies with low birthweight	**10.6%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**8.0** *National average: 5.9*	G Received recommended vaccines	**66.8%** *National average: 70.7%*

Strong Families

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

Positive Early Learning Experiences

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

The State of Maine's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Working Effectively

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	MAINE	NATIONAL AVERAGE
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

	MAINE	NATIONAL AVERAGE
Mothers in the Labor Force	60.1%	61.5%

Poverty status of infants and toddlers

	MAINE	NATIONAL AVERAGE
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

	MAINE	NATIONAL AVERAGE
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

	MAINE	NATIONAL AVERAGE
2-Parent Family	85.4%	76.3%
1-Parent Family	9.8%	21.5%
No Parents Present	4.8%	2.2%

Grandparent-headed households

	MAINE	NATIONAL AVERAGE
	11.7%	9.4%

Rural/Non-metro area

	MAINE	NATIONAL AVERAGE
Living Outside of a Metro Area	38.2%	8.7%

Good Health
In Maine

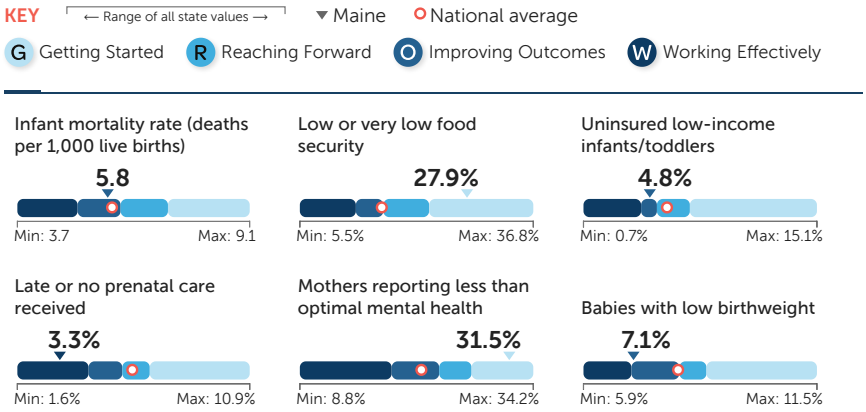
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in Maine

Medicaid expansion state	Yes ✓
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	Yes ✓

Strong Families
In Maine

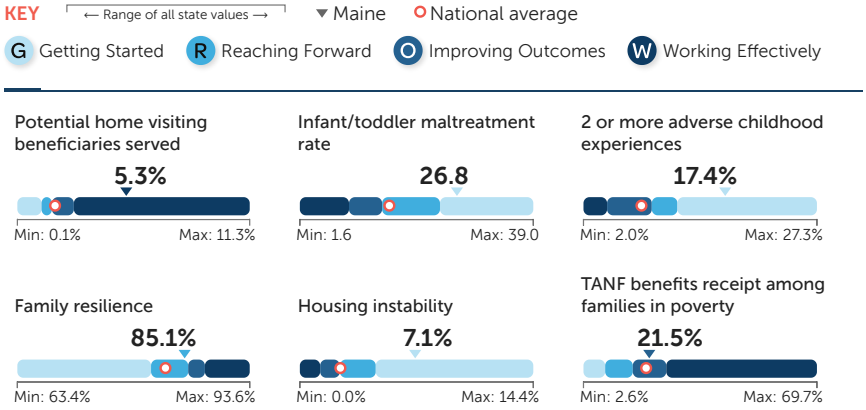
GROW

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



Strong Families Policy in Maine

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

Positive Early Learning Experiences

In Maine

GROW

What Defines Positive Early Learning Experiences?

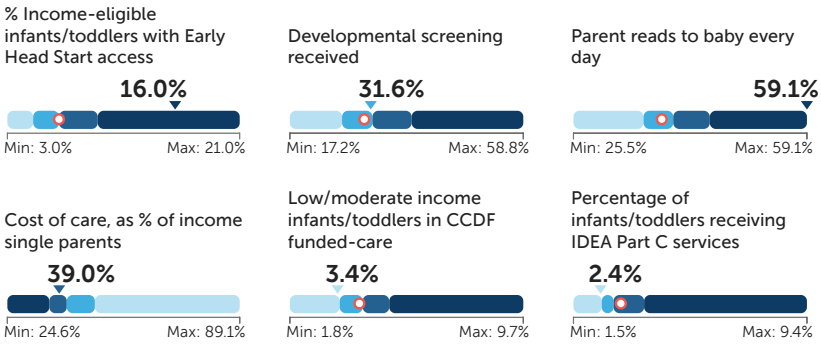
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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*	O Uninsured low-income infants/toddlers	**4.8%** *National average: 5.8%*
G Low or very low food security	**27.9%** *National average: 16.5%*	O Infants ever breastfed	**85.3%** *National average: 83.2%*
O Infants breastfed at 6 months	**62.1%** *National average: 57.6%*	W Late or no prenatal care received	**3.3%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**31.5%** *National average: 22.0%*	W Preventive medical care received	**98.7%** *National average: 90.7%*
O Preventive dental care received	**34.5%** *National average: 30.0%*	O Babies with low birthweight	**7.1%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.8** *National average: 5.9*	R Received recommended vaccines	**70.6%** *National average: 70.7%*

Strong Families

G Housing instability	**7.1%** *National average: 2.5%*	W Crowded housing	**7.4%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**21.5%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**26.8** *National average: 16.0*
W Unsafe neighborhoods	**1.6%** *National average: 6.3%*	R Family resilience	**85.1%** *National average: 82.6%*
O 1 adverse childhood experience	**19.6%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**17.4%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.6%** *National average: 98.4%*	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 Parent sings to baby every day	**68.9%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**16.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.2%** *National average: N/A*
O Cost of care, as % of income single parents	**39.0%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**3.4%** *National average: 4.2%*
R Developmental screening received	**31.6%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.8%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.4%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Working Effectively

Good Health
GROW
Working Effectively

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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

	MARYLAND	NATIONAL AVERAGE
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

	MARYLAND	NATIONAL AVERAGE
Mothers in the Labor Force	71.0%	61.5%

Poverty status of infants and toddlers

	MARYLAND	NATIONAL AVERAGE
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

	MARYLAND	NATIONAL AVERAGE
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

	MARYLAND	NATIONAL AVERAGE
2-Parent Family	76.8%	76.3%
1-Parent Family	22.5%	21.5%
No Parents Present	0.7%	2.2%

Grandparent-headed households

	MARYLAND	NATIONAL AVERAGE
	10.5%	9.4%

Rural/Non-metro area

	MARYLAND	NATIONAL AVERAGE
Living Outside of a Metro Area	0.0%	8.7%

Good Health
In Maryland

GROW

What is Good Health?

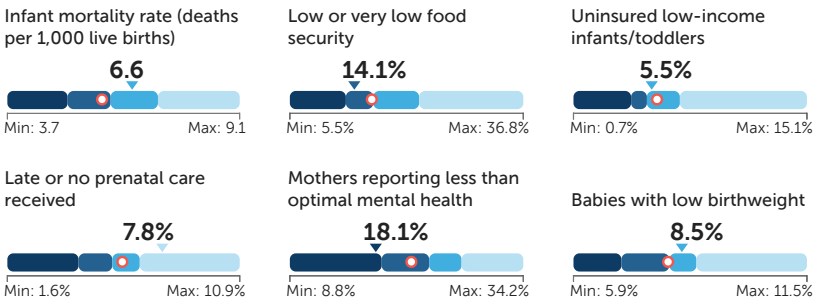
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Maryland

GROW

What Defines Strong Families?

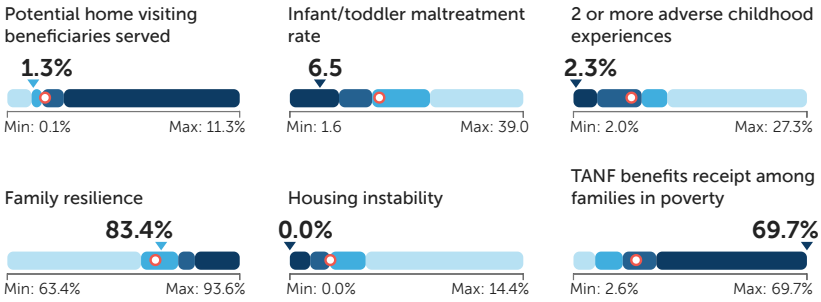
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✓
Paid family leave	No ✗

Positive Early Learning Experiences

In Maryland

GROW

What Defines Positive Early Learning Experiences?

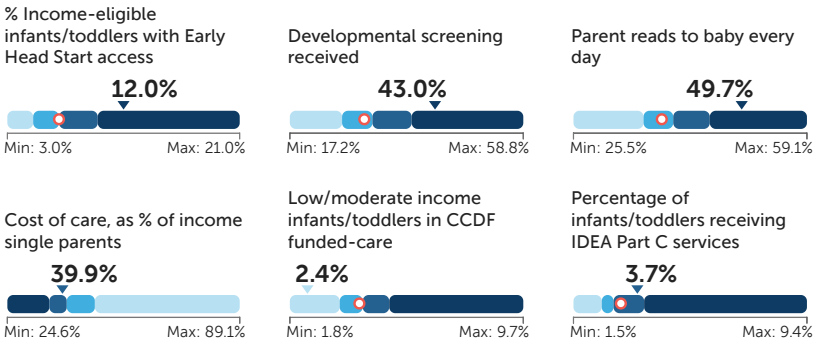
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

W Eligibility limit (% FPL) for pregnant women in Medicaid	**264.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**5.5%** *National average: 5.8%*
O Low or very low food security	**14.1%** *National average: 16.5%*	W Infants ever breastfed	**91.0%** *National average: 83.2%*
W Infants breastfed at 6 months	**66.8%** *National average: 57.6%*	G Late or no prenatal care received	**7.8%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**18.1%** *National average: 22.0%*	G Preventive medical care received	**88.2%** *National average: 90.7%*
W Preventive dental care received	**39.2%** *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)	**6.6** *National average: 5.9*	O Received recommended vaccines	**74.4%** *National average: 70.7%*

Strong Families

W Housing instability	**0.0%** *National average: 2.5%*	R Crowded housing	**12.9%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**69.7%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**6.5** *National average: 16.0*
O Unsafe neighborhoods	**2.2%** *National average: 6.3%*	R Family resilience	**83.4%** *National average: 82.6%*
W 1 adverse childhood experience	**17.6%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**2.3%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**99.8%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**56.0%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**12.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**12.7%** *National average: N/A*
O Cost of care, as % of income single parents	**39.9%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**2.4%** *National average: 4.2%*
W Developmental screening received	**43.0%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.1%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.7%** *National average: 3.1%*		

The State of Massachusetts' Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
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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 line (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

	MASSACHUSETTS	NATIONAL AVERAGE
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

	MASSACHUSETTS	NATIONAL AVERAGE
Mothers in the Labor Force	68.5%	61.5%

Poverty status of infants and toddlers

	MASSACHUSETTS	NATIONAL AVERAGE
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

	MASSACHUSETTS	NATIONAL AVERAGE
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

	MASSACHUSETTS	NATIONAL AVERAGE
2-Parent Family	78.4%	76.3%
1-Parent Family	20.6%	21.5%
No Parents Present	1.0%	2.2%

Grandparent-headed households

	MASSACHUSETTS	NATIONAL AVERAGE
	4.4%	9.4%

Rural/Non-metro area

	MASSACHUSETTS	NATIONAL AVERAGE
Living Outside of a Metro Area	0.0%	8.7%

Good Health
In Massachusetts

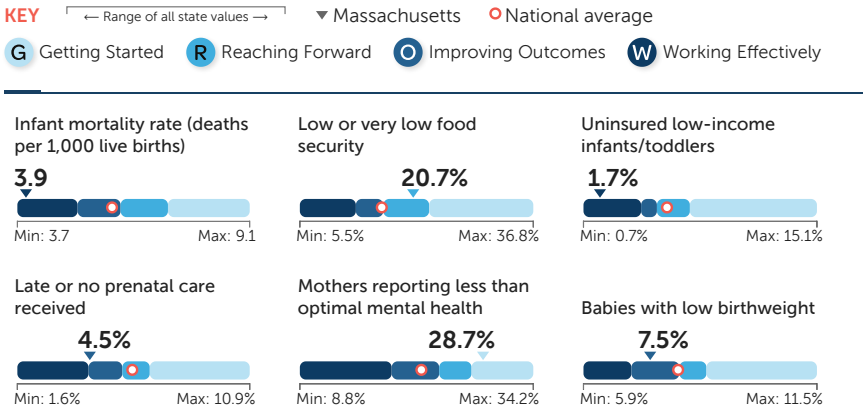
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in Massachusetts

Medicaid expansion state	Yes ✓
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 ✗

Strong Families
In Massachusetts

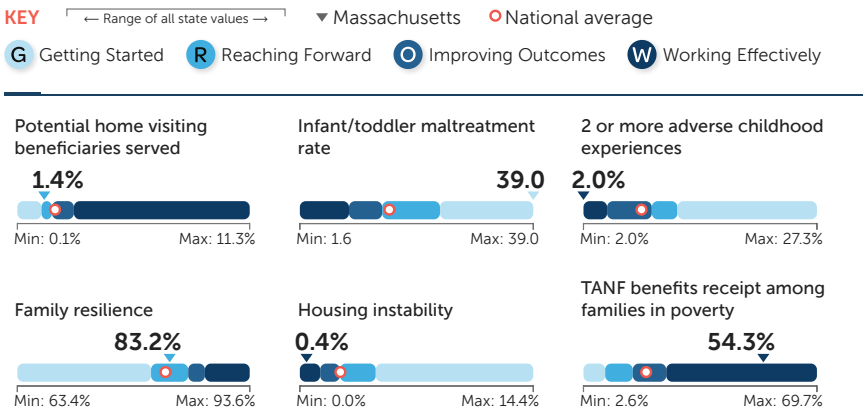
GROW

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



Strong Families Policy in Massachusetts

Paid sick time that covers care for child	Yes ✓
Paid family leave	Yes ✓

Positive Early Learning Experiences

In Massachusetts

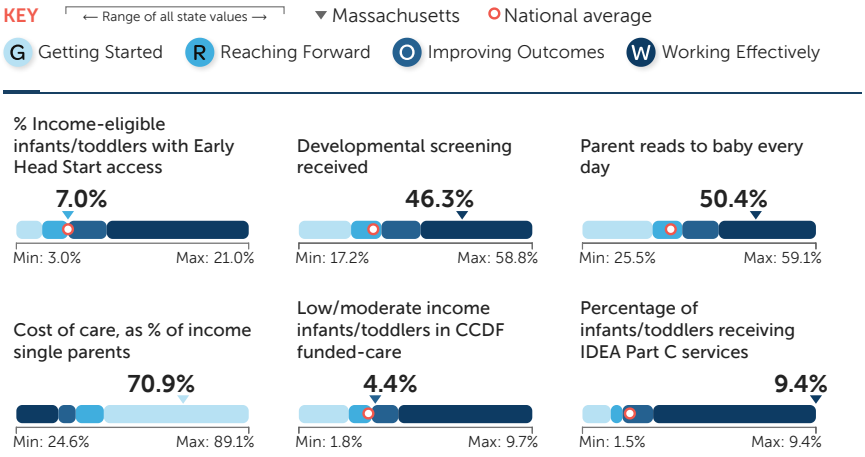
GROW

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



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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**205.0** *National average: 200.0*	W Uninsured low-income infants/toddlers	**1.7%** *National average: 5.8%*
R Low or very low food security	**20.7%** *National average: 16.5%*	O Infants ever breastfed	**87.4%** *National average: 83.2%*
R Infants breastfed at 6 months	**55.6%** *National average: 57.6%*	O Late or no prenatal care received	**4.5%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**28.7%** *National average: 22.0%*	W Preventive medical care received	**97.4%** *National average: 90.7%*
O Preventive dental care received	**32.5%** *National average: 30.0%*	O Babies with low birthweight	**7.5%** *National average: 8.2%*
W Infant mortality rate (deaths per 1,000 live births)	**3.9** *National average: 5.9*	W Received recommended vaccines	**85.3%** *National average: 70.7%*

Strong Families

W Housing instability	**0.4%** *National average: 2.5%*	O Crowded housing	**10.6%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**54.3%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**39.0** *National average: 16.0*
R Unsafe neighborhoods	**5.2%** *National average: 6.3%*	R Family resilience	**83.2%** *National average: 82.6%*
O 1 adverse childhood experience	**18.2%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**2.0%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**100.0%** *National average: 98.4%*	R Potential home visiting beneficiaries served	**1.4%** *National average: 1.9%*

Positive Early Learning Experiences

W Parent reads to baby every day	**50.4%** *National average: 38.2%*	W Parent sings to baby every day	**66.7%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**7.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**17.2%** *National average: N/A*
G Cost of care, as % of income single parents	**70.9%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.4%** *National average: 4.2%*
W Developmental screening received	**46.3%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.4%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**9.4%** *National average: 3.1%*		

The State of Michigan's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Reaching Forward

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	MICHIGAN	NATIONAL AVERAGE
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

	MICHIGAN	NATIONAL AVERAGE
Mothers in the Labor Force	62.1%	61.5%

Poverty status of infants and toddlers

	MICHIGAN	NATIONAL AVERAGE
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

	MICHIGAN	NATIONAL AVERAGE
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

	MICHIGAN	NATIONAL AVERAGE
2-Parent Family	74.7%	76.3%
1-Parent Family	23.4%	21.5%
No Parents Present	1.9%	2.2%

Grandparent-headed households

	MICHIGAN	NATIONAL AVERAGE
	7.5%	9.4%

Rural/Non-metro area

	MICHIGAN	NATIONAL AVERAGE
Living Outside of a Metro Area	15.5%	8.7%

Good Health
In Michigan

GROW

What is Good Health?

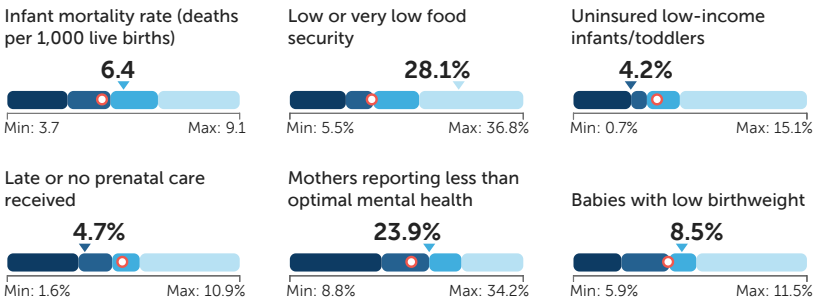
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 O National average

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



Good Health Policy in Michigan

Medicaid expansion state	Yes ✓
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	No ✗
Medicaid plan covers IECMH services at ECE programs	Yes ✓

Strong Families
In Michigan

GROW

What Defines Strong Families?

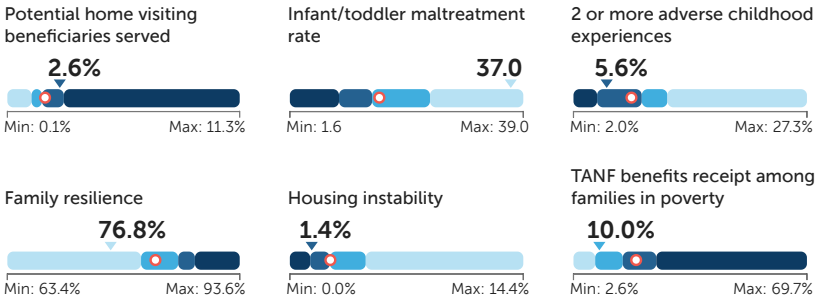
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 O 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Michigan

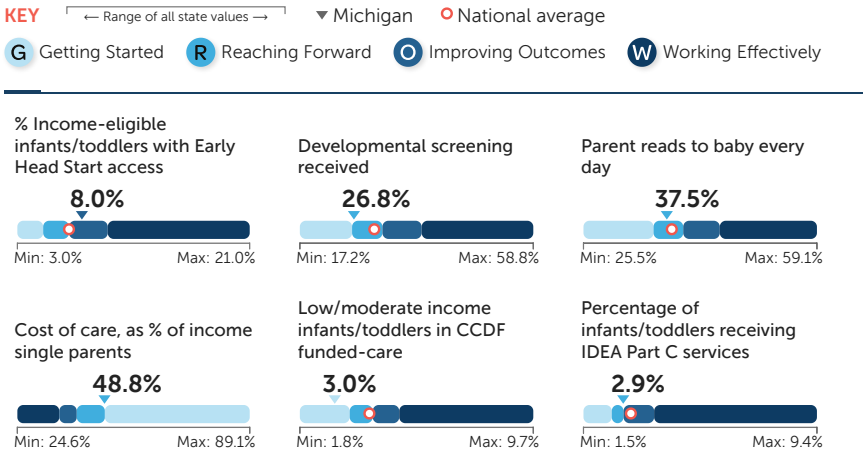
GROW

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



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

O Housing instability	**1.4%** *National average: 2.5%*	W Crowded housing	**9.4%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**10.0%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**37.0** *National average: 16.0*
G Unsafe neighborhoods	**6.8%** *National average: 6.3%*	G Family resilience	**76.8%** *National average: 82.6%*
R 1 adverse childhood experience	**23.3%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**5.6%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.4%** *National average: 98.4%*	O Potential home visiting beneficiaries served	**2.6%** *National average: 1.9%*

Positive Early Learning Experiences

R Parent reads to baby every day	**37.5%** *National average: 38.2%*	R Parent sings to baby every day	**55.8%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**8.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**12.3%** *National average: N/A*
R Cost of care, as % of income single parents	**48.8%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**3.0%** *National average: 4.2%*
R Developmental screening received	**26.8%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.9%** *National average: 3.1%*		

The State of Minnesota's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Working Effectively

Good Health
GROW
Working Effectively

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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

	MINNESOTA	NATIONAL AVERAGE
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

	MINNESOTA	NATIONAL AVERAGE
Mothers in the Labor Force	74.3%	61.5%

Poverty status of infants and toddlers

	MINNESOTA	NATIONAL AVERAGE
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

	MINNESOTA	NATIONAL AVERAGE
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

	MINNESOTA	NATIONAL AVERAGE
2-Parent Family	84.3%	76.3%
1-Parent Family	14.6%	21.5%
No Parents Present	1.1%	2.2%

Grandparent-headed households

	MINNESOTA	NATIONAL AVERAGE
	3.7%	9.4%

Rural/Non-metro area

	MINNESOTA	NATIONAL AVERAGE
Living Outside of a Metro Area	13.5%	8.7%

Good Health
In Minnesota

GROW

What is Good Health?

