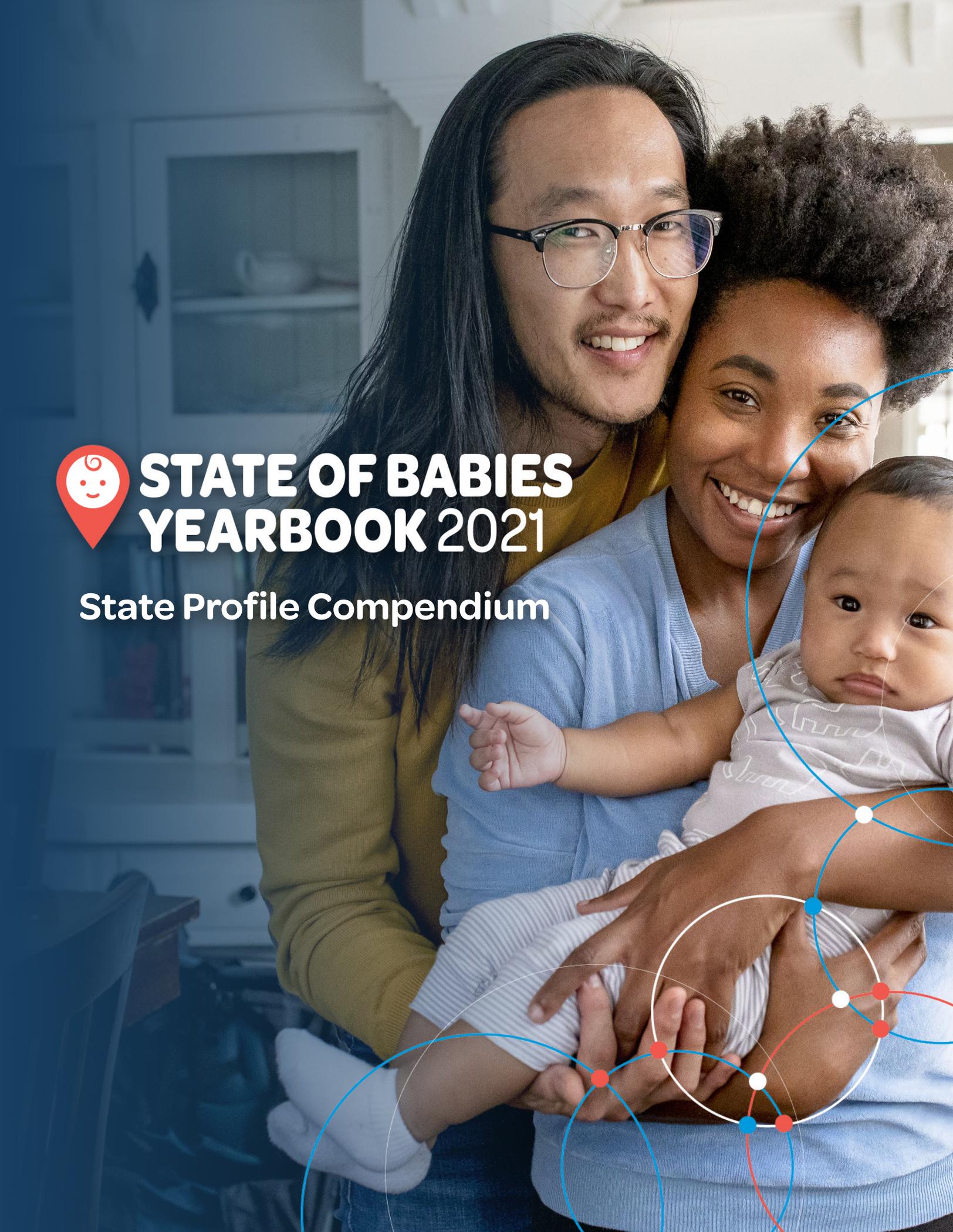




STATE OF BABIES YEARBOOK 2021

State Profile Compendium





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 development and help them realize their full potential.

