



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.



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

Non-Hispanic White
 NEW JERSEY: 43.0%
 NATIONAL AVERAGE: 49.3%

Hispanic
 NEW JERSEY: 30.5%
 NATIONAL AVERAGE: 26.1%

Non-Hispanic Black
 NEW JERSEY: 13.5%
 NATIONAL AVERAGE: 13.8%

Non-Hispanic Asian
 NEW JERSEY: 9.4%
 NATIONAL AVERAGE: 4.9%

Non-Hispanic other
 NEW JERSEY: 3.4%
 NATIONAL AVERAGE: 5.1%

American Indian/Alaska Native
 NEW JERSEY: 0.1%
 NATIONAL AVERAGE: 0.8%

Working moms

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

Poverty status of infants and toddlers

Above Low-Income
 NEW JERSEY: 64.6%
 NATIONAL AVERAGE: 55.4%

Low-Income
 NEW JERSEY: 18.9%
 NATIONAL AVERAGE: 22.0%

In Poverty
 NEW JERSEY: 16.5%
 NATIONAL AVERAGE: 22.7%

Infants and toddlers in poverty, by race

Non-Hispanic Black
 NEW JERSEY: 27.9%
 NATIONAL AVERAGE: 39.5%

Hispanic
 NEW JERSEY: 25.5%
 NATIONAL AVERAGE: 30.8%

Non-Hispanic White
 NEW JERSEY: 9.9%
 NATIONAL AVERAGE: 14.6%

Non-Hispanic Other
 NEW JERSEY: 9.0%
 NATIONAL AVERAGE: 20.0%

Family structure

2-Parent Family
 NEW JERSEY: 80.6%
 NATIONAL AVERAGE: 76.3%

1-Parent Family
 NEW JERSEY: 17.1%
 NATIONAL AVERAGE: 21.5%

No Parents Present
 NEW JERSEY: 2.2%
 NATIONAL AVERAGE: 2.2%

Grandparent-headed households

NEW JERSEY: 6.0%
 NATIONAL AVERAGE: 9.4%

Rural/Non-metro area

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

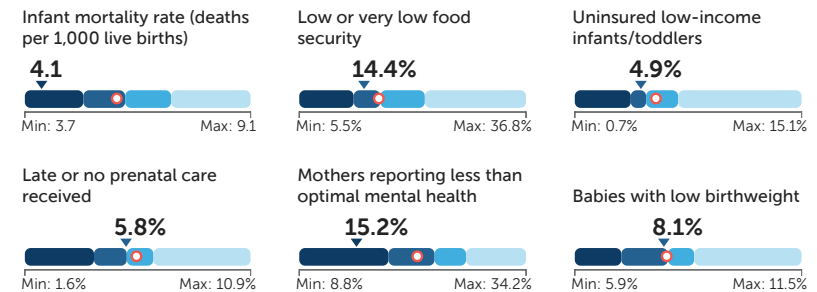
What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 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 <input checked="" type="checkbox"/>
State Medicaid policy for maternal depression screening in well-child visits	No policy
Medicaid plan covers social-emotional screening for young children	No <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at home	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes <input checked="" type="checkbox"/>
Medicaid plan covers IECMH services at ECE programs	No <input checked="" type="checkbox"/>

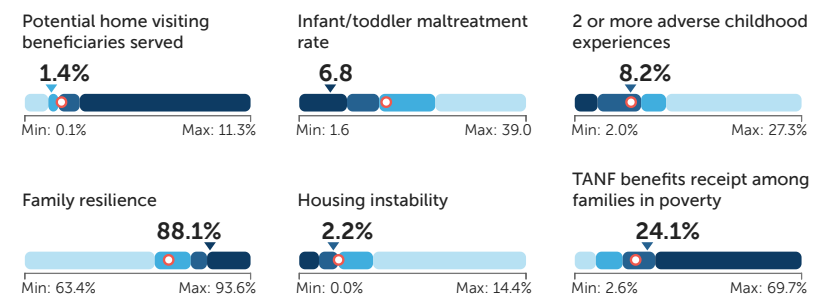
What Defines Strong Families?

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

New Jersey falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's high ranking in this domain primarily reflects indicators in the Working Effectively (W) tier, including the family resilience indicator. New Jersey is in the Improving Outcomes (O) tier when it comes to some indicators of child welfare, including the prevalence of adverse childhood experiences. However, neighborhood safety is in the Getting Started (G) tier.

Six Key Indicators of Strong Families

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



Strong Families Policy in New Jersey

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



What Defines Positive Early Learning Experiences?

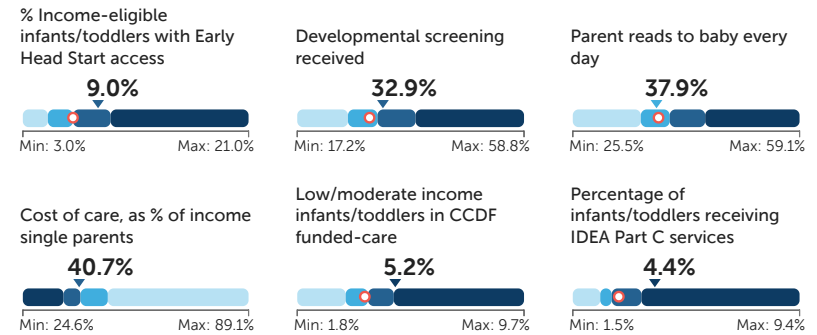
Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

New Jersey scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain primarily reflects indicators in the Improving Outcomes (O) and Working Effectively (W) tiers. The average cost of infant care for both single and married parents is less burdensome in New Jersey compared to other states. New Jersey is in the Reaching Forward (R) tier, though, for the percentage of infants and toddlers with a moderate/severe developmental delay and the percentage of parents who read to their babies every day.

Six Key Indicators of Positive Early Learning Experiences

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

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



Positive Early Learning Experiences Policy in New Jersey

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

All indicators for New Jersey

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

Good Health

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

Positive Early Learning Experiences

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