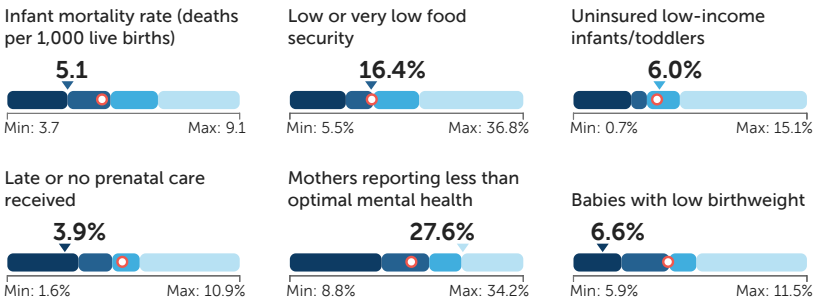
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Minnesota

GROW

What Defines Strong Families?

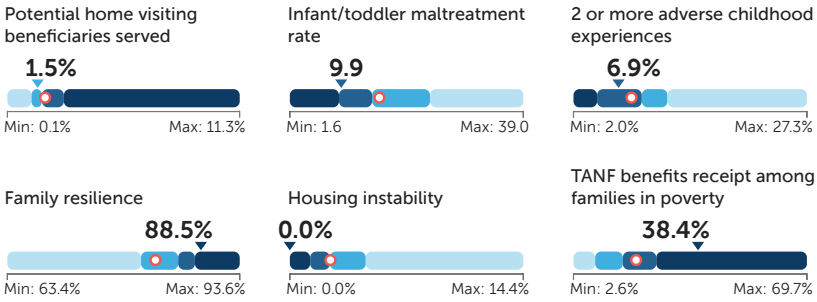
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 does not require employers to offer paid sick days that cover care for children, and it does not have 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences
In Minnesota

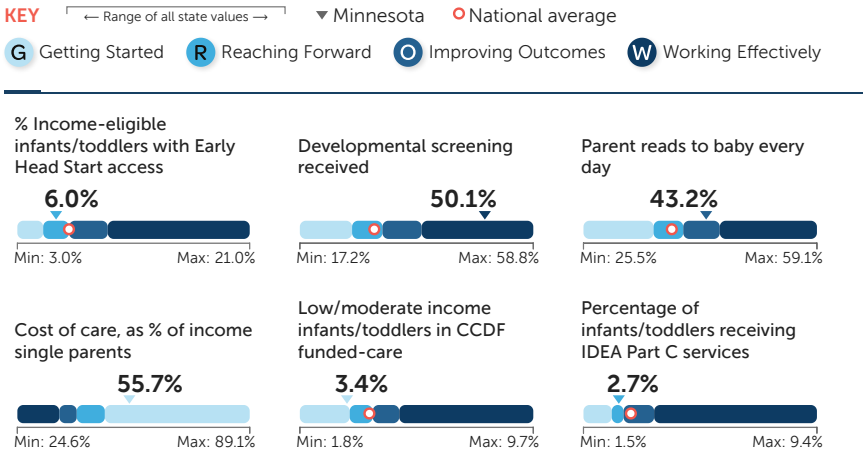
GROW

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



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

W Eligibility limit (% FPL) for pregnant women in Medicaid	**283.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**6.0%** *National average: 5.8%*
O Low or very low food security	**16.4%** *National average: 16.5%*	W Infants ever breastfed	**89.2%** *National average: 83.2%*
W Infants breastfed at 6 months	**65.3%** *National average: 57.6%*	W Late or no prenatal care received	**3.9%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**27.6%** *National average: 22.0%*	G Preventive medical care received	**89.5%** *National average: 90.7%*
G Preventive dental care received	**20.4%** *National average: 30.0%*	W Babies with low birthweight	**6.6%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.1** *National average: 5.9*	O Received recommended vaccines	**73.8%** *National average: 70.7%*

Strong Families

W Housing instability	**0.0%** *National average: 2.5%*	O Crowded housing	**10.7%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**38.4%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**9.9** *National average: 16.0*
W Unsafe neighborhoods	**0.8%** *National average: 6.3%*	W Family resilience	**88.5%** *National average: 82.6%*
W 1 adverse childhood experience	**13.7%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**6.9%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.7%** *National average: 98.4%*	R Potential home visiting beneficiaries served	**1.5%** *National average: 1.9%*

Positive Early Learning Experiences

O Parent reads to baby every day	**43.2%** *National average: 38.2%*	O Parent sings to baby every day	**59.2%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**15.7%** *National average: N/A*
G Cost of care, as % of income single parents	**55.7%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**3.4%** *National average: 4.2%*
W Developmental screening received	**50.1%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.7%** *National average: 3.1%*		

The State of Mississippi's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	MISSISSIPPI	NATIONAL AVERAGE
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

	MISSISSIPPI	NATIONAL AVERAGE
Mothers in the Labor Force	57.1%	61.5%

Poverty status of infants and toddlers

	MISSISSIPPI	NATIONAL AVERAGE
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

	MISSISSIPPI	NATIONAL AVERAGE
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

	MISSISSIPPI	NATIONAL AVERAGE
2-Parent Family	63.8%	76.3%
1-Parent Family	33.2%	21.5%
No Parents Present	3.1%	2.2%

Grandparent-headed households

	MISSISSIPPI	NATIONAL AVERAGE
	15.7%	9.4%

Rural/Non-metro area

	MISSISSIPPI	NATIONAL AVERAGE
Living Outside of a Metro Area	56.4%	8.7%

Good Health
In Mississippi

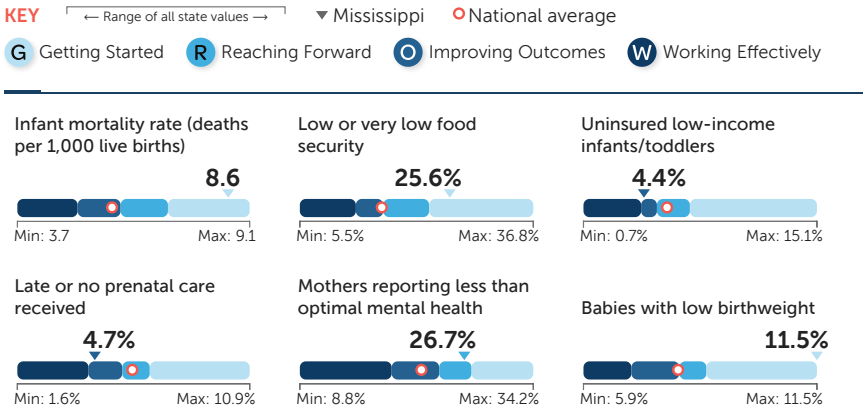
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In Mississippi

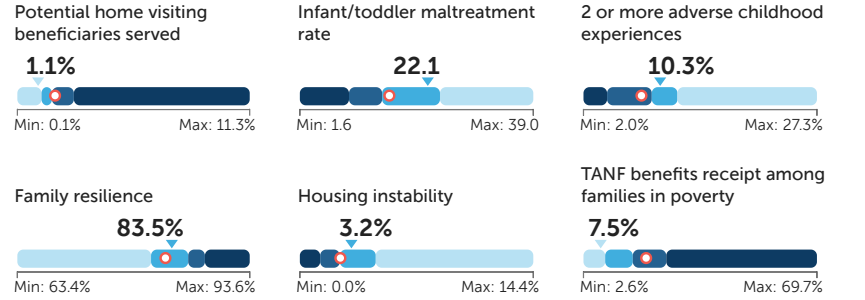
GROW

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



Strong Families Policy in Mississippi

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

Positive Early Learning Experiences

In Mississippi

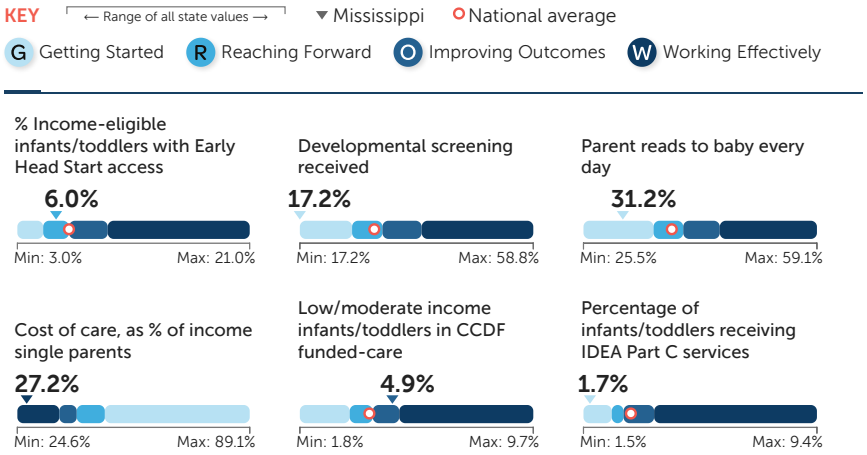
GROW

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*	O Uninsured low-income infants/toddlers	**4.4%** *National average: 5.8%*
G Low or very low food security	**25.6%** *National average: 16.5%*	G Infants ever breastfed	**63.2%** *National average: 83.2%*
G Infants breastfed at 6 months	**35.4%** *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	**26.7%** *National average: 22.0%*	G Preventive medical care received	**84.6%** *National average: 90.7%*
R Preventive dental care received	**29.5%** *National average: 30.0%*	G Babies with low birthweight	**11.5%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**8.6** *National average: 5.9*	R Received recommended vaccines	**70.4%** *National average: 70.7%*

Strong Families

R Housing instability	**3.2%** *National average: 2.5%*	R Crowded housing	**11.4%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**7.5%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**22.1** *National average: 16.0*
O Unsafe neighborhoods	**2.0%** *National average: 6.3%*	R Family resilience	**83.5%** *National average: 82.6%*
O 1 adverse childhood experience	**22.4%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**10.3%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.6%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**46.2%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**7.3%** *National average: N/A*
W Cost of care, as % of income single parents	**27.2%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.9%** *National average: 4.2%*
G Developmental screening received	**17.2%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**1.7%** *National average: 3.1%*		

The State of Missouri's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Improving Outcomes

Good Health
GROW
Getting Started

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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

	MISSOURI	NATIONAL AVERAGE
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

	MISSOURI	NATIONAL AVERAGE
Mothers in the Labor Force	69.4%	61.5%

Poverty status of infants and toddlers

	MISSOURI	NATIONAL AVERAGE
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

	MISSOURI	NATIONAL AVERAGE
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

	MISSOURI	NATIONAL AVERAGE
2-Parent Family	75.7%	76.3%
1-Parent Family	19.2%	21.5%
No Parents Present	5.1%	2.2%

Grandparent-headed households

	MISSOURI	NATIONAL AVERAGE
	11.2%	9.4%

Rural/Non-metro area

	MISSOURI	NATIONAL AVERAGE
Living Outside of a Metro Area	21.7%	8.7%

Good Health
In Missouri

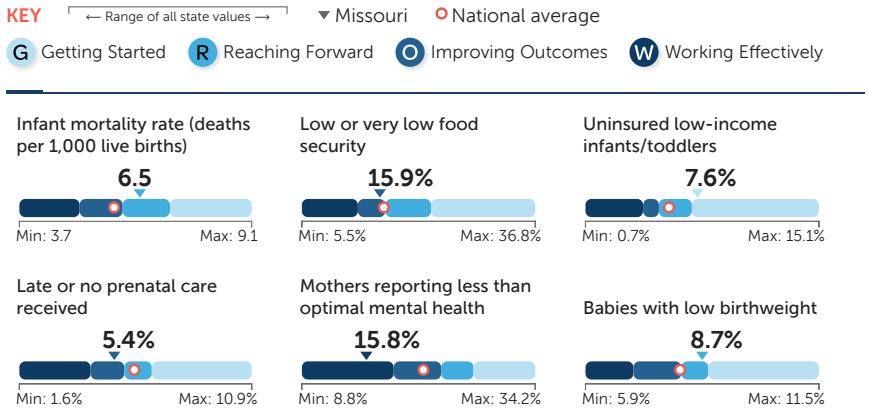
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In Missouri

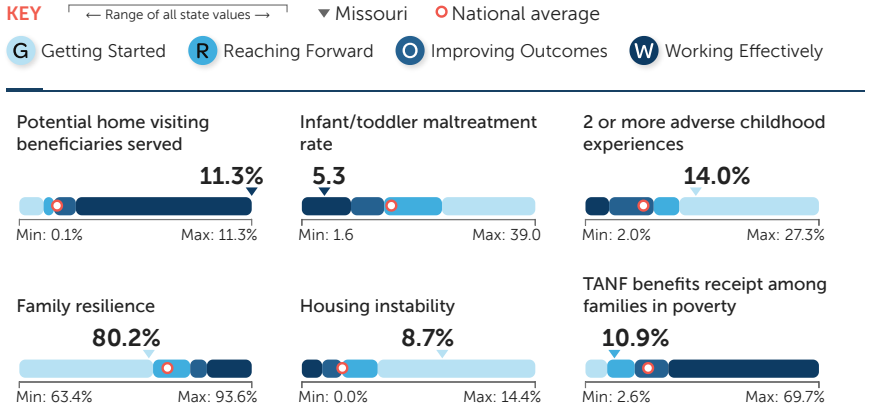
GROW

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



Strong Families Policy in Missouri

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

Positive Early Learning Experiences

In Missouri

GROW

What Defines Positive Early Learning Experiences?

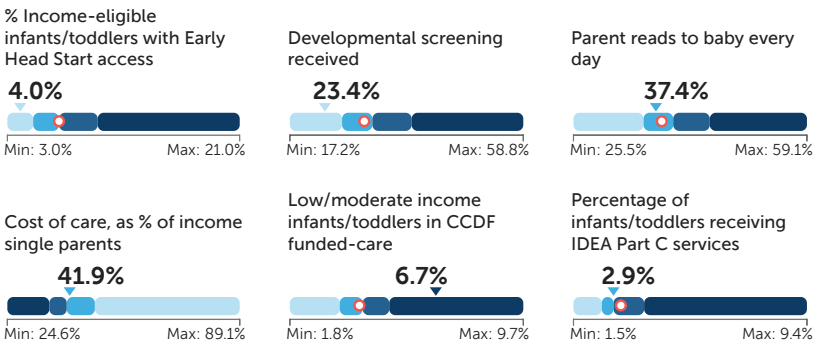
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**201.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**7.6%** *National average: 5.8%*
O Low or very low food security	**15.9%** *National average: 16.5%*	R Infants ever breastfed	**82.3%** *National average: 83.2%*
R Infants breastfed at 6 months	**57.8%** *National average: 57.6%*	O Late or no prenatal care received	**5.4%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**15.8%** *National average: 22.0%*	R Preventive medical care received	**92.7%** *National average: 90.7%*
G Preventive dental care received	**23.7%** *National average: 30.0%*	R Babies with low birthweight	**8.7%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.5** *National average: 5.9*	G Received recommended vaccines	**66.9%** *National average: 70.7%*

Strong Families

G Housing instability	**8.7%** *National average: 2.5%*	O Crowded housing	**9.9%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**10.9%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**5.3** *National average: 16.0*
W Unsafe neighborhoods	**1.8%** *National average: 6.3%*	G Family resilience	**80.2%** *National average: 82.6%*
O 1 adverse childhood experience	**18.3%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**14.0%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.2%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**60.1%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**4.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.8%** *National average: N/A*
R Cost of care, as % of income single parents	**41.9%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**6.7%** *National average: 4.2%*
G Developmental screening received	**23.4%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.7%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.9%** *National average: 3.1%*		

The State of Montana's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Working Effectively

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	MONTANA	NATIONAL AVERAGE
Non-Hispanic White	76.5%	49.3%
American Indian/Alaska Native	9.7%	0.8%
Hispanic	6.8%	26.1%
Non-Hispanic other	5.7%	5.1%
Non-Hispanic Black	0.8%	13.8%
Non-Hispanic Asian	0.6%	4.9%

Working moms

	MONTANA	NATIONAL AVERAGE
Mothers in the Labor Force	65.1%	61.5%

Poverty status of infants and toddlers

	MONTANA	NATIONAL AVERAGE
Above Low-Income	48.5%	55.4%
Low-Income	34.5%	22.0%
In Poverty	17.0%	22.7%

Infants and toddlers in poverty, by race

	MONTANA	NATIONAL AVERAGE
Non-Hispanic Other	19.0%	20.0%
Non-Hispanic White	16.2%	14.6%
Non-Hispanic Black	N/A	39.5%
Hispanic	N/A	30.8%

Family structure

	MONTANA	NATIONAL AVERAGE
2-Parent Family	81.2%	76.3%
1-Parent Family	14.6%	21.5%
No Parents Present	4.2%	2.2%

Grandparent-headed households

MONTANA	NATIONAL AVERAGE
5.3%	9.4%

Rural/Non-metro area

	MONTANA	NATIONAL AVERAGE
Living Outside of a Metro Area	69.7%	8.7%

Good Health
In Montana

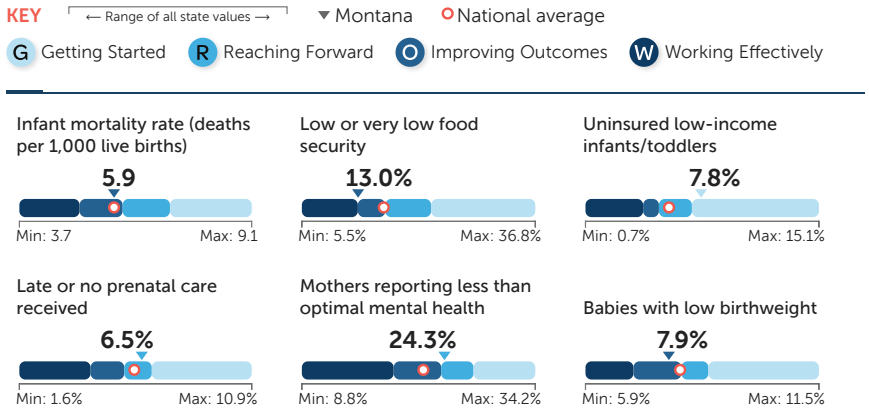
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in Montana

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In Montana

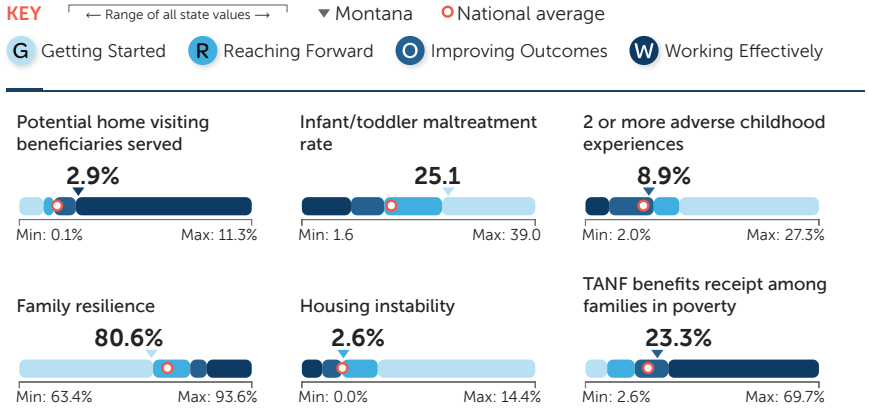
GROW

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



Strong Families Policy in Montana

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

Positive Early Learning Experiences

In Montana

GROW

What Defines Positive Early Learning Experiences?

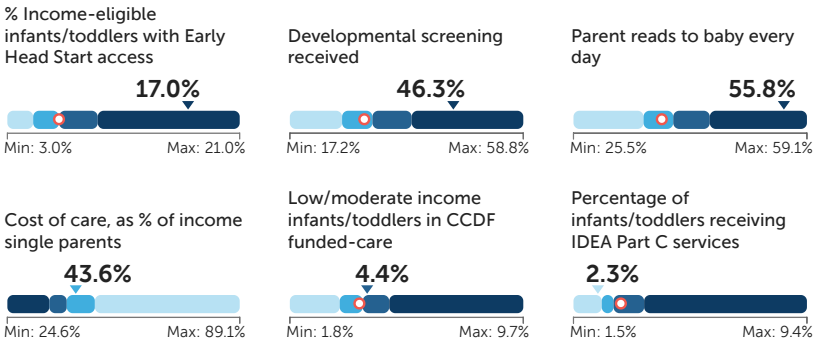
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

G Eligibility limit (% FPL) for pregnant women in Medicaid	**162.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**7.8%** *National average: 5.8%*
O Low or very low food security	**13.0%** *National average: 16.5%*	O Infants ever breastfed	**83.9%** *National average: 83.2%*
O Infants breastfed at 6 months	**61.1%** *National average: 57.6%*	R Late or no prenatal care received	**6.5%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**24.3%** *National average: 22.0%*	W Preventive medical care received	**95.8%** *National average: 90.7%*
W Preventive dental care received	**39.8%** *National average: 30.0%*	O Babies with low birthweight	**7.9%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.9** *National average: 5.9*	G Received recommended vaccines	**63.6%** *National average: 70.7%*

Strong Families

R Housing instability	**2.6%** *National average: 2.5%*	R Crowded housing	**12.5%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**23.3%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**25.1** *National average: 16.0*
R Unsafe neighborhoods	**6.0%** *National average: 6.3%*	G Family resilience	**80.6%** *National average: 82.6%*
W 1 adverse childhood experience	**17.9%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**8.9%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**96.1%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**61.9%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**17.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**12.0%** *National average: N/A*
R Cost of care, as % of income single parents	**43.6%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.4%** *National average: 4.2%*
W Developmental screening received	**46.3%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.7%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.3%** *National average: 3.1%*		

The State of Nebraska's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Improving Outcomes

Good Health
GROW
Reaching Forward

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	NEBRASKA	NATIONAL AVERAGE
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

	NEBRASKA	NATIONAL AVERAGE
Mothers in the Labor Force	69.8%	61.5%

Poverty status of infants and toddlers

	NEBRASKA	NATIONAL AVERAGE
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

	NEBRASKA	NATIONAL AVERAGE
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

	NEBRASKA	NATIONAL AVERAGE
2-Parent Family	76.7%	76.3%
1-Parent Family	20.9%	21.5%
No Parents Present	2.4%	2.2%

Grandparent-headed households

NEBRASKA	NATIONAL AVERAGE
5.1%	9.4%

Rural/Non-metro area

	NEBRASKA	NATIONAL AVERAGE
Living Outside of a Metro Area	21.7%	8.7%

Good Health
In Nebraska

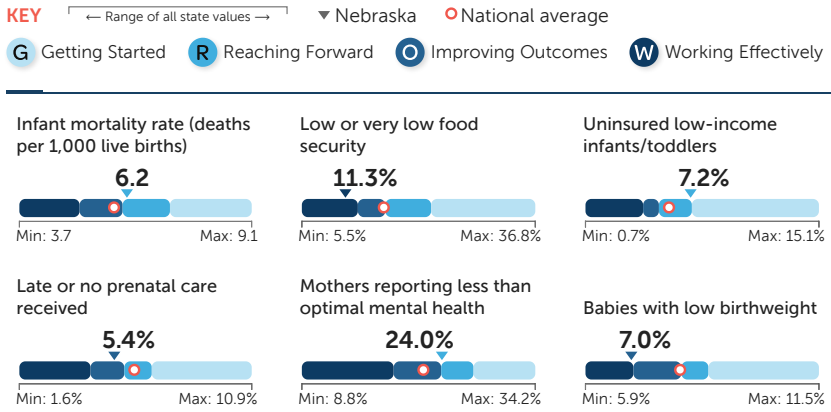
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In Nebraska

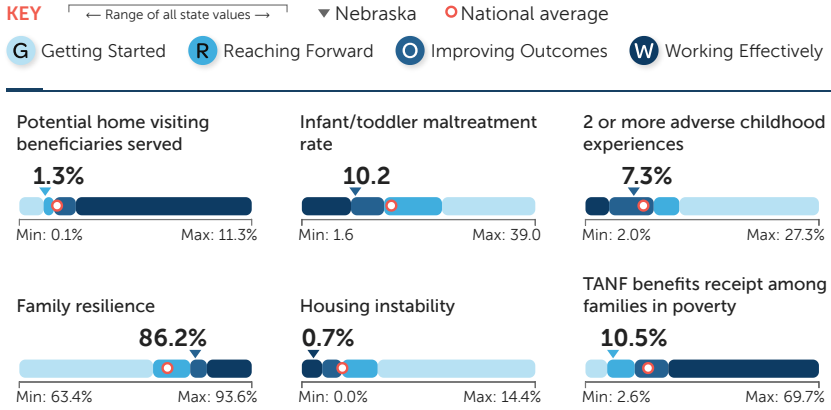
GROW

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



Strong Families Policy in Nebraska

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

Positive Early Learning Experiences

In Nebraska

GROW

What Defines Positive Early Learning Experiences?