The state data included in this resource provide a snapshot of baby and family demographics and indicators of how infants, toddlers, and their families are faring in each of these three policy domains in every state and the District of Columbia. Within each domain, the state profiles present data for selected child, family, and policy indicators compared to national averages and the range of state averages to understand how these different contexts may lead to very different experiences for each state's youngest children. A more expansive view of each state's infants and toddlers, with data disaggregated by race and ethnicity, income, and urbanicity, is available at **www.stateofbabies.org**.

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The State of Alabama's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

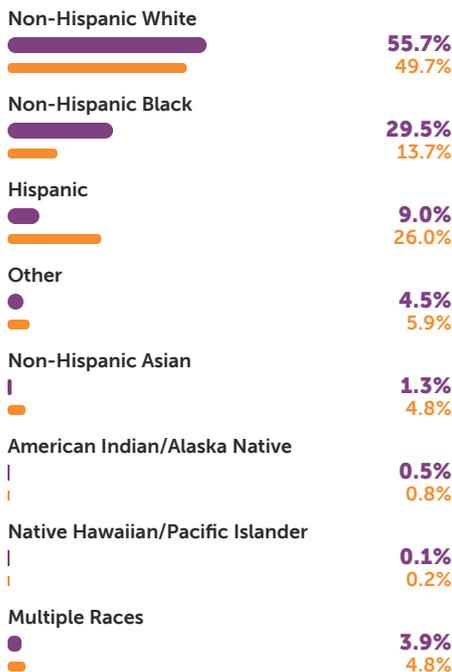
● Alabama ● National Average

Infants and toddlers in Alabama

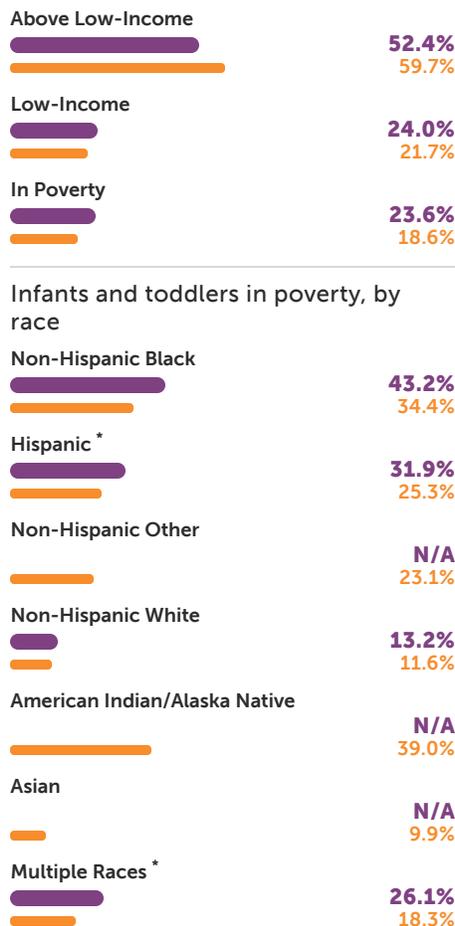
Alabama is home to 174,264 babies, representing 3.6 percent of the state's population. As many as 47.6 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

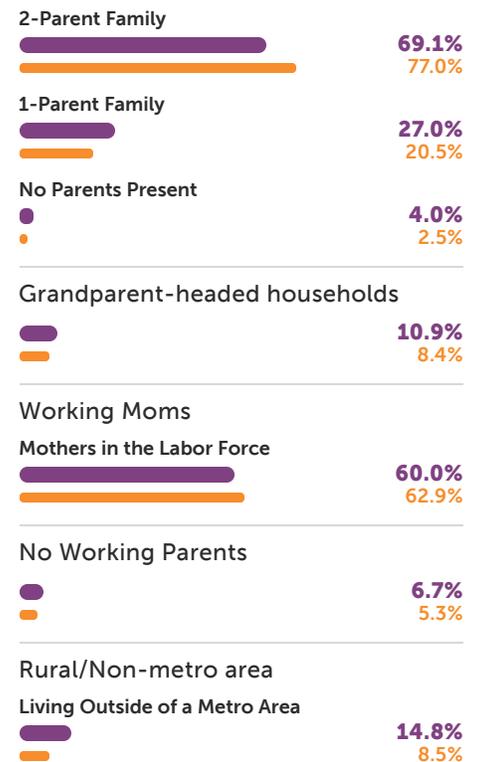
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Alabama's babies faring in Good Health?