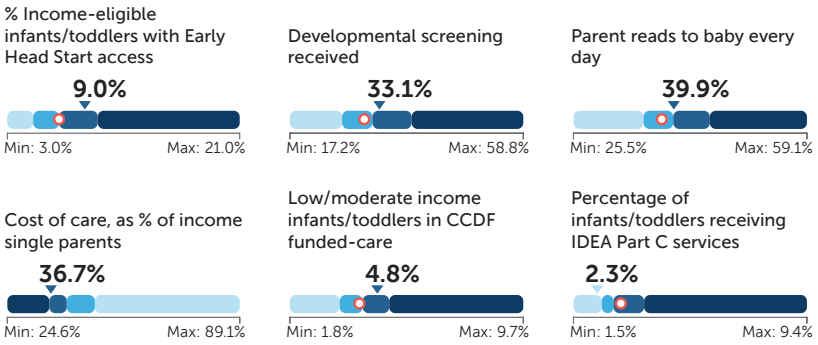
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Nebraska ○ National average

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



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*	R Uninsured low-income infants/toddlers	**7.2%** *National average: 5.8%*
W Low or very low food security	**11.3%** *National average: 16.5%*	R Infants ever breastfed	**82.2%** *National average: 83.2%*
R Infants breastfed at 6 months	**57.0%** *National average: 57.6%*	O Late or no prenatal care received	**5.4%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**24.0%** *National average: 22.0%*	O Preventive medical care received	**94.2%** *National average: 90.7%*
R Preventive dental care received	**30.2%** *National average: 30.0%*	O Babies with low birthweight	**7.0%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.2** *National average: 5.9*	W Received recommended vaccines	**80.6%** *National average: 70.7%*

Strong Families

W Housing instability	**0.7%** *National average: 2.5%*	R Crowded housing	**11.2%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**10.5%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**10.2** *National average: 16.0*
W Unsafe neighborhoods	**1.9%** *National average: 6.3%*	O Family resilience	**86.2%** *National average: 82.6%*
O 1 adverse childhood experience	**18.9%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**7.3%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**95.5%** *National average: 98.4%*	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%*	W Parent sings to baby every day	**64.5%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**9.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.1%** *National average: N/A*
O Cost of care, as % of income single parents	**36.7%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.8%** *National average: 4.2%*
O Developmental screening received	**33.1%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.3%** *National average: 3.1%*		

The State of Nevada's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	Nevada	National Average
Hispanic	40.7%	26.1%
Non-Hispanic White	34.8%	49.3%
Non-Hispanic Black	10.0%	13.8%
Non-Hispanic other	8.2%	5.1%
Non-Hispanic Asian	5.4%	4.9%
American Indian/Alaska Native	0.9%	0.8%

Working moms

	Nevada	National Average
Mothers in the Labor Force	64.0%	61.5%

Poverty status of infants and toddlers

	Nevada	National Average
Above Low-Income	49.3%	55.4%
Low-Income	28.4%	22.0%
In Poverty	22.3%	22.7%

Infants and toddlers in poverty, by race

	Nevada	National Average
Hispanic	29.8%	30.8%
Non-Hispanic Black	29.1%	39.5%
Non-Hispanic Other	20.3%	20.0%
Non-Hispanic White	12.7%	14.6%

Family structure

	Nevada	National Average
2-Parent Family	70.9%	76.3%
1-Parent Family	27.7%	21.5%
No Parents Present	1.4%	2.2%

Grandparent-headed households

	Nevada	National Average
	8.6%	9.4%

Rural/Non-metro area

	Nevada	National Average
Living Outside of a Metro Area	5.1%	8.7%

Good Health
In Nevada

GROW

What is Good Health?

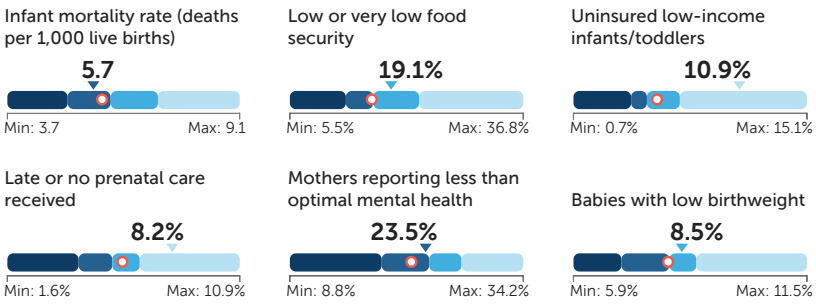
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In Nevada

GROW

What Defines Strong Families?

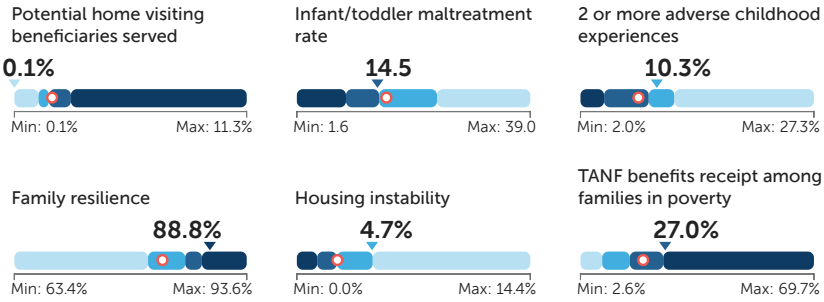
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Nevada

GROW

What Defines Positive Early Learning Experiences?

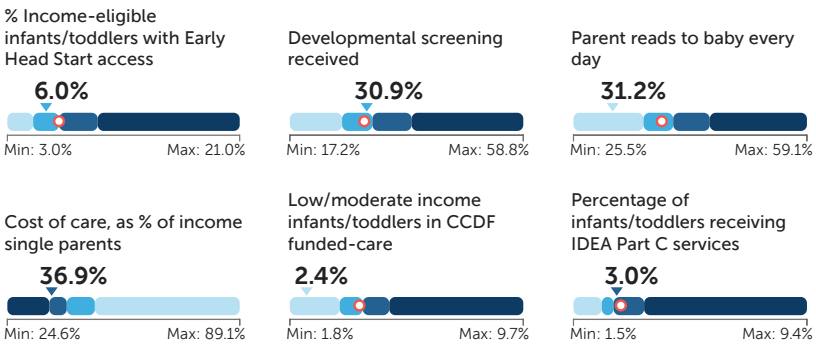
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

G Eligibility limit (% FPL) for pregnant women in Medicaid	**165.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**10.9%** *National average: 5.8%*
R Low or very low food security	**19.1%** *National average: 16.5%*	O Infants ever breastfed	**83.5%** *National average: 83.2%*
G Infants breastfed at 6 months	**49.9%** *National average: 57.6%*	G Late or no prenatal care received	**8.2%** *National average: 6.2%*
O Mothers reporting less than optimal mental health	**23.5%** *National average: 22.0%*	G Preventive medical care received	**88.0%** *National average: 90.7%*
O Preventive dental care received	**34.9%** *National average: 30.0%*	R Babies with low birthweight	**8.5%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.7** *National average: 5.9*	O Received recommended vaccines	**71.9%** *National average: 70.7%*

Strong Families

R Housing instability	**4.7%** *National average: 2.5%*	G Crowded housing	**17.7%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**27.0%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**14.5** *National average: 16.0*
R Unsafe neighborhoods	**5.5%** *National average: 6.3%*	W Family resilience	**88.8%** *National average: 82.6%*
G 1 adverse childhood experience	**28.1%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**10.3%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**97.7%** *National average: 98.4%*	G Potential home visiting beneficiaries served	**0.1%** *National average: 1.9%*

Positive Early Learning Experiences

G Parent reads to baby every day	**31.2%** *National average: 38.2%*	O Parent sings to baby every day	**58.5%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**14.3%** *National average: N/A*
O Cost of care, as % of income single parents	**36.9%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**2.4%** *National average: 4.2%*
R Developmental screening received	**30.9%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.4%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.0%** *National average: 3.1%*		

The State of New Hampshire's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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 line (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

	NEW HAMPSHIRE	NATIONAL AVERAGE
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

	NEW HAMPSHIRE	NATIONAL AVERAGE
Mothers in the Labor Force	71.8%	61.5%

Poverty status of infants and toddlers

	NEW HAMPSHIRE	NATIONAL AVERAGE
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

	NEW HAMPSHIRE	NATIONAL AVERAGE
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

	NEW HAMPSHIRE	NATIONAL AVERAGE
2-Parent Family	83.3%	76.3%
1-Parent Family	15.1%	21.5%
No Parents Present	1.6%	2.2%

Grandparent-headed households

NEW HAMPSHIRE	NATIONAL AVERAGE
3.6%	9.4%

Rural/Non-metro area

	NEW HAMPSHIRE	NATIONAL AVERAGE
Living Outside of a Metro Area	45.0%	8.7%

Good Health
In New Hampshire

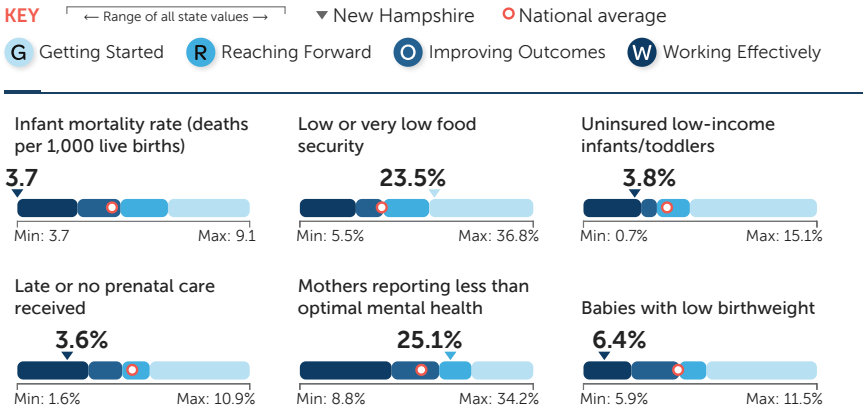
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in New Hampshire

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In New Hampshire

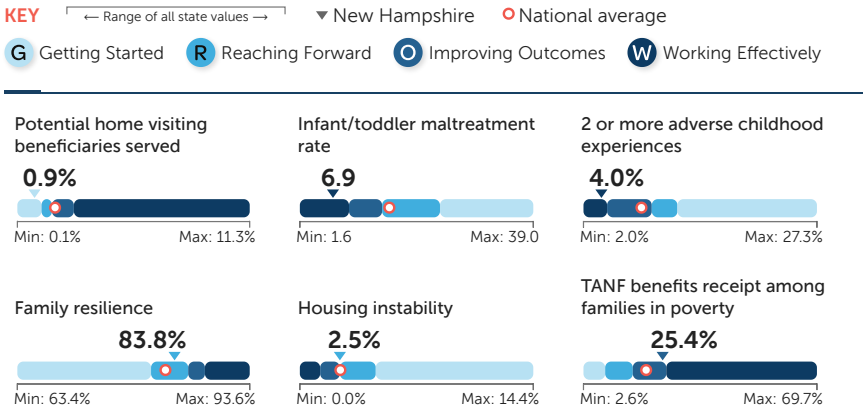
GROW

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



Strong Families Policy in New Hampshire

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

Positive Early Learning Experiences

In New Hampshire

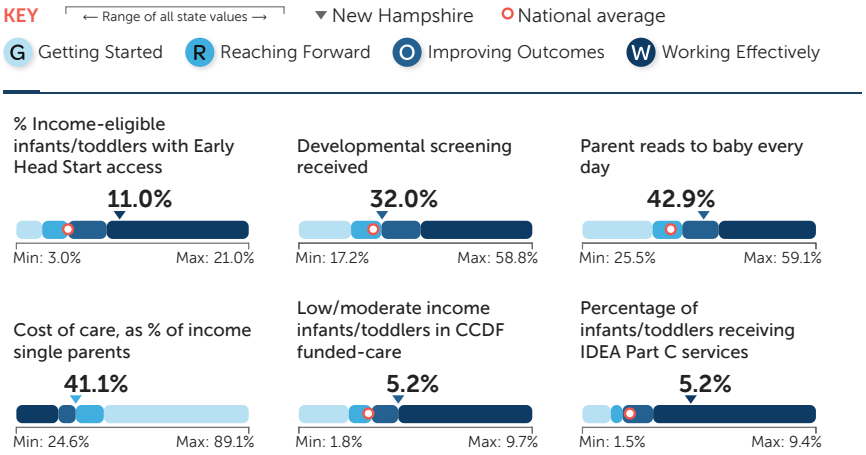
GROW

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



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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**201.0** *National average: 200.0*	W Uninsured low-income infants/toddlers	**3.8%** *National average: 5.8%*
G Low or very low food security	**23.5%** *National average: 16.5%*	O Infants ever breastfed	**87.4%** *National average: 83.2%*
W Infants breastfed at 6 months	**64.7%** *National average: 57.6%*	W Late or no prenatal care received	**3.6%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**25.1%** *National average: 22.0%*	W Preventive medical care received	**94.9%** *National average: 90.7%*
O Preventive dental care received	**35.2%** *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)	**3.7** *National average: 5.9*	W Received recommended vaccines	**78.0%** *National average: 70.7%*

Strong Families

R Housing instability	**2.5%** *National average: 2.5%*	W Crowded housing	**9.3%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**25.4%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**6.9** *National average: 16.0*
W Unsafe neighborhoods	**1.4%** *National average: 6.3%*	R Family resilience	**83.8%** *National average: 82.6%*
R 1 adverse childhood experience	**23.4%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**4.0%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**100.0%** *National average: 98.4%*	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 Parent sings to baby every day	**63.0%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**11.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**12.0%** *National average: N/A*
R Cost of care, as % of income single parents	**41.1%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**5.2%** *National average: 4.2%*
O Developmental screening received	**32.0%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.0%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**5.2%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Improving Outcomes

Good Health
GROW
Reaching Forward

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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

	NEW JERSEY	NATIONAL AVERAGE
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

	NEW JERSEY	NATIONAL AVERAGE
Mothers in the Labor Force	68.9%	61.5%

Poverty status of infants and toddlers

	NEW JERSEY	NATIONAL AVERAGE
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

	NEW JERSEY	NATIONAL AVERAGE
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

	NEW JERSEY	NATIONAL AVERAGE
2-Parent Family	80.6%	76.3%
1-Parent Family	17.1%	21.5%
No Parents Present	2.2%	2.2%

Grandparent-headed households

	NEW JERSEY	NATIONAL AVERAGE
	6.0%	9.4%

Rural/Non-metro area

	NEW JERSEY	NATIONAL AVERAGE
Living Outside of a Metro Area	0.0%	8.7%

Good Health
In New Jersey

GROW

What is Good Health?

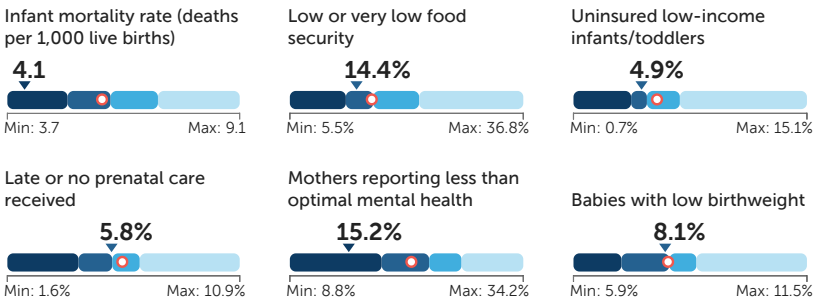
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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	No ✗

Strong Families
In New Jersey

GROW

What Defines Strong Families?

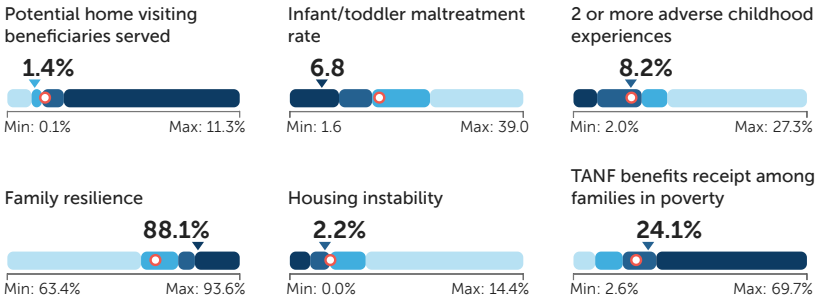
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 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 ✓
Paid family leave	Yes ✓

Positive Early Learning Experiences

In New Jersey

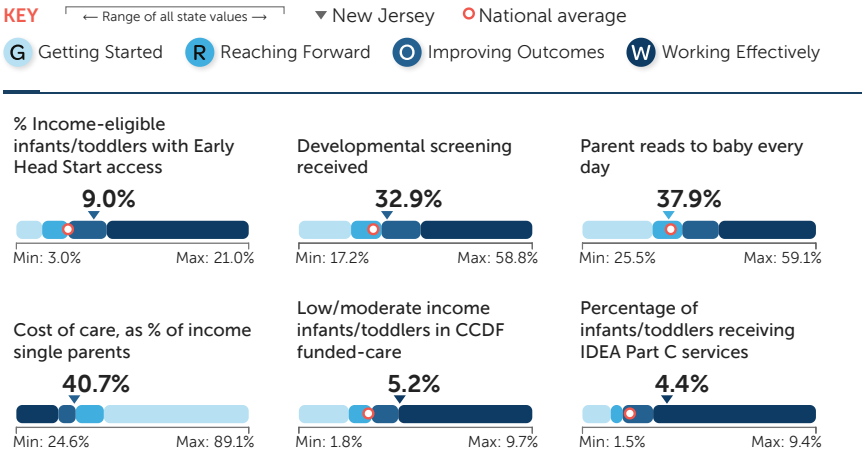
GROW

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



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

R Eligibility limit (% FPL) for pregnant women in Medicaid	**199.0** *National average: 200.0*	O Uninsured low-income infants/toddlers	**4.9%** *National average: 5.8%*
O Low or very low food security	**14.4%** *National average: 16.5%*	R Infants ever breastfed	**82.8%** *National average: 83.2%*
R Infants breastfed at 6 months	**57.6%** *National average: 57.6%*	O Late or no prenatal care received	**5.8%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**15.2%** *National average: 22.0%*	O Preventive medical care received	**94.2%** *National average: 90.7%*
G Preventive dental care received	**24.4%** *National average: 30.0%*	O Babies with low birthweight	**8.1%** *National average: 8.2%*
W Infant mortality rate (deaths per 1,000 live births)	**4.1** *National average: 5.9*	R Received recommended vaccines	**70.2%** *National average: 70.7%*

Strong Families

O Housing instability	**2.2%** *National average: 2.5%*	G Crowded housing	**18.2%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**24.1%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**6.8** *National average: 16.0*
G Unsafe neighborhoods	**11.9%** *National average: 6.3%*	W Family resilience	**88.1%** *National average: 82.6%*
W 1 adverse childhood experience	**16.3%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**8.2%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.3%** *National average: 98.4%*	R Potential home visiting beneficiaries served	**1.4%** *National average: 1.9%*

Positive Early Learning Experiences

R Parent reads to baby every day	**37.9%** *National average: 38.2%*	O Parent sings to baby every day	**62.9%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**9.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**10.7%** *National average: N/A*
O Cost of care, as % of income single parents	**40.7%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**5.2%** *National average: 4.2%*
O Developmental screening received	**32.9%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.0%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**4.4%** *National average: 3.1%*		

The State of New Mexico's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Improving Outcomes

Good Health
GROW
Reaching Forward

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	NEW MEXICO	NATIONAL AVERAGE
Hispanic	60.1%	26.1%
Non-Hispanic White	24.2%	49.3%
American Indian/Alaska Native	9.7%	0.8%
Non-Hispanic other	3.0%	5.1%
Non-Hispanic Black	1.7%	13.8%
Non-Hispanic Asian	1.2%	4.9%

Working moms

	NEW MEXICO	NATIONAL AVERAGE
Mothers in the Labor Force	55.5%	61.5%

Poverty status of infants and toddlers

	NEW MEXICO	NATIONAL AVERAGE
Above Low-Income	41.8%	55.4%
In Poverty	36.7%	22.7%
Low-Income	21.5%	22.0%

Infants and toddlers in poverty, by race

	NEW MEXICO	NATIONAL AVERAGE
Non-Hispanic Other	43.2%	20.0%
Hispanic	39.8%	30.8%
Non-Hispanic White	22.7%	14.6%
Non-Hispanic Black	N/A	39.5%

Family structure

	NEW MEXICO	NATIONAL AVERAGE
2-Parent Family	64.8%	76.3%
1-Parent Family	28.9%	21.5%
No Parents Present	6.3%	2.2%

Grandparent-headed households

	NEW MEXICO	NATIONAL AVERAGE
	15.7%	9.4%

Rural/Non-metro area

	NEW MEXICO	NATIONAL AVERAGE
Living Outside of a Metro Area	29.8%	8.7%

Good Health
In New Mexico

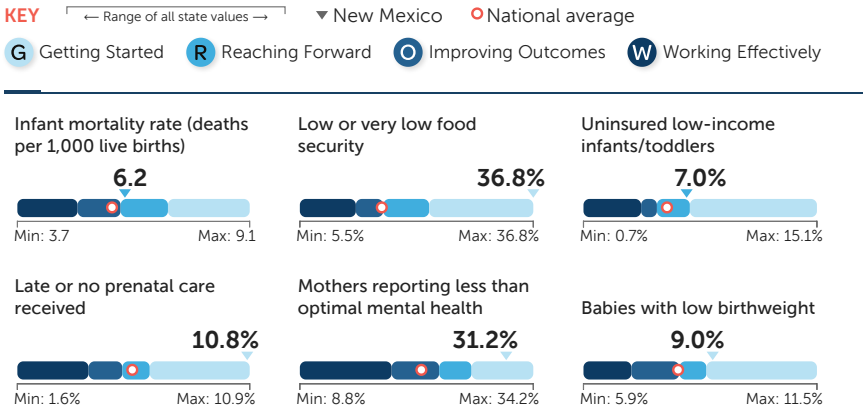
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in New Mexico