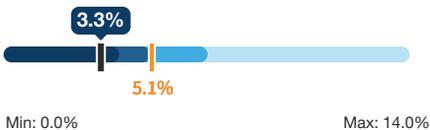
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Alabama falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Alabama performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of babies breastfed at 6 months and mothers reporting less than favorable mental health.

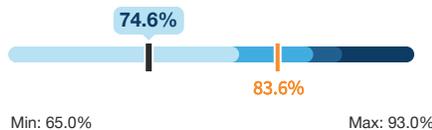
Key Indicators of Good Health

● Alabama ● National Avg

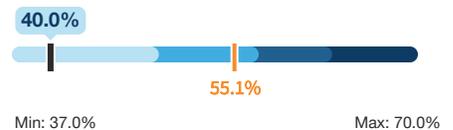
Uninsured low-income infants/toddlers



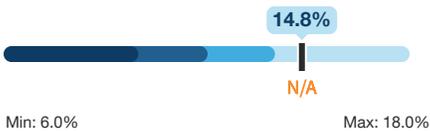
Ever breastfed



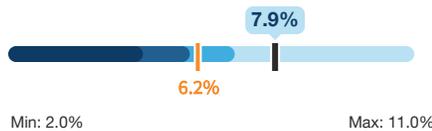
Infants breastfed at 6 months



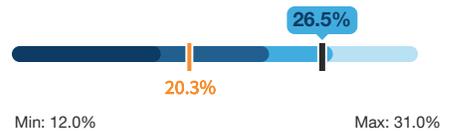
High weight-for-length†



Late or no prenatal care received



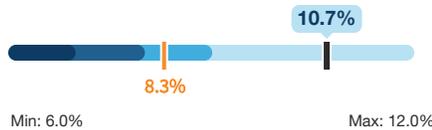
Mothers reporting less than optimal mental health



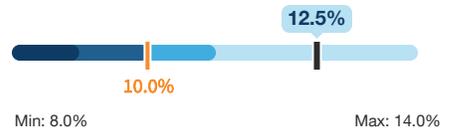
Infant mortality rate (deaths per 1,000 live births)



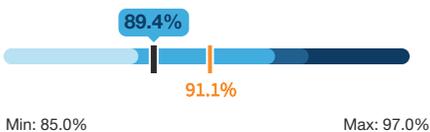
Babies with low birthweight



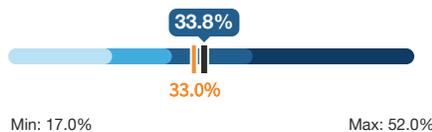
Preterm births†



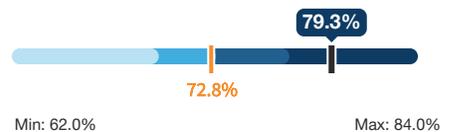
Preventative medical care received



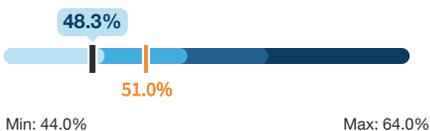
Preventative dental care received



Received recommended vaccines



Medical home†



Good Health Policy in Alabama

Medicaid expansion state	_____	No X
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 in early childhood education settings	_____	Yes ✓
Pregnant workers protection [†]	_____	No protections
Postpartum extension of Medicaid coverage [†]	_____	No law beyond mandatory 60 days

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Alabama

● State Indicator ● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	146 200	W Uninsured low-income infants/toddlers	3.3% 5.1%
O Low or very low food security	13.0% 13.7%	G Infants ever breastfed	74.6% 83.6%
G Infants breastfed at 6 months	40.0% 55.1%	W WIC coverage [†]	89.4% 79.3%
G High weight-for-length [†]	14.8% N/A	G Late or no prenatal care received	7.9% 6.2%
R Mothers reporting less than optimal mental health	26.5% 20.3%	G Infant mortality rate (deaths per 1,000 live births) [†]	7 5.7
G Babies with low birthweight	10.7% 8.3%	G Preterm births [†]	12.5% 10.0%
R Preventive medical care received	89.4% 91.1%	O Preventive dental care received	33.8% 33.0%
W Received recommended vaccines	79.3% 72.8%	G Medical home [†]	48.3% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Alabama's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Alabama falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods. Alabama is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times).