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In New Mexico

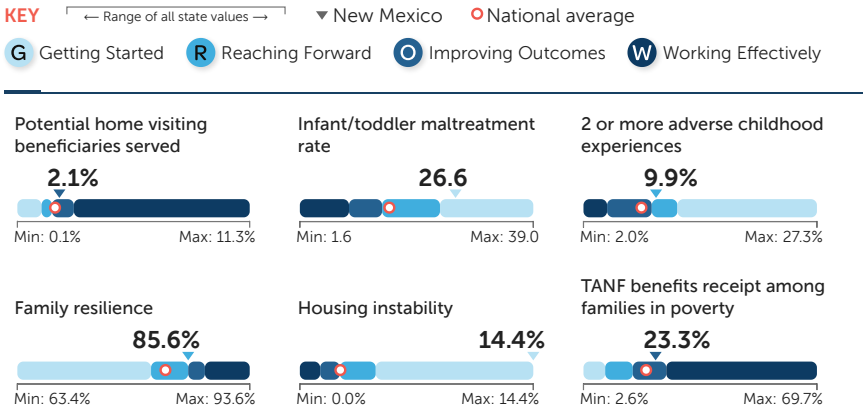
GROW

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



Strong Families Policy in New Mexico

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

Positive Early Learning Experiences

In New Mexico

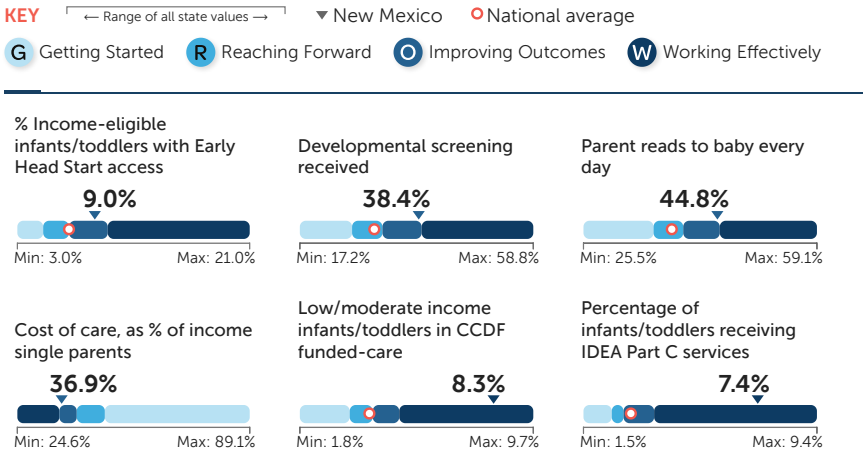
GROW

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



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

W Eligibility limit (% FPL) for pregnant women in Medicaid	**255.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**7.0%** *National average: 5.8%*
G Low or very low food security	**36.8%** *National average: 16.5%*	W Infants ever breastfed	**87.7%** *National average: 83.2%*
O Infants breastfed at 6 months	**59.8%** *National average: 57.6%*	G Late or no prenatal care received	**10.8%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**31.2%** *National average: 22.0%*	G Preventive medical care received	**87.9%** *National average: 90.7%*
W Preventive dental care received	**50.9%** *National average: 30.0%*	G Babies with low birthweight	**9.0%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.2** *National average: 5.9*	R Received recommended vaccines	**68.5%** *National average: 70.7%*

Strong Families

G Housing instability	**14.4%** *National average: 2.5%*	G Crowded housing	**16.7%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**23.3%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**26.6** *National average: 16.0*
R Unsafe neighborhoods	**6.7%** *National average: 6.3%*	R Family resilience	**85.6%** *National average: 82.6%*
R 1 adverse childhood experience	**23.9%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**9.9%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**97.8%** *National average: 98.4%*	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 Parent sings to baby every day	**61.1%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**9.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.3%** *National average: N/A*
O Cost of care, as % of income single parents	**36.9%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**8.3%** *National average: 4.2%*
O Developmental screening received	**38.4%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.3%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**7.4%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Reaching Forward

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

	NEW YORK	NATIONAL AVERAGE
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

	NEW YORK	NATIONAL AVERAGE
Mothers in the Labor Force	58.7%	61.5%

Poverty status of infants and toddlers

	NEW YORK	NATIONAL AVERAGE
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

	NEW YORK	NATIONAL AVERAGE
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

	NEW YORK	NATIONAL AVERAGE
2-Parent Family	80.7%	76.3%
1-Parent Family	17.8%	21.5%
No Parents Present	1.5%	2.2%

Grandparent-headed households

	NEW YORK	NATIONAL AVERAGE
	8.7%	9.4%

Rural/Non-metro area

	NEW YORK	NATIONAL AVERAGE
Living Outside of a Metro Area	3.3%	8.7%

Good Health
In New York

GROW

What is Good Health?

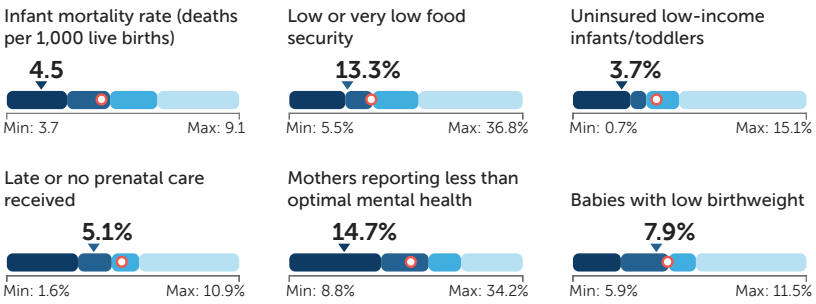
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
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 ✓

Strong Families
In New York

GROW

What Defines Strong Families?

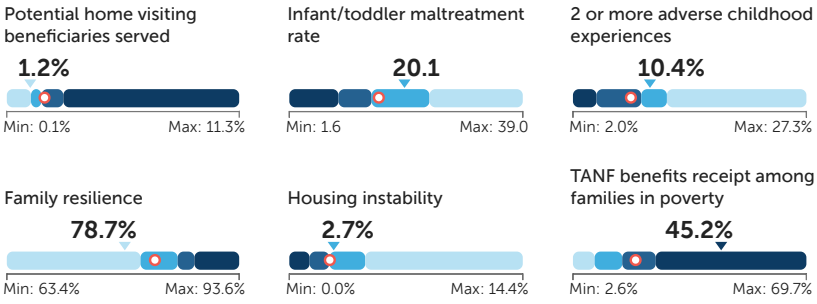
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	Yes ✓

Positive Early Learning Experiences

In New York

GROW

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.

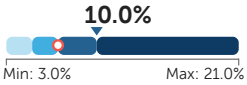
New York scores in the Reaching Forward (R) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's low ranking in the Positive Early Learning Experiences domain reflects that nearly half of the indicators fall in 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

KEY ← Range of all state values → ▼ New York ○ National average

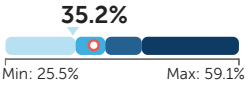
G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively

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

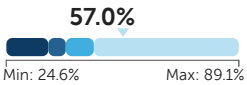


Developmental screening received

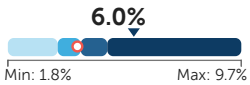
Parent reads to baby every day



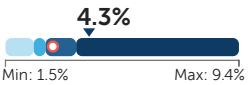
Cost of care, as % of income single parents



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



Percentage of infants/toddlers receiving IDEA Part C services



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

W Eligibility limit (% FPL) for pregnant women in Medicaid	**223.0** *National average: 200.0*	W Uninsured low-income infants/toddlers	**3.7%** *National average: 5.8%*
O Low or very low food security	**13.3%** *National average: 16.5%*	O Infants ever breastfed	**85.1%** *National average: 83.2%*
O Infants breastfed at 6 months	**59.5%** *National average: 57.6%*	O Late or no prenatal care received	**5.1%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**14.7%** *National average: 22.0%*	G Preventive medical care received	**84.0%** *National average: 90.7%*
R Preventive dental care received	**26.4%** *National average: 30.0%*	O Babies with low birthweight	**7.9%** *National average: 8.2%*
W Infant mortality rate (deaths per 1,000 live births)	**4.5** *National average: 5.9*	O Received recommended vaccines	**72.3%** *National average: 70.7%*

Strong Families

R Housing instability	**2.7%** *National average: 2.5%*	G Crowded housing	**26.4%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**45.2%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**20.1** *National average: 16.0*
G Unsafe neighborhoods	**11.0%** *National average: 6.3%*	G Family resilience	**78.7%** *National average: 82.6%*
G 1 adverse childhood experience	**31.3%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**10.4%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**99.6%** *National average: 98.4%*	G Potential home visiting beneficiaries served	**1.2%** *National average: 1.9%*

Positive Early Learning Experiences

G Parent reads to baby every day	**35.2%** *National average: 38.2%*	R Parent sings to baby every day	**54.8%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**10.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**15.7%** *National average: N/A*
G Cost of care, as % of income single parents	**57.0%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**6.0%** *National average: 4.2%*
G Developmental screening received	**17.5%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**4.3%** *National average: 3.1%*		

The State of North Carolina's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Improving Outcomes

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	NC	National
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

	NC	National
Mothers in the Labor Force	59.8%	61.5%

Poverty status of infants and toddlers

	NC	National
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

	NC	National
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

	NC	National
2-Parent Family	72.2%	76.3%
1-Parent Family	24.9%	21.5%
No Parents Present	3.0%	2.2%

Grandparent-headed households

	NC	National
	9.7%	9.4%

Rural/Non-metro area

	NC	National
Living Outside of a Metro Area	14.9%	8.7%

Good Health
In North Carolina

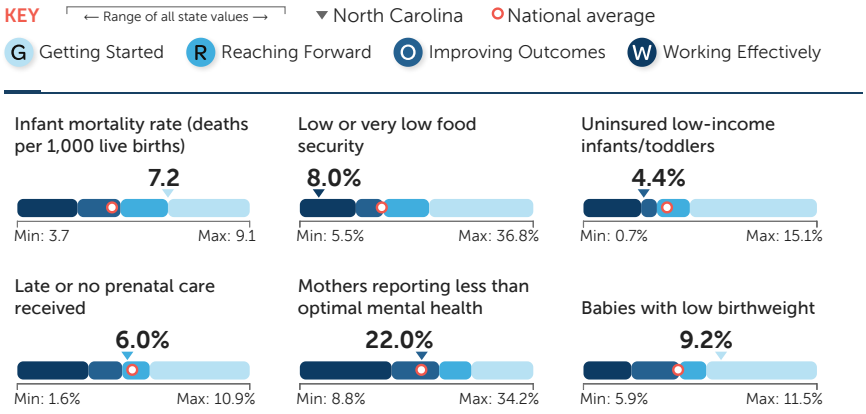
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In North Carolina

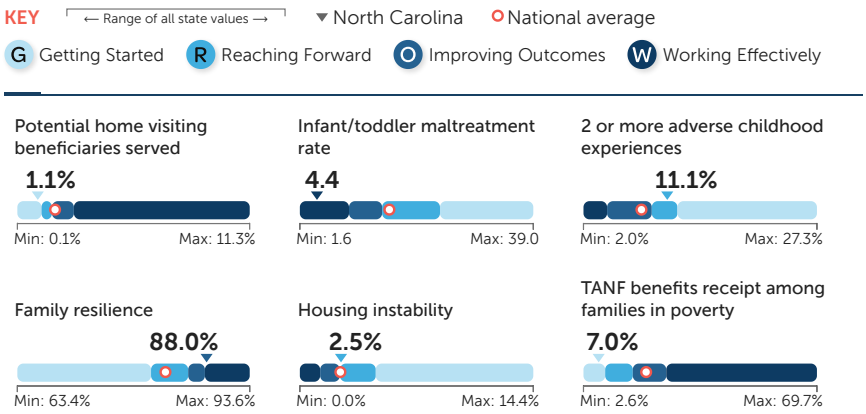
GROW

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



Strong Families Policy in North Carolina

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

Positive Early Learning Experiences

In North Carolina

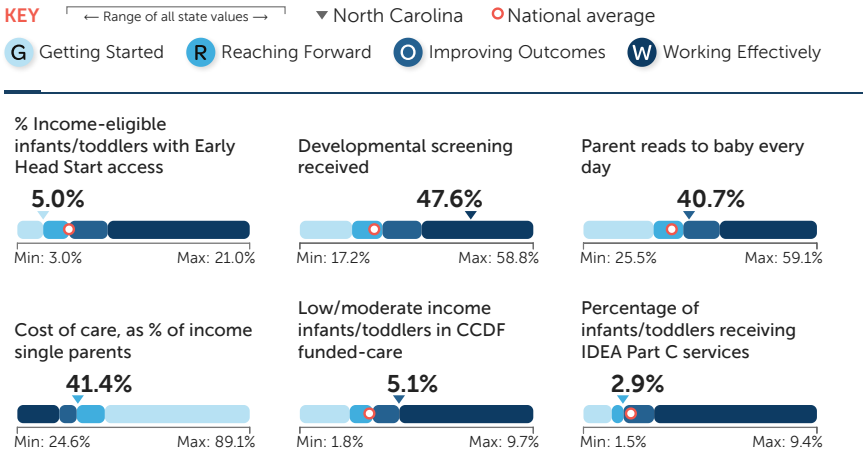
GROW

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



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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**201.0** *National average: 200.0*	O Uninsured low-income infants/toddlers	**4.4%** *National average: 5.8%*
W Low or very low food security	**8.0%** *National average: 16.5%*	O Infants ever breastfed	**84.9%** *National average: 83.2%*
O Infants breastfed at 6 months	**58.8%** *National average: 57.6%*	R Late or no prenatal care received	**6.0%** *National average: 6.2%*
O Mothers reporting less than optimal mental health	**22.0%** *National average: 22.0%*	R Preventive medical care received	**91.3%** *National average: 90.7%*
O Preventive dental care received	**36.1%** *National average: 30.0%*	G Babies with low birthweight	**9.2%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**7.2** *National average: 5.9*	W Received recommended vaccines	**77.8%** *National average: 70.7%*

Strong Families

R Housing instability	**2.5%** *National average: 2.5%*	R Crowded housing	**11.1%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**7.0%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**4.4** *National average: 16.0*
W Unsafe neighborhoods	**1.2%** *National average: 6.3%*	O Family resilience	**88.0%** *National average: 82.6%*
G 1 adverse childhood experience	**28.8%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**11.1%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**97.8%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**60.3%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.9%** *National average: N/A*
R Cost of care, as % of income single parents	**41.4%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**5.1%** *National average: 4.2%*
W Developmental screening received	**47.6%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.9%** *National average: 3.1%*		

The State of North Dakota's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Reaching Forward

Good Health
GROW
Reaching Forward

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

Non-Hispanic White
74.4%
49.3%

Hispanic
7.4%
26.1%

American Indian/Alaska Native
6.8%
0.8%

Non-Hispanic other
5.1%
5.1%

Non-Hispanic Black
4.5%
13.8%

Non-Hispanic Asian
1.7%
4.9%

Working moms

Mothers in the Labor Force
71.4%
61.5%

Poverty status of infants and toddlers

Above Low-Income
73.1%
55.4%

Low-Income
15.5%
22.0%

In Poverty
11.4%
22.7%

Infants and toddlers in poverty, by race

Non-Hispanic Other
39.4%
20.0%

Non-Hispanic White
5.0%
14.6%

Non-Hispanic Black
N/A
39.5%

Hispanic
N/A
30.8%

Family structure

2-Parent Family
82.6%
76.3%

1-Parent Family
15.7%
21.5%

No Parents Present
1.8%
2.2%

Grandparent-headed households

2.3%
9.4%

Rural/Non-metro area

Living Outside of a Metro Area
35.7%
8.7%

Good Health
In North Dakota

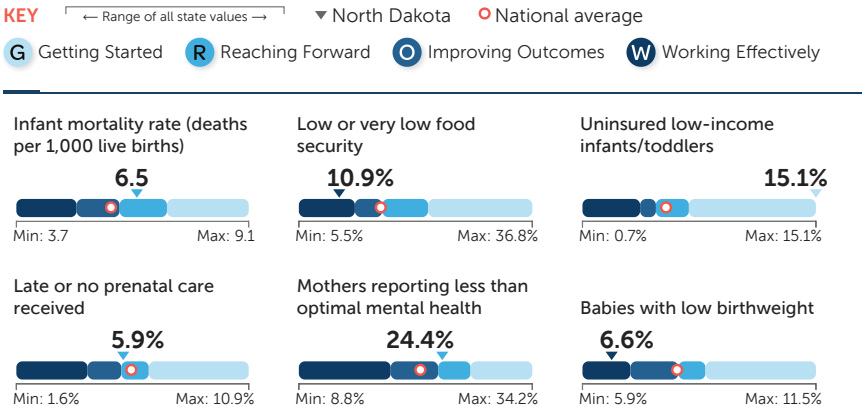
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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 line), in comparison to other states.

Six Key Indicators of Good Health



Good Health Policy in North Dakota

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In North Dakota

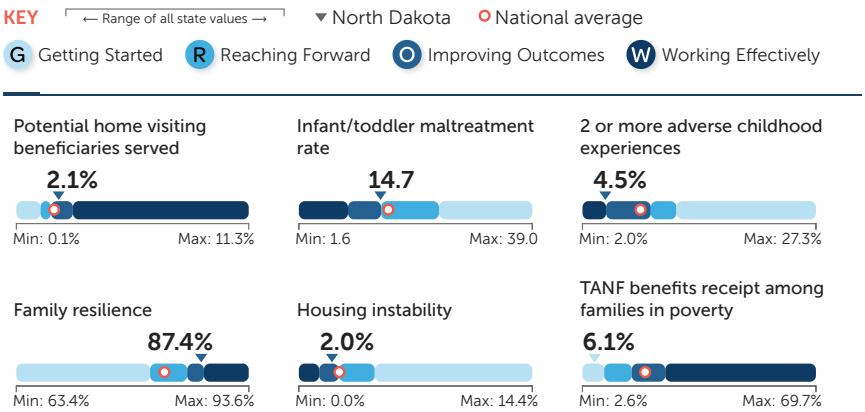
GROW

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



Strong Families Policy in North Dakota

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

Positive Early Learning Experiences

In North Dakota

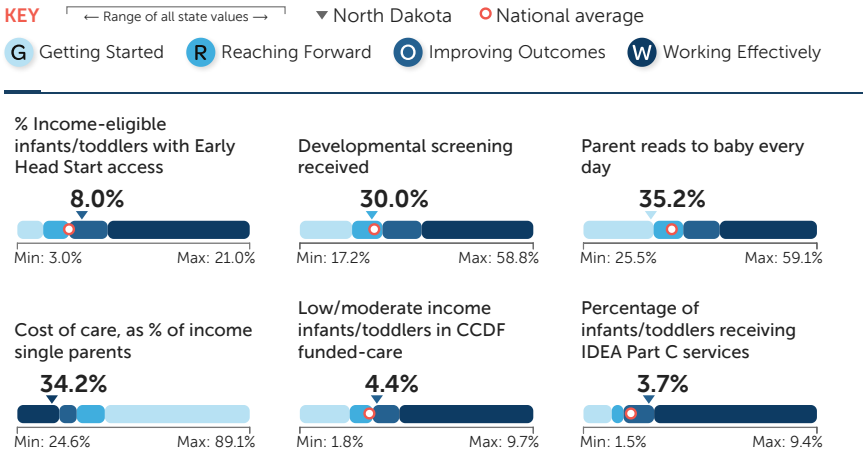
GROW

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



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*	G Uninsured low-income infants/toddlers	**15.1%** *National average: 5.8%*
W Low or very low food security	**10.9%** *National average: 16.5%*	R Infants ever breastfed	**81.7%** *National average: 83.2%*
R Infants breastfed at 6 months	**58.2%** *National average: 57.6%*	R Late or no prenatal care received	**5.9%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**24.4%** *National average: 22.0%*	O Preventive medical care received	**94.4%** *National average: 90.7%*
G Preventive dental care received	**17.4%** *National average: 30.0%*	W Babies with low birthweight	**6.6%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.5** *National average: 5.9*	R Received recommended vaccines	**68.2%** *National average: 70.7%*

Strong Families

O Housing instability	**2.0%** *National average: 2.5%*	W Crowded housing	**7.8%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**6.1%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**14.7** *National average: 16.0*
W Unsafe neighborhoods	**1.9%** *National average: 6.3%*	O Family resilience	**87.4%** *National average: 82.6%*
R 1 adverse childhood experience	**22.7%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**4.5%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**87.0%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**50.6%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**8.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**9.3%** *National average: N/A*
W Cost of care, as % of income single parents	**34.2%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.4%** *National average: 4.2%*
R Developmental screening received	**30.0%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.6%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.7%** *National average: 3.1%*		

The State of Ohio's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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 line (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

	OHIO	NATIONAL AVERAGE
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

	OHIO	NATIONAL AVERAGE
Mothers in the Labor Force	66.5%	61.5%

Poverty status of infants and toddlers

	OHIO	NATIONAL AVERAGE
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

	OHIO	NATIONAL AVERAGE
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

	OHIO	NATIONAL AVERAGE
2-Parent Family	70.0%	76.3%
1-Parent Family	27.4%	21.5%
No Parents Present	2.6%	2.2%

Grandparent-headed households

	OHIO	NATIONAL AVERAGE
	8.5%	9.4%

Rural/Non-metro area

	OHIO	NATIONAL AVERAGE
Living Outside of a Metro Area	17.3%	8.7%

Good Health
In Ohio

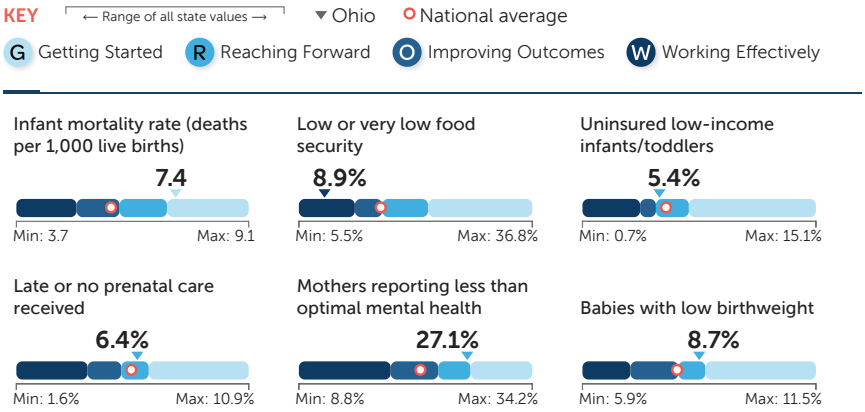
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in Ohio

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In Ohio

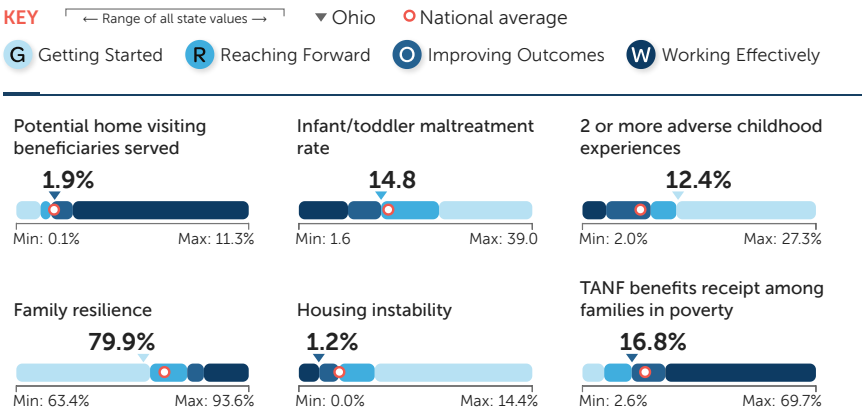
GROW

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



Strong Families Policy in Ohio

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

Positive Early Learning Experiences

In Ohio

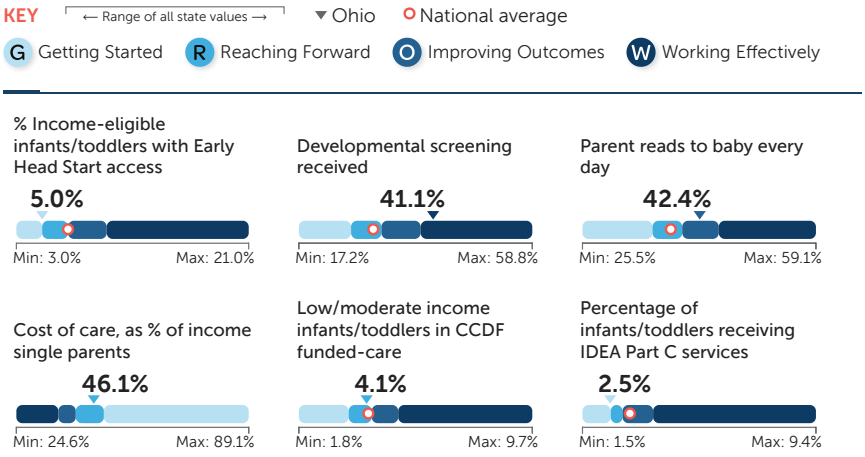
GROW

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



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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**205.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**5.4%** *National average: 5.8%*
W Low or very low food security	**8.9%** *National average: 16.5%*	R Infants ever breastfed	**81.9%** *National average: 83.2%*
R Infants breastfed at 6 months	**53.1%** *National average: 57.6%*	R Late or no prenatal care received	**6.4%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**27.1%** *National average: 22.0%*	W Preventive medical care received	**98.8%** *National average: 90.7%*
G Preventive dental care received	**21.4%** *National average: 30.0%*	R Babies with low birthweight	**8.7%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**7.4** *National average: 5.9*	G Received recommended vaccines	**68.0%** *National average: 70.7%*

Strong Families

O Housing instability	**1.2%** *National average: 2.5%*	W Crowded housing	**9.0%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**16.8%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**14.8** *National average: 16.0*
O Unsafe neighborhoods	**3.7%** *National average: 6.3%*	G Family resilience	**79.9%** *National average: 82.6%*
O 1 adverse childhood experience	**19.2%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**12.4%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**99.7%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**57.8%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.6%** *National average: N/A*
R Cost of care, as % of income single parents	**46.1%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**4.1%** *National average: 4.2%*
W Developmental screening received	**41.1%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**0.9%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.5%** *National average: 3.1%*		

The State of Oklahoma's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
Improving Outcomes

Demographics

Infants and toddlers in Oklahoma

Overview

Oklahoma is home to 157,083 infants and toddlers, representing 4 percent of the state's population. As many as 48 percent live in households with incomes less than twice the federal poverty line (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

	OKLAHOMA	NATIONAL AVERAGE
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

	OKLAHOMA	NATIONAL AVERAGE
Mothers in the Labor Force	58.4%	61.5%

Poverty status of infants and toddlers

	OKLAHOMA	NATIONAL AVERAGE
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

	OKLAHOMA	NATIONAL AVERAGE
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

	OKLAHOMA	NATIONAL AVERAGE
2-Parent Family	74.6%	76.3%
1-Parent Family	23.1%	21.5%
No Parents Present	2.3%	2.2%

Grandparent-headed households

	OKLAHOMA	NATIONAL AVERAGE
	6.9%	9.4%

Rural/Non-metro area

	OKLAHOMA	NATIONAL AVERAGE
Living Outside of a Metro Area	20.2%	8.7%

Good Health
In Oklahoma

GROW

What is Good Health?

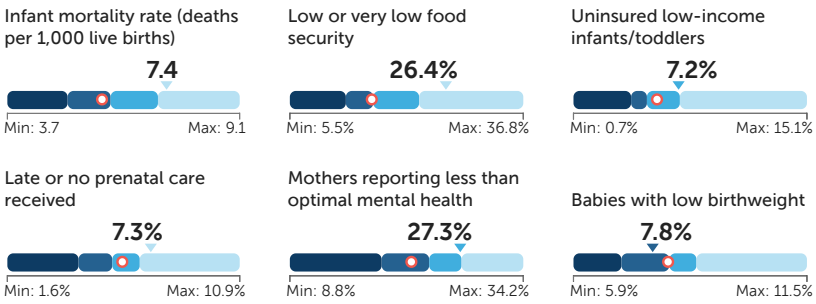
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓

Strong Families
In Oklahoma

GROW

What Defines Strong Families?

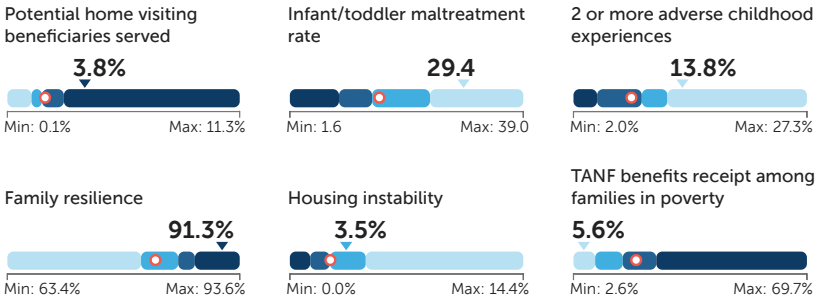
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗

Positive Early Learning Experiences
In Oklahoma

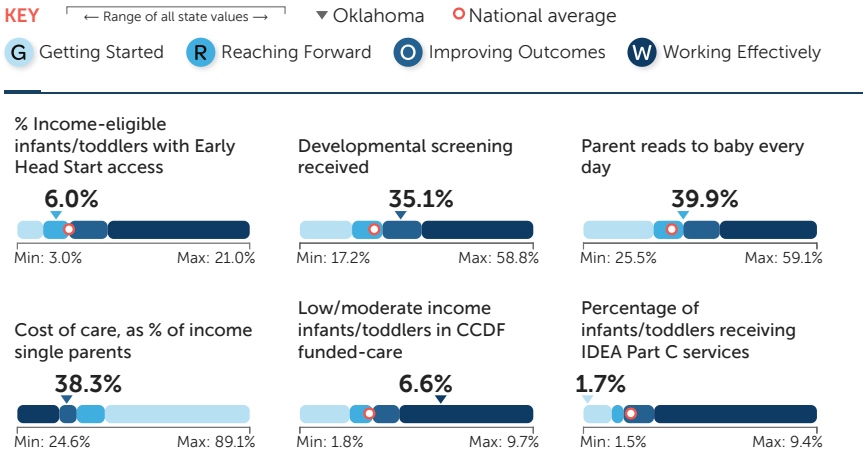
GROW

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



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

G Eligibility limit (% FPL) for pregnant women in Medicaid	**138.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**7.2%** *National average: 5.8%*
G Low or very low food security	**26.4%** *National average: 16.5%*	G Infants ever breastfed	**75.9%** *National average: 83.2%*
G Infants breastfed at 6 months	**49.0%** *National average: 57.6%*	G Late or no prenatal care received	**7.3%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**27.3%** *National average: 22.0%*	R Preventive medical care received	**90.8%** *National average: 90.7%*
R Preventive dental care received	**27.7%** *National average: 30.0%*	O Babies with low birthweight	**7.8%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**7.4** *National average: 5.9*	G Received recommended vaccines	**67.0%** *National average: 70.7%*

Strong Families

R Housing instability	**3.5%** *National average: 2.5%*	R Crowded housing	**11.5%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**5.6%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**29.4** *National average: 16.0*
G Unsafe neighborhoods	**9.0%** *National average: 6.3%*	W Family resilience	**91.3%** *National average: 82.6%*
G 1 adverse childhood experience	**31.9%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**13.8%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**96.0%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**54.4%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.5%** *National average: N/A*
O Cost of care, as % of income single parents	**38.3%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**6.6%** *National average: 4.2%*
O Developmental screening received	**35.1%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.2%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**1.7%** *National average: 3.1%*		

The State of Oregon's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Improving Outcomes

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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%

Good Health
In Oregon

GROW

What is Good Health?

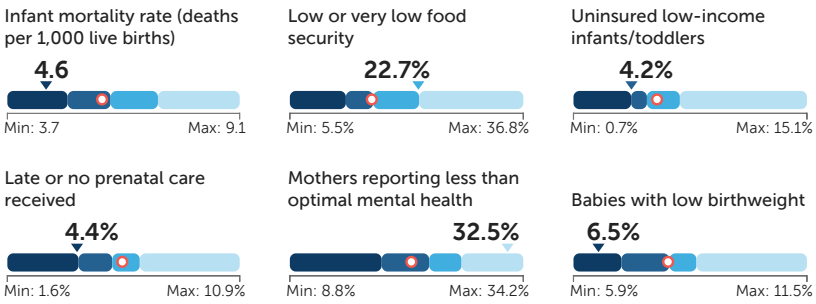
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 O National average

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



Good Health Policy in Oregon

Medicaid expansion state	Yes ✓
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 ✓

Strong Families
In Oregon

GROW

What Defines Strong Families?

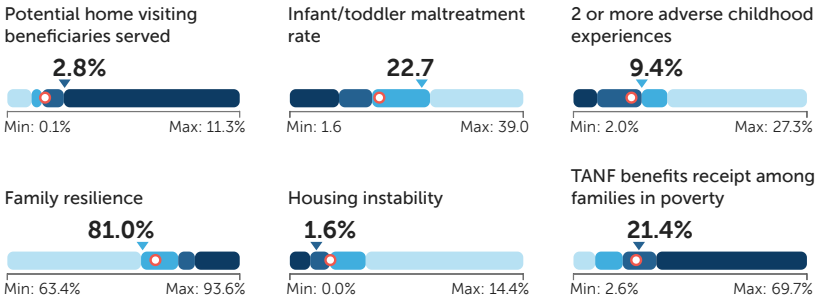
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 O 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 ✓
Paid family leave	No ✗

Positive Early Learning Experiences

In Oregon

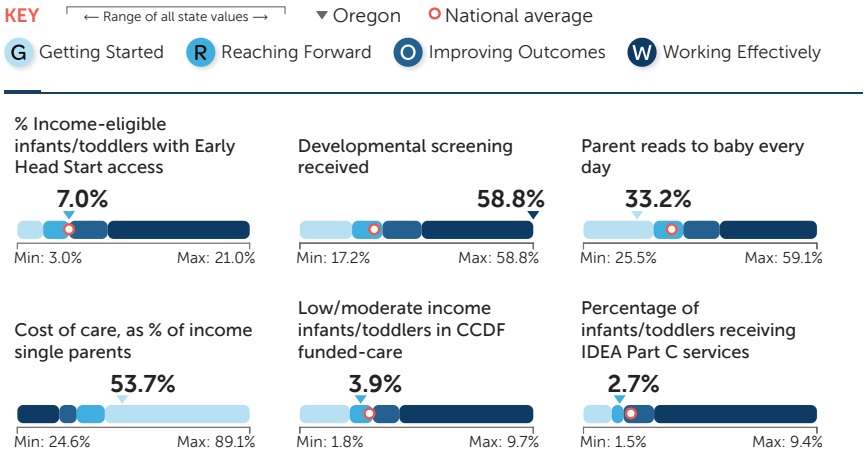
GROW

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



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

R Eligibility limit (% FPL) for pregnant women in Medicaid	**190.0** *National average: 200.0*	O Uninsured low-income infants/toddlers	**4.2%** *National average: 5.8%*
R Low or very low food security	**22.7%** *National average: 16.5%*	W Infants ever breastfed	**89.4%** *National average: 83.2%*
W Infants breastfed at 6 months	**72.5%** *National average: 57.6%*	W Late or no prenatal care received	**4.4%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**32.5%** *National average: 22.0%*	O Preventive medical care received	**93.5%** *National average: 90.7%*
O Preventive dental care received	**36.5%** *National average: 30.0%*	W Babies with low birthweight	**6.5%** *National average: 8.2%*
W Infant mortality rate (deaths per 1,000 live births)	**4.6** *National average: 5.9*	G Received recommended vaccines	**58.1%** *National average: 70.7%*

Strong Families

O Housing instability	**1.6%** *National average: 2.5%*	G Crowded housing	**14.7%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**21.4%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**22.7** *National average: 16.0*
O Unsafe neighborhoods	**4.2%** *National average: 6.3%*	R Family resilience	**81.0%** *National average: 82.6%*
W 1 adverse childhood experience	**17.5%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**9.4%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**97.7%** *National average: 98.4%*	O Potential home visiting beneficiaries served	**2.8%** *National average: 1.9%*

Positive Early Learning Experiences

G Parent reads to baby every day	**33.2%** *National average: 38.2%*	G Parent sings to baby every day	**54.6%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**7.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**15.8%** *National average: N/A*
G Cost of care, as % of income single parents	**53.7%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.9%** *National average: 4.2%*
W Developmental screening received	**58.8%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.7%** *National average: 3.1%*		

The State of Pennsylvania's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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 line (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%

Good Health
In Pennsylvania

GROW

What is Good Health?

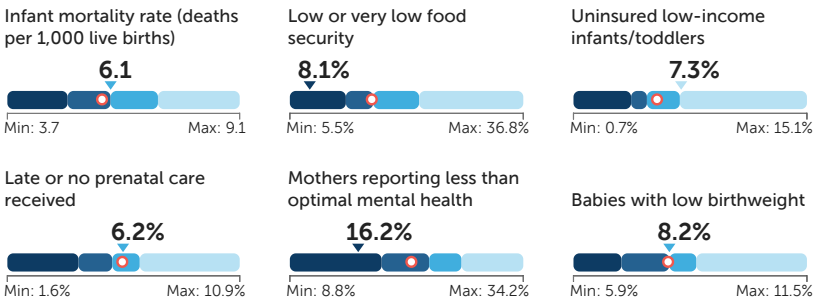
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 ✓
State Medicaid policy for maternal depression screening in well-child visits	Required
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 ✗

Strong Families
In Pennsylvania

GROW

What Defines Strong Families?

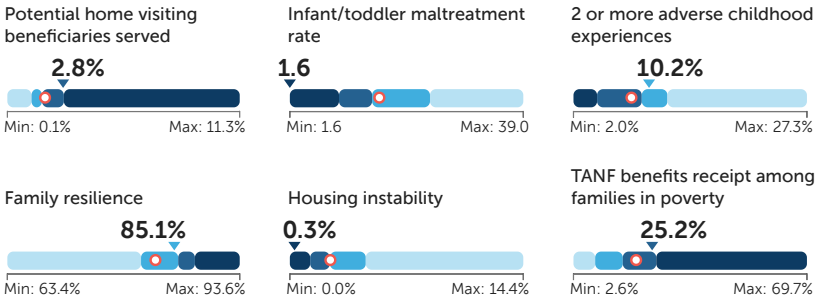
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Pennsylvania

GROW

What Defines Positive Early Learning Experiences?

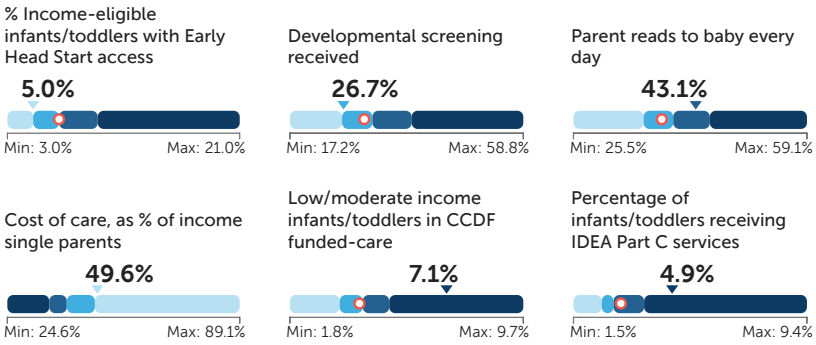
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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 O 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

W Eligibility limit (% FPL) for pregnant women in Medicaid	**220.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**7.3%** *National average: 5.8%*
W Low or very low food security	**8.1%** *National average: 16.5%*	O Infants ever breastfed	**83.8%** *National average: 83.2%*
O Infants breastfed at 6 months	**59.2%** *National average: 57.6%*	R Late or no prenatal care received	**6.2%** *National average: 6.2%*
W Mothers reporting less than optimal mental health	**16.2%** *National average: 22.0%*	W Preventive medical care received	**95.0%** *National average: 90.7%*
R Preventive dental care received	**28.3%** *National average: 30.0%*	R Babies with low birthweight	**8.2%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.1** *National average: 5.9*	O Received recommended vaccines	**73.7%** *National average: 70.7%*

Strong Families

W Housing instability	**0.3%** *National average: 2.5%*	O Crowded housing	**10.3%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**25.2%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**1.6** *National average: 16.0*
R Unsafe neighborhoods	**6.4%** *National average: 6.3%*	R Family resilience	**85.1%** *National average: 82.6%*
R 1 adverse childhood experience	**22.9%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**10.2%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**92.0%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**57.6%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**13.3%** *National average: N/A*
G Cost of care, as % of income single parents	**49.6%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**7.1%** *National average: 4.2%*
R Developmental screening received	**26.7%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.8%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**4.9%** *National average: 3.1%*		

The State of Rhode Island's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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 line (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

	RHODE ISLAND	NATIONAL AVERAGE
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

	RHODE ISLAND	NATIONAL AVERAGE
Mothers in the Labor Force	60.7%	61.5%

Poverty status of infants and toddlers

	RHODE ISLAND	NATIONAL AVERAGE
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

	RHODE ISLAND	NATIONAL AVERAGE
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

	RHODE ISLAND	NATIONAL AVERAGE
2-Parent Family	72.5%	76.3%
1-Parent Family	25.8%	21.5%
No Parents Present	1.8%	2.2%

Grandparent-headed households

	RHODE ISLAND	NATIONAL AVERAGE
	7.4%	9.4%

Rural/Non-metro area

	RHODE ISLAND	NATIONAL AVERAGE
Living Outside of a Metro Area	0.0%	8.7%

Good Health
In Rhode Island

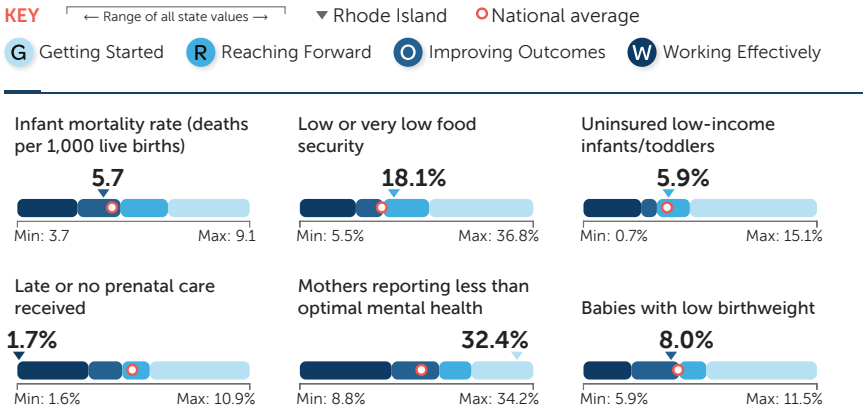
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



Good Health Policy in Rhode Island

Medicaid expansion state	Yes ☑
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 ☑

Strong Families
In Rhode Island

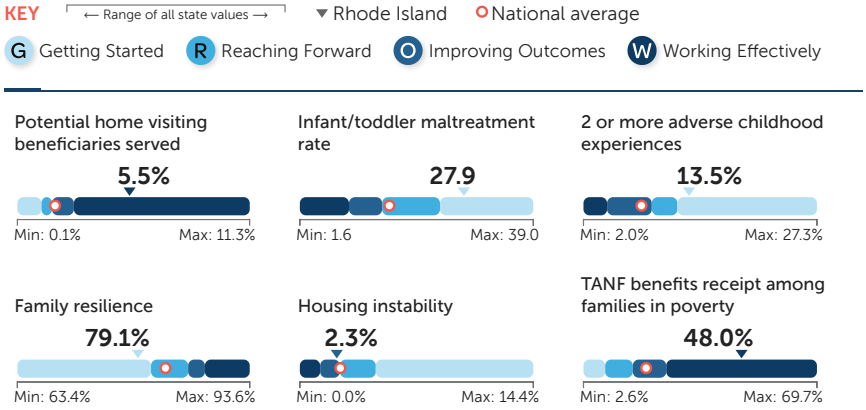
GROW

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



Strong Families Policy in Rhode Island

Paid sick time that covers care for child	Yes ☑
Paid family leave	Yes ☑

Positive Early Learning Experiences

In Rhode Island

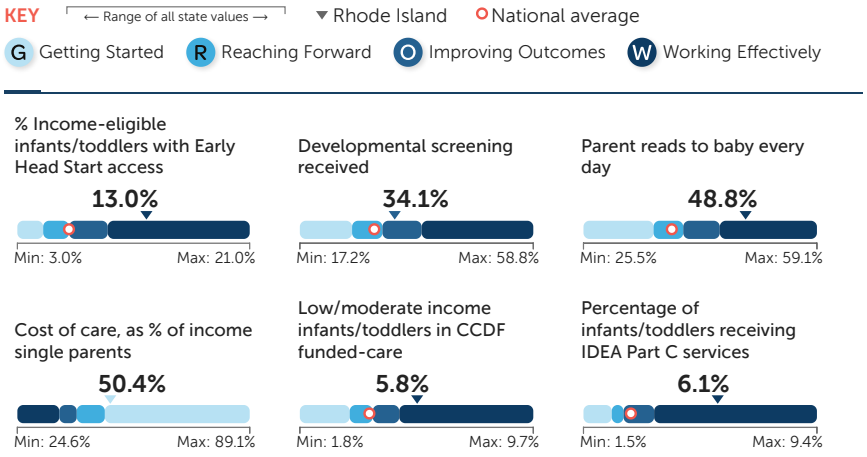
GROW

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 line, 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