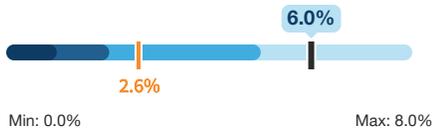
Key Indicators of Strong Families

● Alabama ● National Avg

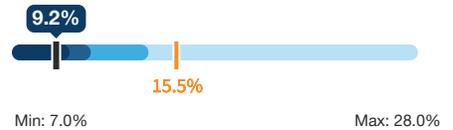
TANF benefits receipt among families in poverty



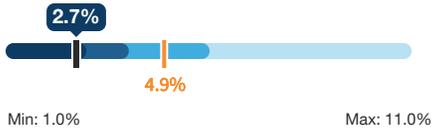
Housing instability



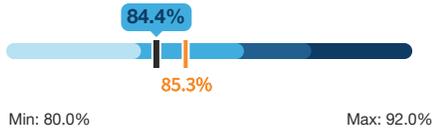
Crowded housing



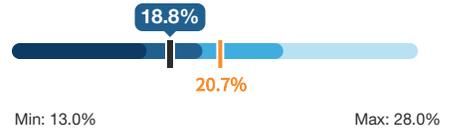
Unsafe neighborhoods



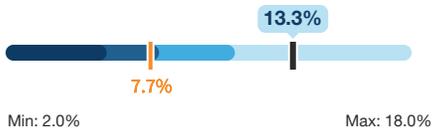
Family resilience



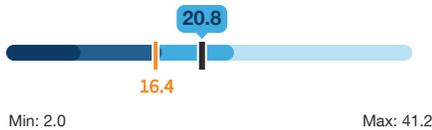
1 adverse childhood experience



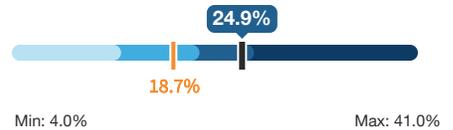
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Alabama

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Alabama

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	14.6% 21.7%	G Housing instability	6.0% 2.6%
W Crowded housing	9.2% 15.5%	O Unsafe neighborhoods	2.7% 4.9%
R Family resilience	84.4% 85.3%	O One adverse childhood experience	18.8% 20.7%
G Two or more adverse childhood experiences	13.3% 7.7%	Infant/toddler maltreatment rate†	20.8 16.4
O Out of home placements†	24.9% 18.7%	Permanency Achieved: Reunified†	31.7% 48.1%
G Potential home visiting beneficiaries served	0.8% 2.0%	Permanency Achieved: Relative†	39.5% 7.8%
Infants/toddlers exiting foster care to permanency†	97.1% 98.8%	Permanency Achieved: Guardian†	2.1% 8.3%
Removed from home†	7.5 7.1	Permanency Achieved: Adoption†	23.7% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Alabama's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Alabama scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants or toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Alabama is doing worse than the national average on indicators such as the lower percentage of parents who read to their child every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

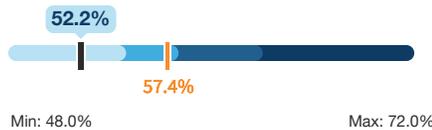
Key Indicators of Positive Early Learning Experiences

● Alabama ● National Avg

Parent reads to baby every day



Parent sings to baby every day



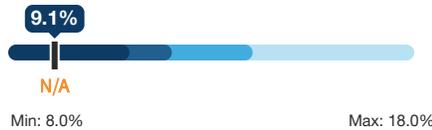
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



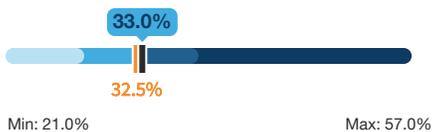
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Alabama

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Alabama

● State Indicator

● National Avg

<p>G Parent reads to baby every day 30.4% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 9.0% 11.0%</p> <p>W Cost of care, as % of income single parents 35.7% N/A</p> <p>O Developmental screening received 33.0% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 4.3% 6.8%</p>	<p>G Parent sings to baby every day 52.2% 57.4%</p> <p>W Cost of care, as % of income married families 9.1% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 6.4% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.9% 1.1%</p> <p>O Timeliness of Part C services† 99.5% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Alaska's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