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

R Eligibility limit (% FPL) for pregnant women in Medicaid	**195.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**5.9%** *National average: 5.8%*
R Low or very low food security	**18.1%** *National average: 16.5%*	R Infants ever breastfed	**81.4%** *National average: 83.2%*
G Infants breastfed at 6 months	**49.6%** *National average: 57.6%*	W Late or no prenatal care received	**1.7%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**32.4%** *National average: 22.0%*	W Preventive medical care received	**95.1%** *National average: 90.7%*
O Preventive dental care received	**36.3%** *National average: 30.0%*	O Babies with low birthweight	**8.0%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.7** *National average: 5.9*	O Received recommended vaccines	**75.5%** *National average: 70.7%*

Strong Families

O Housing instability	**2.3%** *National average: 2.5%*	O Crowded housing	**9.6%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**48.0%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**27.9** *National average: 16.0*
O Unsafe neighborhoods	**2.2%** *National average: 6.3%*	G Family resilience	**79.1%** *National average: 82.6%*
R 1 adverse childhood experience	**23.9%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**13.5%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.0%** *National average: 98.4%*	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 Parent sings to baby every day	**65.1%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**13.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**13.3%** *National average: N/A*
G Cost of care, as % of income single parents	**50.4%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**5.8%** *National average: 4.2%*
O Developmental screening received	**34.1%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.4%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**6.1%** *National average: 3.1%*		

The State of South Carolina's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Reaching Forward

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	SOUTH CAROLINA	NATIONAL AVERAGE
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

	SOUTH CAROLINA	NATIONAL AVERAGE
Mothers in the Labor Force	50.3%	61.5%

Poverty status of infants and toddlers

	SOUTH CAROLINA	NATIONAL AVERAGE
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

	SOUTH CAROLINA	NATIONAL AVERAGE
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

	SOUTH CAROLINA	NATIONAL AVERAGE
2-Parent Family	68.6%	76.3%
1-Parent Family	28.2%	21.5%
No Parents Present	3.2%	2.2%

Grandparent-headed households

	SOUTH CAROLINA	NATIONAL AVERAGE
	15.4%	9.4%

Rural/Non-metro area

	SOUTH CAROLINA	NATIONAL AVERAGE
Living Outside of a Metro Area	9.6%	8.7%

Good Health
In South Carolina

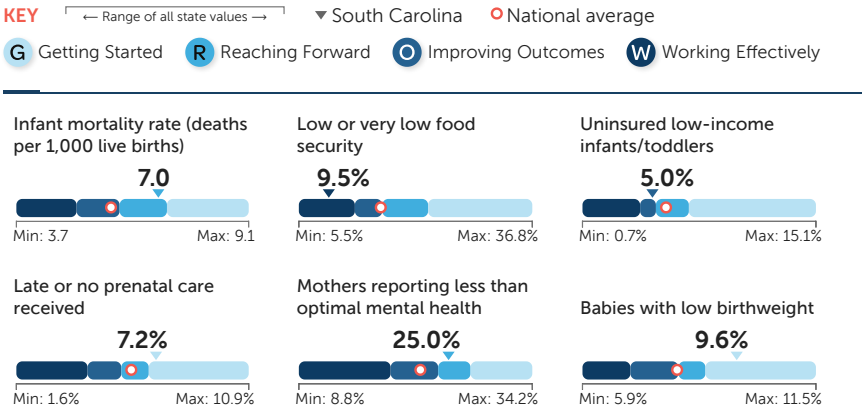
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In South Carolina

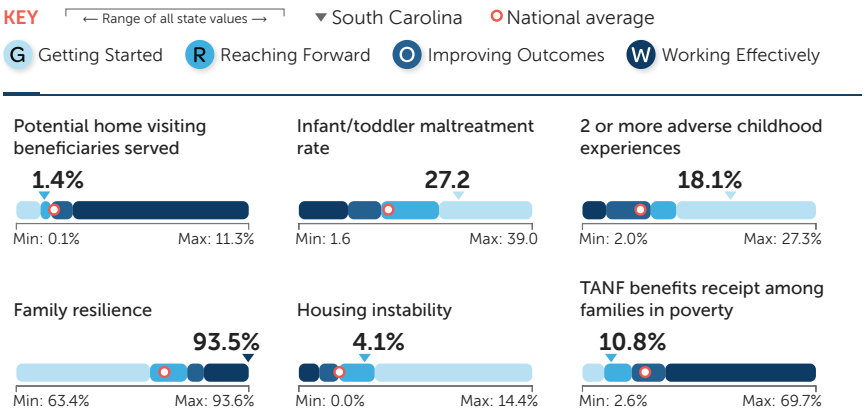
GROW

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



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

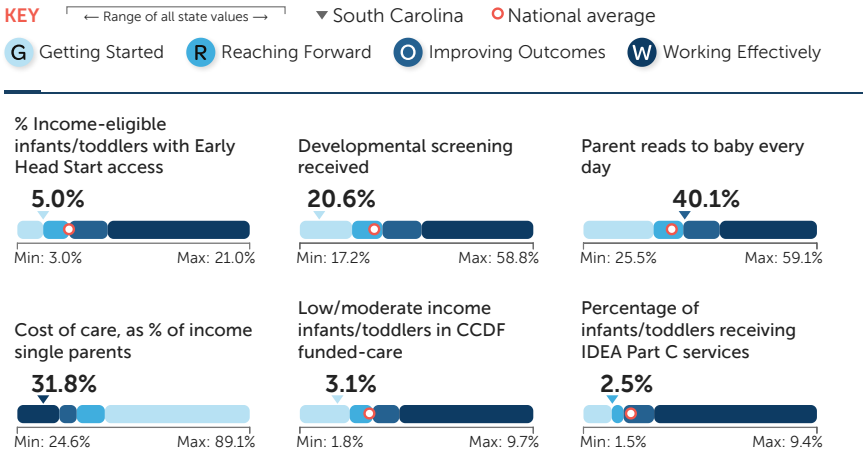
GROW

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



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

R Eligibility limit (% FPL) for pregnant women in Medicaid	**199.0** *National average: 200.0*	O Uninsured low-income infants/toddlers	**5.0%** *National average: 5.8%*
W Low or very low food security	**9.5%** *National average: 16.5%*	G Infants ever breastfed	**76.4%** *National average: 83.2%*
G Infants breastfed at 6 months	**45.1%** *National average: 57.6%*	G Late or no prenatal care received	**7.2%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**25.0%** *National average: 22.0%*	R Preventive medical care received	**91.4%** *National average: 90.7%*
W Preventive dental care received	**49.3%** *National average: 30.0%*	G Babies with low birthweight	**9.6%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**7.0** *National average: 5.9*	R Received recommended vaccines	**69.7%** *National average: 70.7%*

Strong Families

R Housing instability	**4.1%** *National average: 2.5%*	W Crowded housing	**8.5%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**10.8%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**27.2** *National average: 16.0*
R Unsafe neighborhoods	**4.7%** *National average: 6.3%*	W Family resilience	**93.5%** *National average: 82.6%*
R 1 adverse childhood experience	**23.4%** *National average: 21.9%*	G 2 or more adverse childhood experiences	**18.1%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.3%** *National average: 98.4%*	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 Parent sings to baby every day	**54.5%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**5.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**8.7%** *National average: N/A*
W Cost of care, as % of income single parents	**31.8%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**3.1%** *National average: 4.2%*
G Developmental screening received	**20.6%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**5.6%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.5%** *National average: 3.1%*		

The State of South Dakota's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Improving Outcomes

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Getting Started

Positive Early Learning Experiences
GROW
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 line (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

Non-Hispanic White
70.4%
49.3%

American Indian/Alaska Native
12.7%
0.8%

Hispanic
7.2%
26.1%

Non-Hispanic other
5.0%
5.1%

Non-Hispanic Black
3.0%
13.8%

Non-Hispanic Asian
1.6%
4.9%

Working moms

Mothers in the Labor Force
66.0%
61.5%

Poverty status of infants and toddlers

Above Low-Income
52.9%
55.4%

Low-Income
25.3%
22.0%

In Poverty
21.8%
22.7%

Infants and toddlers in poverty, by race

Non-Hispanic Other
60.4%
20.0%

Non-Hispanic White
7.4%
14.6%

Non-Hispanic Black
N/A
39.5%

Hispanic
N/A
30.8%

Family structure

2-Parent Family
77.1%
76.3%

1-Parent Family
20.9%
21.5%

No Parents Present
2.0%
2.2%

Grandparent-headed households

6.5%
9.4%

Rural/Non-metro area

Living Outside of a Metro Area
66.0%
8.7%

Good Health
In South Dakota

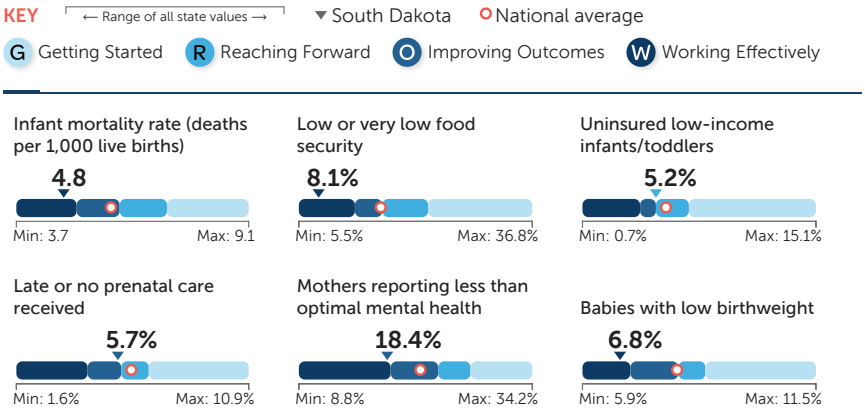
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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 line) 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



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

Strong Families
In South Dakota

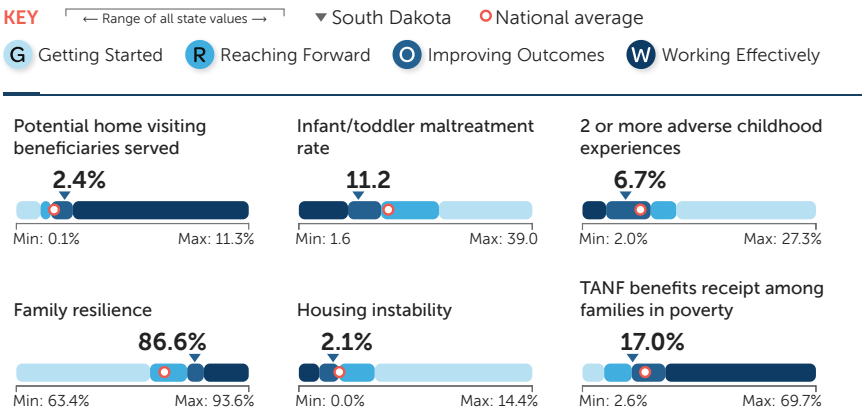
GROW

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



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

GROW

What Defines Positive Early Learning Experiences?

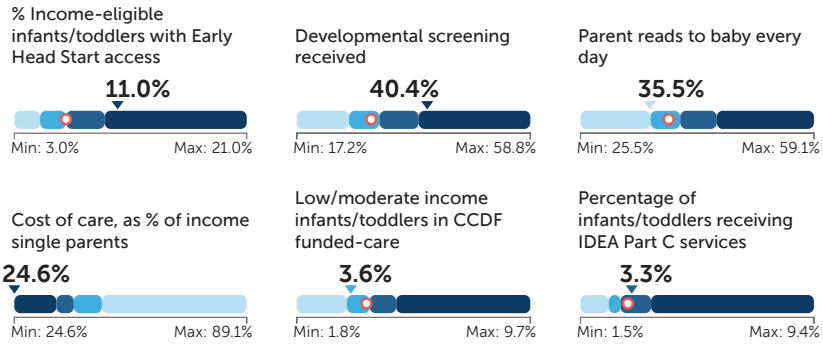
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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 falls 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

G Eligibility limit (% FPL) for pregnant women in Medicaid	**138.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**5.2%** *National average: 5.8%*
W Low or very low food security	**8.1%** *National average: 16.5%*	R Infants ever breastfed	**83.3%** *National average: 83.2%*
O Infants breastfed at 6 months	**62.6%** *National average: 57.6%*	O Late or no prenatal care received	**5.7%** *National average: 6.2%*
O Mothers reporting less than optimal mental health	**18.4%** *National average: 22.0%*	R Preventive medical care received	**92.8%** *National average: 90.7%*
R Preventive dental care received	**28.4%** *National average: 30.0%*	W Babies with low birthweight	**6.8%** *National average: 8.2%*
W Infant mortality rate (deaths per 1,000 live births)	**4.8** *National average: 5.9*	R Received recommended vaccines	**70.4%** *National average: 70.7%*

Strong Families

O Housing instability	**2.1%** *National average: 2.5%*	O Crowded housing	**11.0%** *National average: 15.6%*
O TANF benefits receipt among families in poverty	**17.0%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**11.2** *National average: 16.0*
W Unsafe neighborhoods	**1.6%** *National average: 6.3%*	O Family resilience	**86.6%** *National average: 82.6%*
G 1 adverse childhood experience	**26.9%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**6.7%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**82.1%** *National average: 98.4%*	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%*	G Parent sings to baby every day	**52.1%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**11.0%** *National average: 7.0%*	W Cost of care, as % of income married families	**7.7%** *National average: N/A*
W Cost of care, as % of income single parents	**24.6%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.6%** *National average: 4.2%*
W Developmental screening received	**40.4%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.0%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.3%** *National average: 3.1%*		

The State of Tennessee's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
Getting Started

Demographics

Infants and toddlers in Tennessee

Overview

Tenneesee 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 line (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%

Good Health
In Tennessee

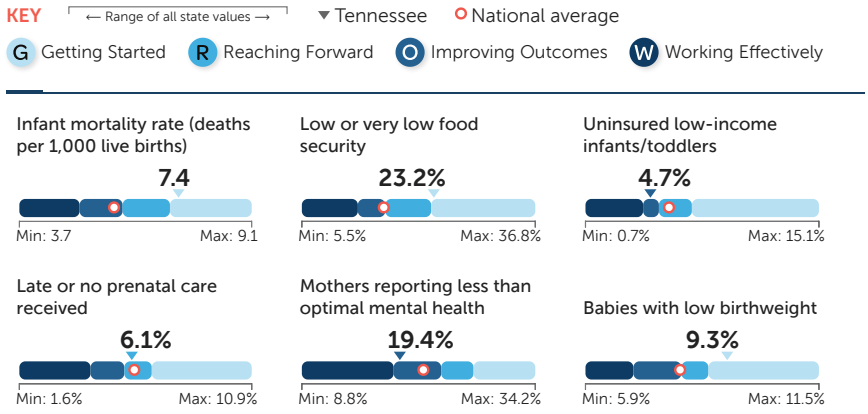
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In Tennessee

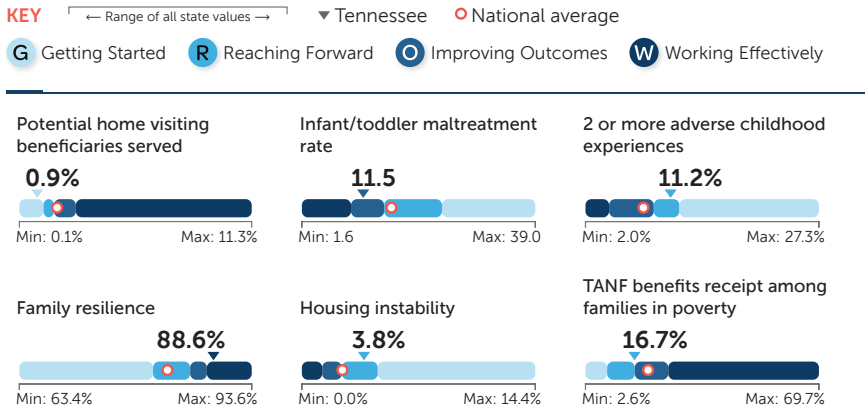
GROW

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 that 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



Strong Families Policy in Tennessee

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

Positive Early Learning Experiences

In Tennessee

GROW

What Defines Positive Early Learning Experiences?

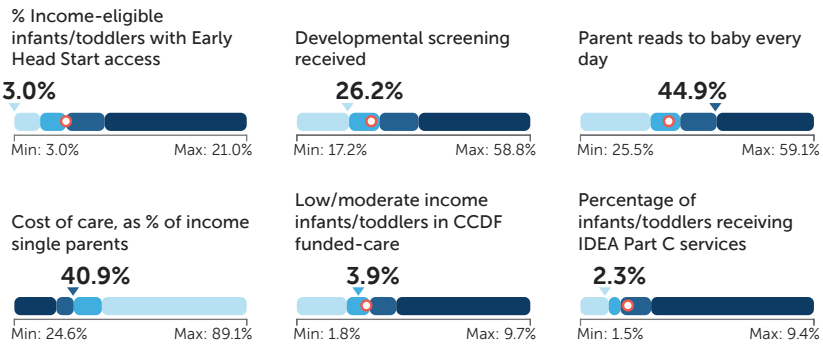
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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 O 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%*	O Crowded housing	**10.7%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**16.7%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**11.5** *National average: 16.0*
R Unsafe neighborhoods	**5.2%** *National average: 6.3%*	W Family resilience	**88.6%** *National average: 82.6%*
R 1 adverse childhood experience	**24.5%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**11.2%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.4%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**61.3%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**3.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.6%** *National average: N/A*
O Cost of care, as % of income single parents	**40.9%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.9%** *National average: 4.2%*
G Developmental screening received	**26.2%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**3.8%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.3%** *National average: 3.1%*		

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	TEXAS	NATIONAL AVERAGE
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

	TEXAS	NATIONAL AVERAGE
Mothers in the Labor Force	53.7%	61.5%

Poverty status of infants and toddlers

	TEXAS	NATIONAL AVERAGE
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

	TEXAS	NATIONAL AVERAGE
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

	TEXAS	NATIONAL AVERAGE
2-Parent Family	75.4%	76.3%
1-Parent Family	22.5%	21.5%
No Parents Present	2.0%	2.2%

Grandparent-headed households

	TEXAS	NATIONAL AVERAGE
	9.7%	9.4%

Rural/Non-metro area

	TEXAS	NATIONAL AVERAGE
Living Outside of a Metro Area	4.2%	8.7%

Good Health
In Texas

GROW

What is Good Health?

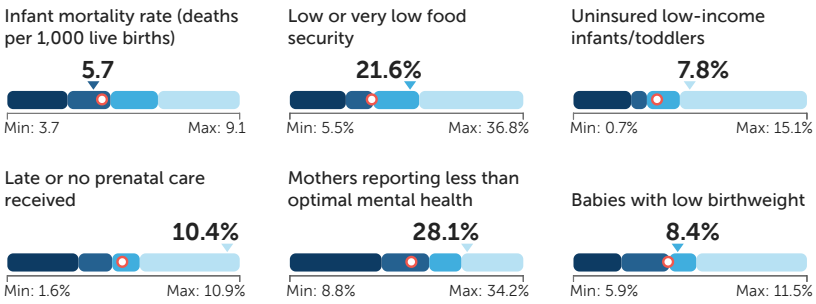
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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

Strong Families
In Texas

GROW

What Defines Strong Families?

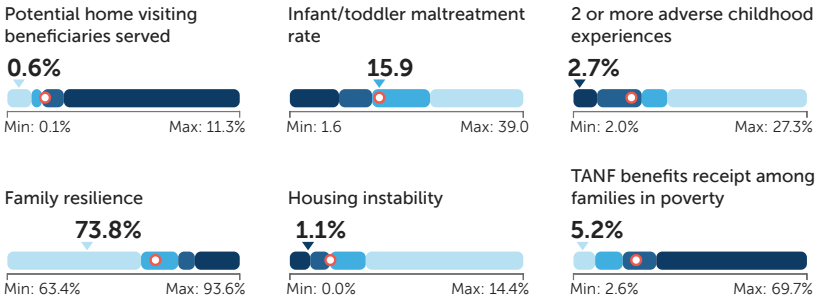
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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

Positive Early Learning Experiences

In Texas

GROW

What Defines Positive Early Learning Experiences?

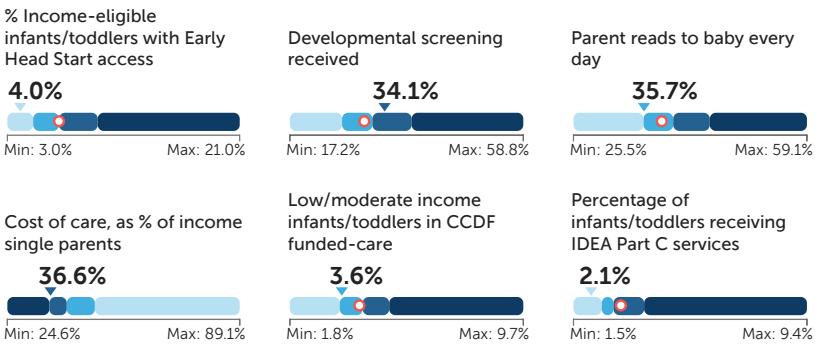
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**203.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**7.8%** *National average: 5.8%*
R Low or very low food security	**21.6%** *National average: 16.5%*	O Infants ever breastfed	**85.0%** *National average: 83.2%*
R Infants breastfed at 6 months	**56.6%** *National average: 57.6%*	G Late or no prenatal care received	**10.4%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**28.1%** *National average: 22.0%*	G Preventive medical care received	**83.0%** *National average: 90.7%*
W Preventive dental care received	**36.9%** *National average: 30.0%*	R Babies with low birthweight	**8.4%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.7** *National average: 5.9*	R Received recommended vaccines	**69.5%** *National average: 70.7%*

Strong Families

W Housing instability	**1.1%** *National average: 2.5%*	G Crowded housing	**20.4%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**5.2%** *National average: 20.6%*	R Infant/toddler maltreatment rate	**15.9** *National average: 16.0*
W Unsafe neighborhoods	**0.4%** *National average: 6.3%*	G Family resilience	**73.8%** *National average: 82.6%*
W 1 adverse childhood experience	**15.2%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**2.7%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**99.6%** *National average: 98.4%*	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 Parent sings to baby every day	**45.4%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**4.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.2%** *National average: N/A*
O Cost of care, as % of income single parents	**36.6%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**3.6%** *National average: 4.2%*
O Developmental screening received	**34.1%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.3%** *National average: 1.1%*
G Percentage of infants/toddlers receiving IDEA Part C services	**2.1%** *National average: 3.1%*		

The State of Utah's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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
GROW
Reaching Forward

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	UTAH	NATIONAL AVERAGE
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

	UTAH	NATIONAL AVERAGE
Mothers in the Labor Force	55.9%	61.5%

Poverty status of infants and toddlers

	UTAH	NATIONAL AVERAGE
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

	UTAH	NATIONAL AVERAGE
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

	UTAH	NATIONAL AVERAGE
2-Parent Family	88.1%	76.3%
1-Parent Family	10.8%	21.5%
No Parents Present	1.0%	2.2%

Grandparent-headed households

	UTAH	NATIONAL AVERAGE
	8.7%	9.4%

Rural/Non-metro area

	UTAH	NATIONAL AVERAGE
Living Outside of a Metro Area	4.7%	8.7%

Good Health
In Utah

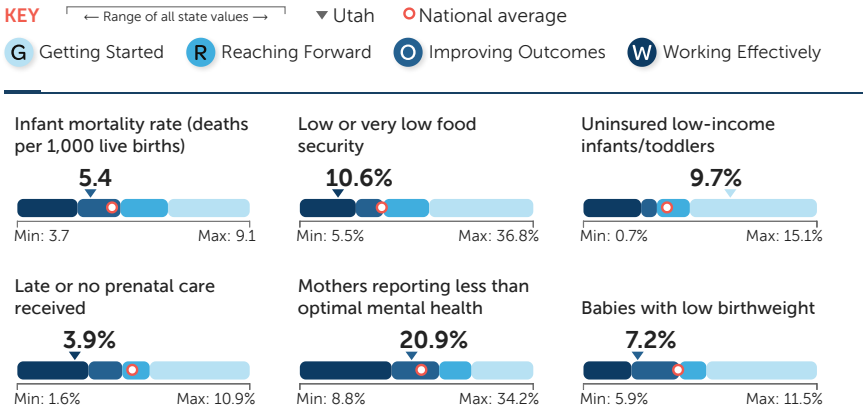
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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



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

Strong Families
In Utah

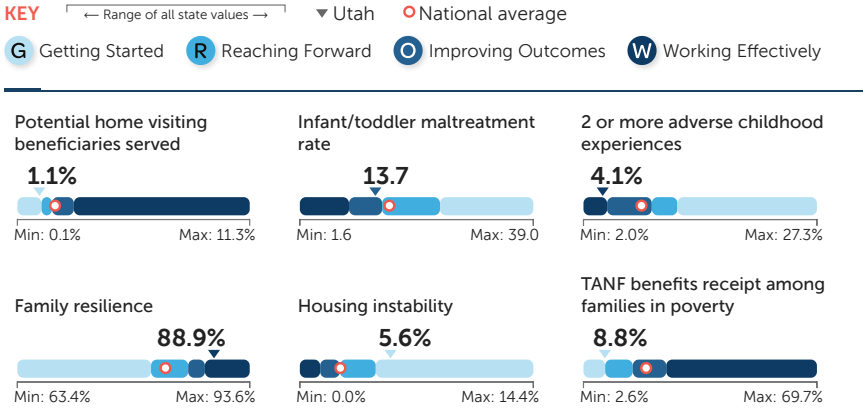
GROW

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



Strong Families Policy in Utah

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

Positive Early Learning Experiences

In Utah

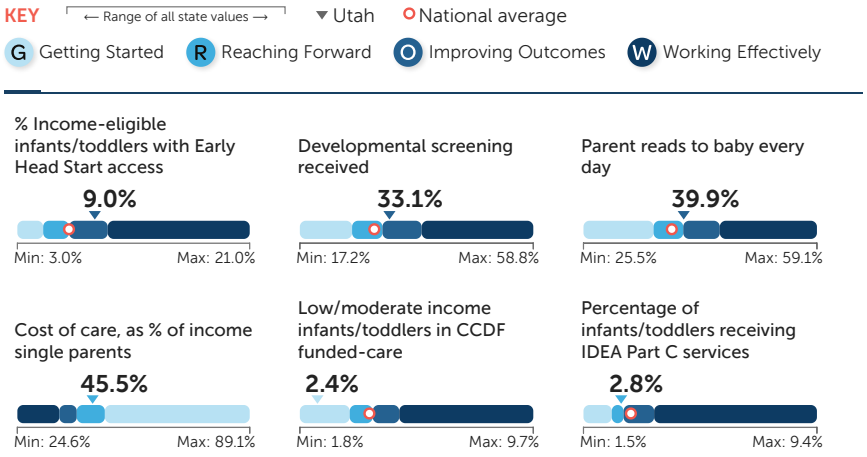
GROW

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 line. 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



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

G Eligibility limit (% FPL) for pregnant women in Medicaid	**144.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**9.7%** *National average: 5.8%*
W Low or very low food security	**10.6%** *National average: 16.5%*	W Infants ever breastfed	**89.7%** *National average: 83.2%*
O Infants breastfed at 6 months	**62.5%** *National average: 57.6%*	W Late or no prenatal care received	**3.9%** *National average: 6.2%*
O Mothers reporting less than optimal mental health	**20.9%** *National average: 22.0%*	W Preventive medical care received	**97.2%** *National average: 90.7%*
W Preventive dental care received	**36.6%** *National average: 30.0%*	O Babies with low birthweight	**7.2%** *National average: 8.2%*
O Infant mortality rate (deaths per 1,000 live births)	**5.4** *National average: 5.9*	O Received recommended vaccines	**72.2%** *National average: 70.7%*

Strong Families

G Housing instability	**5.6%** *National average: 2.5%*	W Crowded housing	**8.9%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**8.8%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**13.7** *National average: 16.0*
G Unsafe neighborhoods	**7.0%** *National average: 6.3%*	W Family resilience	**88.9%** *National average: 82.6%*
G 1 adverse childhood experience	**26.9%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**4.1%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.6%** *National average: 98.4%*	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 Parent sings to baby every day	**60.0%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**9.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**16.0%** *National average: N/A*
R Cost of care, as % of income single parents	**45.5%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**2.4%** *National average: 4.2%*
O Developmental screening received	**33.1%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.4%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.8%** *National average: 3.1%*		

The State of Vermont's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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 line (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%

Good Health
In Vermont

GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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

Infant mortality rate (deaths per 1,000 live births)
N/A
Min: 3.7 Max: 9.1

Low or very low food security
5.5%
Min: 5.5% Max: 36.8%

Uninsured low-income infants/toddlers
0.7%
Min: 0.7% Max: 15.1%

Late or no prenatal care received
1.6%
Min: 1.6% Max: 10.9%

Mothers reporting less than optimal mental health
34.2%
Min: 8.8% Max: 34.2%

Babies with low birthweight
6.9%
Min: 5.9% Max: 11.5%

Good Health Policy in Vermont

Medicaid expansion state	Yes ☑
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 ☑

Strong Families
In Vermont

GROW

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

Potential home visiting beneficiaries served
1.6%
Min: 0.1% Max: 11.3%

Infant/toddler maltreatment rate
8.4
Min: 1.6 Max: 39.0

2 or more adverse childhood experiences
3.5%
Min: 2.0% Max: 27.3%

Family resilience
89.0%
Min: 63.4% Max: 93.6%

Housing instability
2.1%
Min: 0.0% Max: 14.4%

TANF benefits receipt among families in poverty
43.1%
Min: 2.6% Max: 69.7%

Strong Families Policy in Vermont

Paid sick time that covers care for child	Yes ☑
Paid family leave	No ⊗

Positive Early Learning Experiences

In Vermont

GROW

What Defines Positive Early Learning Experiences?

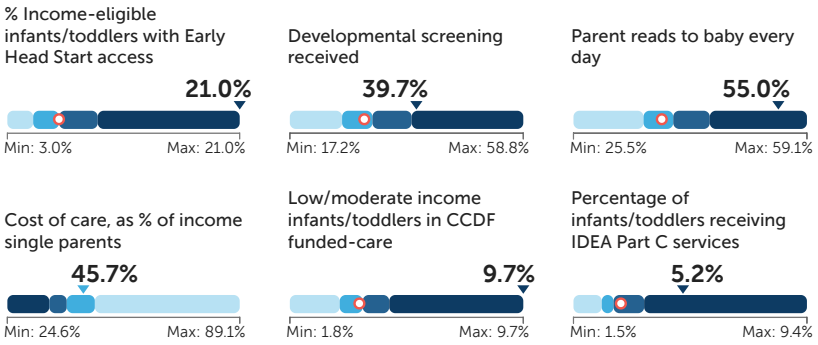
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

O Eligibility limit (% FPL) for pregnant women in Medicaid	**213.0** *National average: 200.0*	W Uninsured low-income infants/toddlers	**0.7%** *National average: 5.8%*
W Low or very low food security	**5.5%** *National average: 16.5%*	W Infants ever breastfed	**89.3%** *National average: 83.2%*
W Infants breastfed at 6 months	**70.9%** *National average: 57.6%*	W Late or no prenatal care received	**1.6%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**34.2%** *National average: 22.0%*	W Preventive medical care received	**95.5%** *National average: 90.7%*
W Preventive dental care received	**37.7%** *National average: 30.0%*	W Babies with low birthweight	**6.9%** *National average: 8.2%*
Infant mortality rate (deaths per 1,000 live births)	**N/A** *National average: 5.9*	W Received recommended vaccines	**76.8%** *National average: 70.7%*

Strong Families

O Housing instability	**2.1%** *National average: 2.5%*	R Crowded housing	**11.2%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**43.1%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**8.4** *National average: 16.0*
R Unsafe neighborhoods	**5.8%** *National average: 6.3%*	W Family resilience	**89.0%** *National average: 82.6%*
G 1 adverse childhood experience	**34.8%** *National average: 21.9%*	W 2 or more adverse childhood experiences	**3.5%** *National average: 8.3%*
W Infants/toddlers exiting foster care to permanency	**100.0%** *National average: 98.4%*	R Potential home visiting beneficiaries served	**1.6%** *National average: 1.9%*

Positive Early Learning Experiences

W Parent reads to baby every day	**55.0%** *National average: 38.2%*	W Parent sings to baby every day	**67.7%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**21.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**13.2%** *National average: N/A*
R Cost of care, as % of income single parents	**45.7%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**9.7%** *National average: 4.2%*
W Developmental screening received	**39.7%** *National average: 30.4%*	O Infants/toddlers with developmental delay	**0.8%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**5.2%** *National average: 3.1%*		

The State of Virginia's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	VIRGINIA	NATIONAL AVERAGE
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

	VIRGINIA	NATIONAL AVERAGE
Mothers in the Labor Force	65.2%	61.5%

Poverty status of infants and toddlers

	VIRGINIA	NATIONAL AVERAGE
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

	VIRGINIA	NATIONAL AVERAGE
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

	VIRGINIA	NATIONAL AVERAGE
2-Parent Family	81.0%	76.3%
1-Parent Family	18.2%	21.5%
No Parents Present	0.7%	2.2%

Grandparent-headed households

	VIRGINIA	NATIONAL AVERAGE
	9.2%	9.4%

Rural/Non-metro area

	VIRGINIA	NATIONAL AVERAGE
Living Outside of a Metro Area	1.9%	8.7%

Good Health
In Virginia

GROW

What is Good Health?

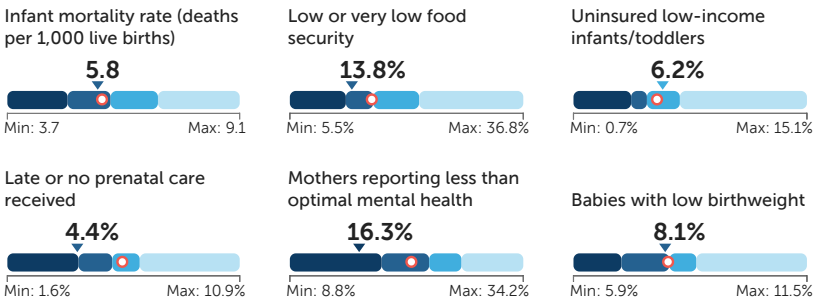
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 O National average

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



Good Health Policy in Virginia

Medicaid expansion state	Yes ☑
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 ☑

Strong Families
In Virginia

GROW

What Defines Strong Families?

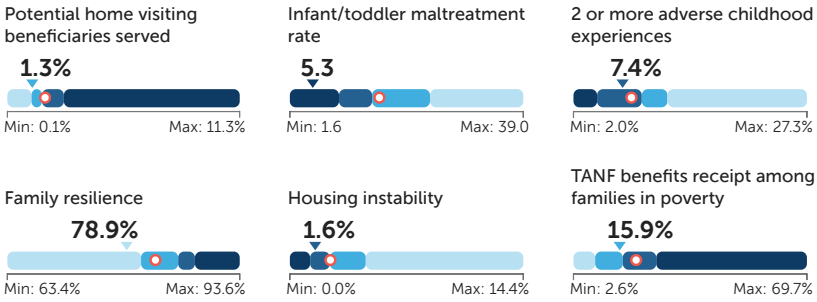
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 O 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 ✗
Paid family leave	No ✗

Positive Early Learning Experiences

In Virginia

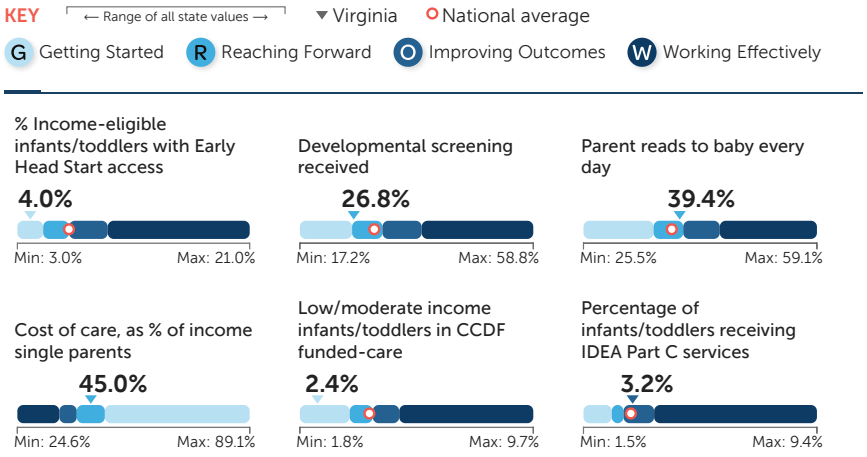
GROW

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 domain 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



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%*	W Crowded housing	**9.6%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**15.9%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**5.3** *National average: 16.0*
R Unsafe neighborhoods	**4.6%** *National average: 6.3%*	G Family resilience	**78.9%** *National average: 82.6%*
O 1 adverse childhood experience	**18.6%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**7.4%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**95.6%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**60.4%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**4.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**12.7%** *National average: N/A*
R Cost of care, as % of income single parents	**45.0%** *National average: N/A*	G Low/moderate income infants/toddlers in CCDF funded-care	**2.4%** *National average: 4.2%*
R Developmental screening received	**26.8%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**3.9%** *National average: 1.1%*
O Percentage of infants/toddlers receiving IDEA Part C services	**3.2%** *National average: 3.1%*		

The State of Washington's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Working Effectively

Good Health
GROW
Working Effectively

Strong Families
GROW
Working Effectively

Positive Early Learning Experiences
GROW
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 line (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%

Good Health
In Washington

GROW

What is Good Health?

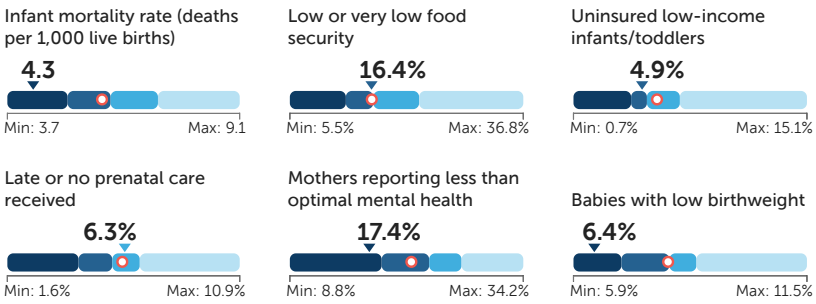
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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 line), 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 ☑
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 ☑

Strong Families
In Washington

GROW

What Defines Strong Families?

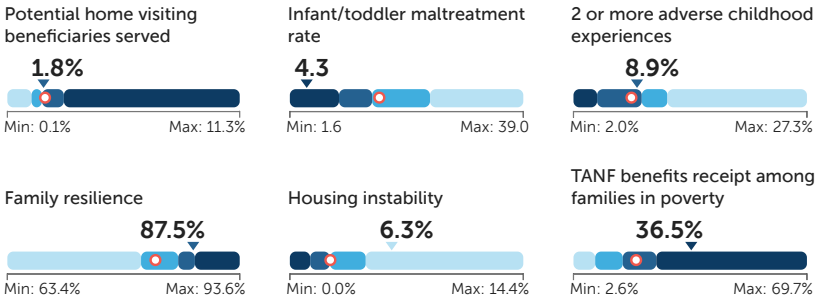
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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 ☑
Paid family leave	Yes ☑

Positive Early Learning Experiences

In Washington

GROW

What Defines Positive Early Learning Experiences?

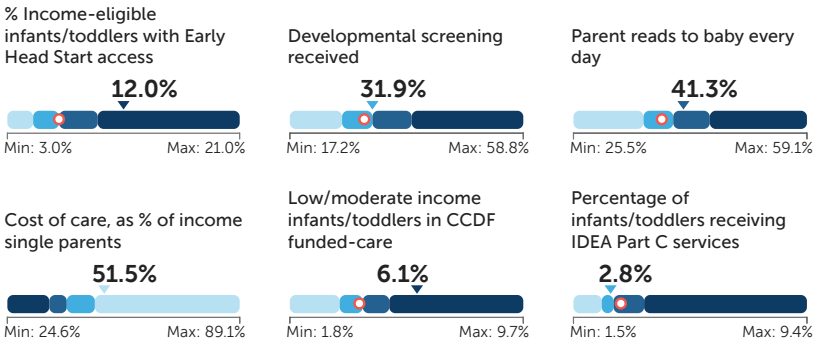
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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%*	R Crowded housing	**13.5%** *National average: 15.6%*
W TANF benefits receipt among families in poverty	**36.5%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**4.3** *National average: 16.0*
R Unsafe neighborhoods	**5.9%** *National average: 6.3%*	O Family resilience	**87.5%** *National average: 82.6%*
R 1 adverse childhood experience	**22.5%** *National average: 21.9%*	O 2 or more adverse childhood experiences	**8.9%** *National average: 8.3%*
R Infants/toddlers exiting foster care to permanency	**98.2%** *National average: 98.4%*	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 Parent sings to baby every day	**63.7%** *National average: 56.4%*
W % Income-eligible infants/toddlers with Early Head Start access	**12.0%** *National average: 7.0%*	G Cost of care, as % of income married families	**15.4%** *National average: N/A*
G Cost of care, as % of income single parents	**51.5%** *National average: N/A*	W Low/moderate income infants/toddlers in CCDF funded-care	**6.1%** *National average: 4.2%*
R Developmental screening received	**31.9%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**3.7%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.8%** *National average: 3.1%*		

The State of West Virginia's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Getting Started

Good Health
GROW
Getting Started

Strong Families
GROW
Reaching Forward

Positive Early Learning Experiences
GROW
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 line (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

	WEST VIRGINIA	NATIONAL AVERAGE
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

	WEST VIRGINIA	NATIONAL AVERAGE
Mothers in the Labor Force	55.3%	61.5%

Poverty status of infants and toddlers

	WEST VIRGINIA	NATIONAL AVERAGE
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

	WEST VIRGINIA	NATIONAL AVERAGE
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

	WEST VIRGINIA	NATIONAL AVERAGE
2-Parent Family	70.4%	76.3%
1-Parent Family	24.0%	21.5%
No Parents Present	5.7%	2.2%

Grandparent-headed households

	WEST VIRGINIA	NATIONAL AVERAGE
	13.9%	9.4%

Rural/Non-metro area

	WEST VIRGINIA	NATIONAL AVERAGE
Living Outside of a Metro Area	63.1%	8.7%

Good Health
In West Virginia

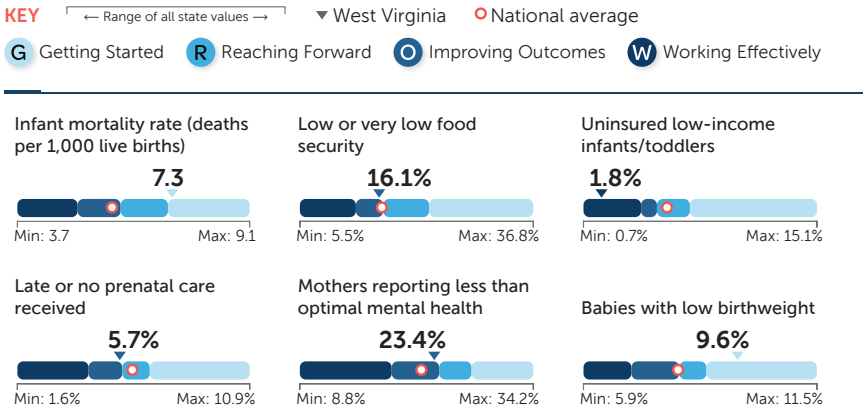
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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 line), 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



Good Health Policy in West Virginia

Medicaid expansion state	Yes ✓
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 ✗

Strong Families
In West Virginia

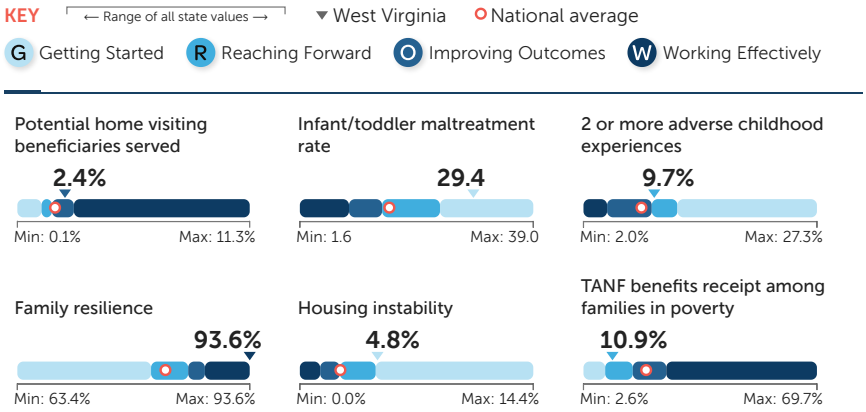
GROW

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



Strong Families Policy in West Virginia

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

Positive Early Learning Experiences

In West Virginia

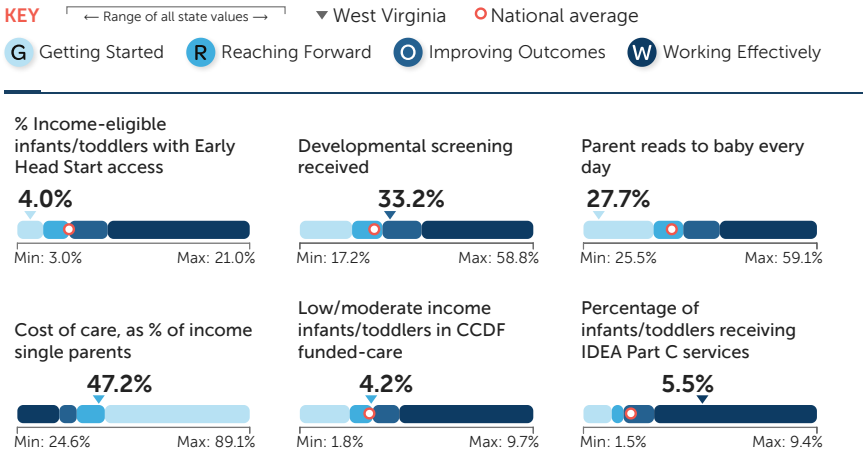
GROW

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*	W Uninsured low-income infants/toddlers	**1.8%** *National average: 5.8%*
O Low or very low food security	**16.1%** *National average: 16.5%*	G Infants ever breastfed	**68.6%** *National average: 83.2%*
G Infants breastfed at 6 months	**40.1%** *National average: 57.6%*	O Late or no prenatal care received	**5.7%** *National average: 6.2%*
O Mothers reporting less than optimal mental health	**23.4%** *National average: 22.0%*	R Preventive medical care received	**90.1%** *National average: 90.7%*
G Preventive dental care received	**23.8%** *National average: 30.0%*	G Babies with low birthweight	**9.6%** *National average: 8.2%*
G Infant mortality rate (deaths per 1,000 live births)	**7.3** *National average: 5.9*	G Received recommended vaccines	**64.7%** *National average: 70.7%*

Strong Families

G Housing instability	**4.8%** *National average: 2.5%*	W Crowded housing	**6.2%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**10.9%** *National average: 20.6%*	G Infant/toddler maltreatment rate	**29.4** *National average: 16.0*
O Unsafe neighborhoods	**4.5%** *National average: 6.3%*	W Family resilience	**93.6%** *National average: 82.6%*
G 1 adverse childhood experience	**30.3%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**9.7%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**99.2%** *National average: 98.4%*	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%*	O Parent sings to baby every day	**58.4%** *National average: 56.4%*
G % Income-eligible infants/toddlers with Early Head Start access	**4.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.5%** *National average: N/A*
R Cost of care, as % of income single parents	**47.2%** *National average: N/A*	R Low/moderate income infants/toddlers in CCDF funded-care	**4.2%** *National average: 4.2%*
O Developmental screening received	**33.2%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**2.2%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**5.5%** *National average: 3.1%*		

The State of Wisconsin's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

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

Overall
GROW
Reaching Forward

Good Health
GROW
Improving Outcomes

Strong Families
GROW
Improving Outcomes

Positive Early Learning Experiences
GROW
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 line (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

	WISCONSIN	NATIONAL AVERAGE
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

	WISCONSIN	NATIONAL AVERAGE
Mothers in the Labor Force	72.2%	61.5%

Poverty status of infants and toddlers

	WISCONSIN	NATIONAL AVERAGE
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

	WISCONSIN	NATIONAL AVERAGE
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

	WISCONSIN	NATIONAL AVERAGE
2-Parent Family	76.6%	76.3%
1-Parent Family	21.2%	21.5%
No Parents Present	2.2%	2.2%

Grandparent-headed households

	WISCONSIN	NATIONAL AVERAGE
	5.4%	9.4%

Rural/Non-metro area

	WISCONSIN	NATIONAL AVERAGE
Living Outside of a Metro Area	12.9%	8.7%

Good Health
In Wisconsin

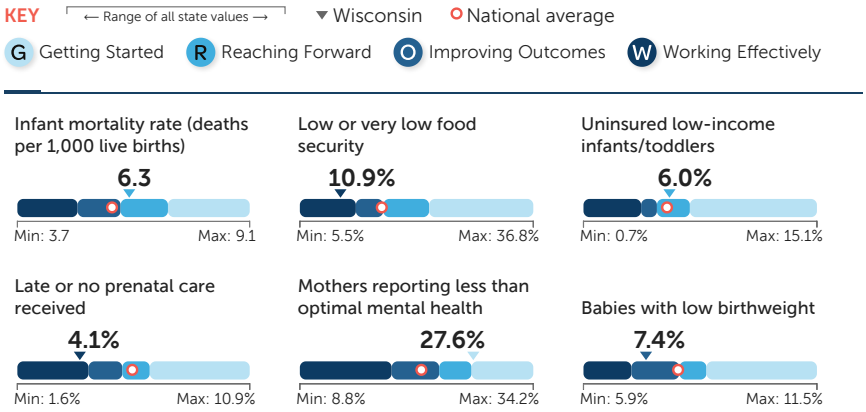
GROW

What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any 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 line), 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



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

Strong Families
In Wisconsin

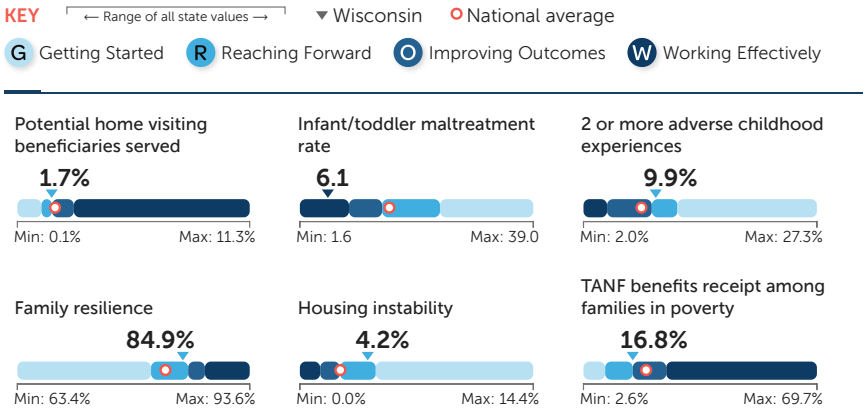
GROW

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



Strong Families Policy in Wisconsin

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

Positive Early Learning Experiences

In Wisconsin

GROW

What Defines Positive Early Learning Experiences?

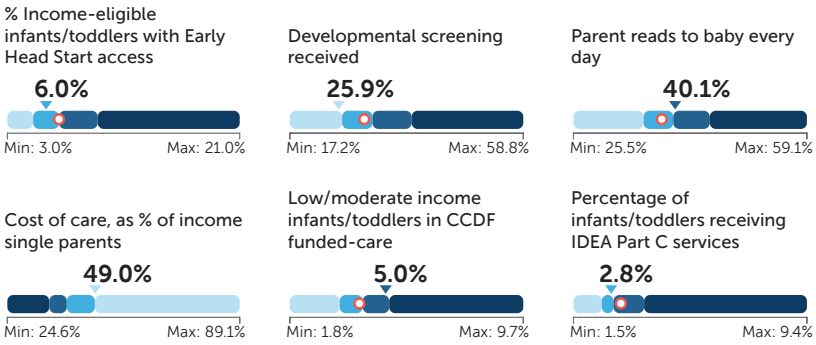
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

KEY ← Range of all state values → ▼ Wisconsin O National average

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



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

W Eligibility limit (% FPL) for pregnant women in Medicaid	**306.0** *National average: 200.0*	R Uninsured low-income infants/toddlers	**6.0%** *National average: 5.8%*
W Low or very low food security	**10.9%** *National average: 16.5%*	R Infants ever breastfed	**82.2%** *National average: 83.2%*
O Infants breastfed at 6 months	**59.0%** *National average: 57.6%*	W Late or no prenatal care received	**4.1%** *National average: 6.2%*
G Mothers reporting less than optimal mental health	**27.6%** *National average: 22.0%*	G Preventive medical care received	**89.2%** *National average: 90.7%*
R Preventive dental care received	**30.2%** *National average: 30.0%*	O Babies with low birthweight	**7.4%** *National average: 8.2%*
R Infant mortality rate (deaths per 1,000 live births)	**6.3** *National average: 5.9*	W Received recommended vaccines	**79.4%** *National average: 70.7%*

Strong Families

R Housing instability	**4.2%** *National average: 2.5%*	O Crowded housing	**9.7%** *National average: 15.6%*
R TANF benefits receipt among families in poverty	**16.8%** *National average: 20.6%*	W Infant/toddler maltreatment rate	**6.1** *National average: 16.0*
W Unsafe neighborhoods	**0.7%** *National average: 6.3%*	R Family resilience	**84.9%** *National average: 82.6%*
R 1 adverse childhood experience	**25.4%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**9.9%** *National average: 8.3%*
O Infants/toddlers exiting foster care to permanency	**98.8%** *National average: 98.4%*	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 Parent sings to baby every day	**55.9%** *National average: 56.4%*
R % Income-eligible infants/toddlers with Early Head Start access	**6.0%** *National average: 7.0%*	R Cost of care, as % of income married families	**13.9%** *National average: N/A*
G Cost of care, as % of income single parents	**49.0%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**5.0%** *National average: 4.2%*
G Developmental screening received	**25.9%** *National average: 30.4%*	R Infants/toddlers with developmental delay	**1.4%** *National average: 1.1%*
R Percentage of infants/toddlers receiving IDEA Part C services	**2.8%** *National average: 3.1%*		

The State of Wyoming's Babies

STATE OF BABIES YEARBOOK 2019

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This 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 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
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 line (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

	WYOMING	NATIONAL AVERAGE
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

	WYOMING	NATIONAL AVERAGE
Mothers in the Labor Force	55.2%	61.5%

Poverty status of infants and toddlers

	WYOMING	NATIONAL AVERAGE
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

	WYOMING	NATIONAL AVERAGE
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

	WYOMING	NATIONAL AVERAGE
2-Parent Family	78.3%	76.3%
1-Parent Family	19.7%	21.5%
No Parents Present	2.0%	2.2%

Grandparent-headed households

	WYOMING	NATIONAL AVERAGE
	8.0%	9.4%

Rural/Non-metro area

	WYOMING	NATIONAL AVERAGE
Living Outside of a Metro Area	100.0%	8.7%

Good Health
In Wyoming

GROW

What is Good Health?

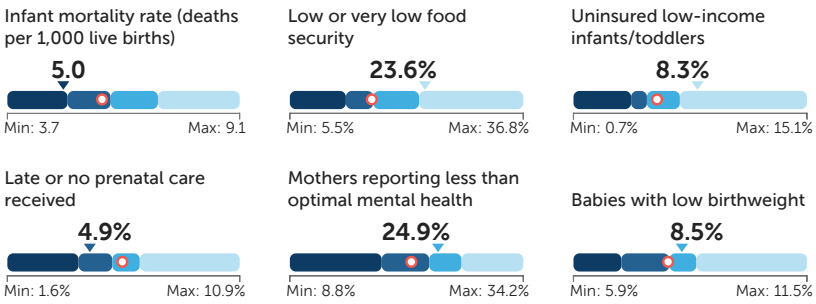
Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition 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

Strong Families
In Wyoming

GROW

What Defines Strong Families?

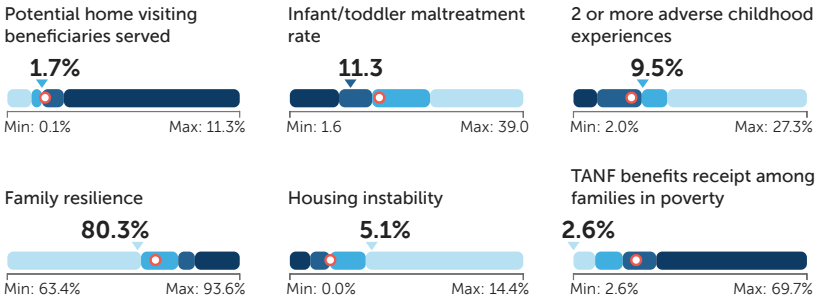
Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them 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

GROW

What Defines Positive Early Learning Experiences?

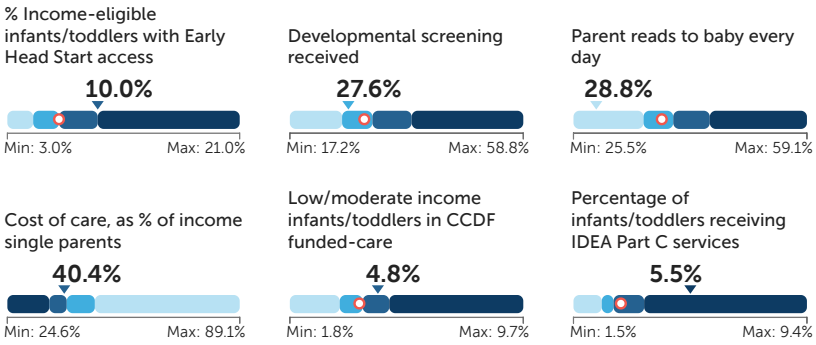
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for 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

G Eligibility limit (% FPL) for pregnant women in Medicaid	**159.0** *National average: 200.0*	G Uninsured low-income infants/toddlers	**8.3%** *National average: 5.8%*
G Low or very low food security	**23.6%** *National average: 16.5%*	W Infants ever breastfed	**90.0%** *National average: 83.2%*
O Infants breastfed at 6 months	**59.4%** *National average: 57.6%*	O Late or no prenatal care received	**4.9%** *National average: 6.2%*
R Mothers reporting less than optimal mental health	**24.9%** *National average: 22.0%*	W Preventive medical care received	**95.0%** *National average: 90.7%*
O Preventive dental care received	**34.4%** *National average: 30.0%*	R Babies with low birthweight	**8.5%** *National average: 8.2%*
W Infant mortality rate (deaths per 1,000 live births)	**5.0** *National average: 5.9*	G Received recommended vaccines	**62.8%** *National average: 70.7%*

Strong Families

G Housing instability	**5.1%** *National average: 2.5%*	O Crowded housing	**9.6%** *National average: 15.6%*
G TANF benefits receipt among families in poverty	**2.6%** *National average: 20.6%*	O Infant/toddler maltreatment rate	**11.3** *National average: 16.0*
G Unsafe neighborhoods	**7.2%** *National average: 6.3%*	G Family resilience	**80.3%** *National average: 82.6%*
G 1 adverse childhood experience	**28.2%** *National average: 21.9%*	R 2 or more adverse childhood experiences	**9.5%** *National average: 8.3%*
G Infants/toddlers exiting foster care to permanency	**93.8%** *National average: 98.4%*	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%*	R Parent sings to baby every day	**54.7%** *National average: 56.4%*
O % Income-eligible infants/toddlers with Early Head Start access	**10.0%** *National average: 7.0%*	O Cost of care, as % of income married families	**11.8%** *National average: N/A*
O Cost of care, as % of income single parents	**40.4%** *National average: N/A*	O Low/moderate income infants/toddlers in CCDF funded-care	**4.8%** *National average: 4.2%*
R Developmental screening received	**27.6%** *National average: 30.4%*	G Infants/toddlers with developmental delay	**3.6%** *National average: 1.1%*
W Percentage of infants/toddlers receiving IDEA Part C services	**5.5%** *National average: 3.1%*		

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 birthweight	**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

Subdomain	*Indicator*	*National Average/ Policy Count*	*Range*	*Comparison*
Infant and Early Childhood 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**	—	—

Strong Families

Subdomain	*Indicator*	*National Average/ Policy Count*	*Range*	*Comparison*
Basic Needs Support	Housing instability: Percentage of infants/toddlers who have moved three or more times since birth	**2.5%**	0.0% (CT, DE, FL, LA,MD, MN) – 14.4% (NM)	3 states > 10%
	Percentage of infants/toddlers who live in crowded housing	**15.6%**	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	**20.6%**	2.6% (WY) – 69.7% (MD)	11 states > 30%
Child Welfare	Percentage of infants/toddlers living in unsafe neighborhoods, as reported by parents	**6.3%**	0.0% (GA) – 18.8% (CA)	4 states > 10%
	Percentage of families with infants/ toddlers who report "family resilience"	**82.6%**	63.4% (AZ) – 93.6% (WV)	42 states > 80%
	Percentage of infants/toddlers who have experienced one adverse child-hood experience	**21.9%**	13.7% (MN) – 34.8% (VT)	29 states > 20%
	Percentage of infants/toddlers who have experienced two or more adverse childhood experiences	**8.3%**	2.0% (MA) – 27.3% (AZ)	3 states > 20%
	Maltreatment rate per 1,000 infants/ toddlers	**16.0**	1.6 (PA) – 39.0 (MA)	18 states > 20
	Percentage of infants/toddlers exiting foster care who achieve permanency	**98.4%**	82.1% (SD) – 100% (MA,DE, NH, DC, VT)	5 states < 95%
Home Visiting	Percentage of infants/toddlers who could benefit from evidence-based home visiting and are receiving those services	**1.9%**	0.1% (NV) – 11.3% (MO)	5 states > 5%
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

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	**38.2%**	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	**56.4%**	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	**7.0%**	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	**NA**	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	**NA**	24.6% (SD) – 89.1% (DC)	11 states > 50%
	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%**	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	**30.4%**	17.2% (MS) – 58.8% (OR)	11 states > 40%
	Percentage of infants/toddlers with moderate/severe developmental delay	**1.1%**	0.0% (15 states) – 5.6% (SC)	8 states > 3%
	Percentage of infants/toddlers receiving the Individuals with Disabilities Education Act Part C services	**3.1%**	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 limit 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,[1] reduce infant mortality,[2] lower families' out-of-pocket medical expenditures,[3] reduce the amount of their unpaid medical bills,[4] and bring down the poverty rate.[5]

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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. *American Community Survey 2016, five-year estimates.* 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.[6] Infants who experience food insecurity are more likely to have insecure attachment relationships, and to perform poorly on tests of cognitive development.[7] For infants and toddlers, even mild levels of food insecurity may result in developmental deficits during this period of rapid brain growth.[8] 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: United States Department of Agriculture, Economic Research Service. (2016). *Current population survey, food security supplement.* Retrieved from https://www.ers.usda.gov/data-products/food-security-in-the-united-states/food-security-in-the-united-states/#Current%20Population%20Survey%20(CPS)

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.[9] 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

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 6 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[10] 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 Healthy 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.[11] However, in addition prenatal care that starts early, its frequency and timing are important, especially to respond effectively to specific maternal risk factors.[12]

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, M. J. K, Martin, J. A. National Center for Health Statistics (2018). Timing and adequacy of prenatal care in the United States, 2016. *National Vital Statistics Reports, 67*(3). Retrieved from 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.[13] The negative effects of maternal depression can begin prenatally.[14] 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.[15] Untreated depression in mothers or fathers is also associated with greater risk for delays in cognitive and motor development,[16] child maltreatment,[17] and neglectful parenting practices.[18] Several intervention models are effective in treating parents' depression.[19]

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

Percentage of infants/toddlers who had a preventive 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.[20] 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.[21]

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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., & 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

18 Chung, E. K., McCollum, K. F., & 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.

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, beginning in infancy but extending into adult life.[22] 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.[23]

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

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).[24]

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

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, the varicella (chicken pox) vaccine, and the pneumococcal conjugate vaccine (PCV).

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.

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

23 Ricketts, S. A., Murray, E. K., & 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

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 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

State 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.

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.

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

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, because 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.[25] Crowding has also been associated with children's health problems, including respiratory conditions, injuries, and infectious diseases, and with young children's food insecurity.[26] 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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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 (e. g., 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.[27] 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. (2017). *Characteristics and financial circumstances of TANF recipients, fiscal year 2016* [Tables] 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., . . . & 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

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.[28] Parents in these neighborhoods may restrict children's opportunities for outdoor play.[29]

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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.[30]

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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.[31] 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

28 To, T., Cadarette, S. M., & Liu, Y. (2001). Biological, social, and environmental correlates of preschool development. *Child Care Health & Development, 27*(2), 187–200.

29 Beets, M. W., & Foley, J. T. (2008). Association of father involvement and neighborhood quality with kindergarteners' physical activity: A multilevel structural equation model. *American Journal of Health Promotion, 22*(3), 195–203.

30 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

31 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

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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.[32] 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."[33] 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.[34] 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 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

32 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

33 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

34 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.

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 behavioral problems.[35]

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.[36] Yet, in most communities, the need for home visiting services far outpaces current capacity.[37]

The denominator is the number of children ages 0-2 who could benefit from home visiting according

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

36 Sama-Miller, E., Akers, L., Mraz-Esposito, 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

37 National Home Visiting Resource Center. (2017). *2017 Home visiting yearbook.* Retrieved from https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2017_Final.pdf

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 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

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. (2018). *Paid sick days—State and district statues.* 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.[38]

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. (2018). *State paid family and medical leave insurance laws.* Retrieved from http://www.nationalpartnership.org/research-library/work-family/paid-leave/state-paid-family-leave-laws.pdf

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.[39] Because 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.[40] 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.[41]

The denominator is children ages 0-2. The numerator is children ages 0-2 whose family members report reading to them every day.

Source: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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.[42] 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

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., . . . 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. *Early Head Start program options*. Retrieved from https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-program-options

subsequent child maltreatment than those in a control group.[43]

The National Head Start Association reports the percentage of eligible children ages 0-2 who had access to EHS 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 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.[44]

The denominators for single and married parents are the median incomes based on the 2015 U.S. Census Bureau's American Community Survey, 5-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

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.[45]

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.

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

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-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/11/NWLC-State-Child-Care-Assistance-Policies-2018.pdf

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.

Sources: Schulman, K., & Blank, H. National Women's Law Center. (2017). *Persistent gaps: State child care assistance policies 2017.* Retrieved from https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/10/NWLC-State-Child-Care-Assistance-Policies-2017-1.pdf

Colorado Department of Human Services. (n. d.) *Colorado Child Care Assistance Program.* Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Families?p=Family&s=Colorado-Child-Care-Assistance-Program&lang=en

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

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.[46]

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; and (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

Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E. Pacas, J. and Sobek, M. *American Community Survey 2016, one-year estimates.* 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.[47] Children who get screening are more likely to have delays identified, be referred for

46 Ibid.

47 Glascoe, F. P. (2000). Early detection of developmental and behavioral problems. *Pediatrics in Review, 21*(8), 272-280.

early intervention, and be determined eligible for early intervention services.[48] The American Academy of Pediatrics recommends that children, before their third birthday, receive developmental screening from their physicians at least three times.[49]

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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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,[50] 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: Data Resource Center for Child & Adolescent Health. (2016). *National survey of children's health.* https://www.nschdata.org

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.[51] 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

48 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.

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.

51 Early Childhood Technical Assistance Center. *Part C of IDEA*. http://ectacenter.org/partc/partc.asp#overview

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.* Retrieved from 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: Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). *Current Population Survey 2017.* 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: Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). *Current Population Survey 2017.* 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: Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). *Current Population Survey 2017.* 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: Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). *Current Population Survey 2017.* 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: Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). *Current Population Survey 2017.* 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: Flood, S., King, M., Rodgers, R., Ruggles, S., & Warren, J. R. (2018). *Current Population Survey 2017.* 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 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* 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: Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Sobek, M. *American Community Survey 2016, one-year estimates.* IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2018. Retrieved from https://doi.org/10.18128/D010.V8.0

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