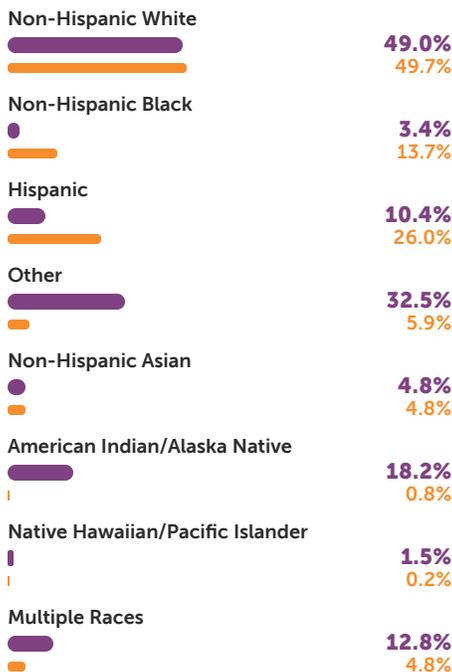
● Alaska ● National Average

Infants and toddlers in Alaska

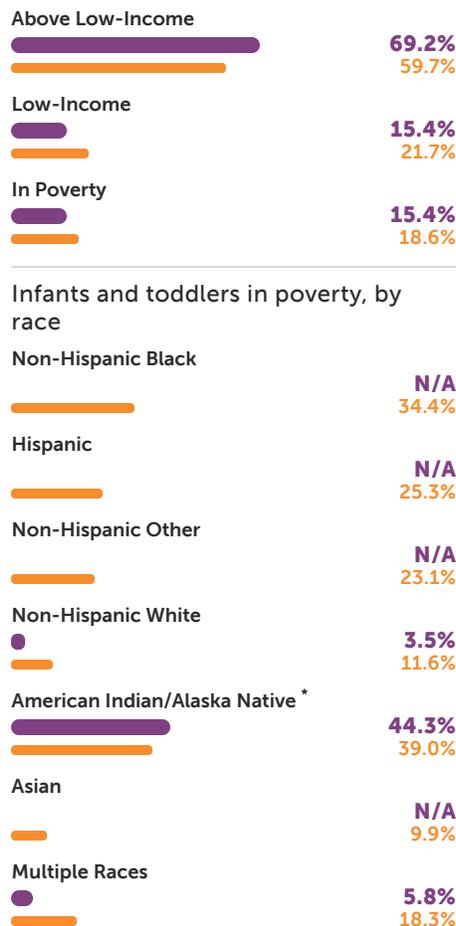
Alaska is home to 30,176 babies, representing 4.1 percent of the state's population. As many as 30.8 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

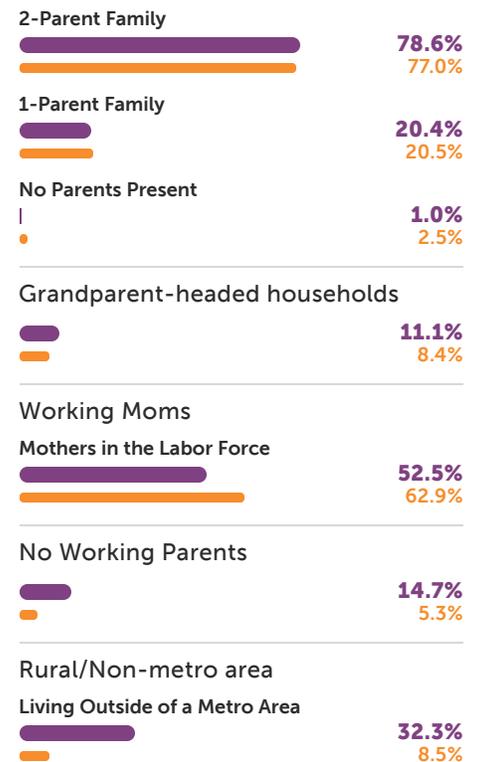
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Alaska's babies faring in Good Health?

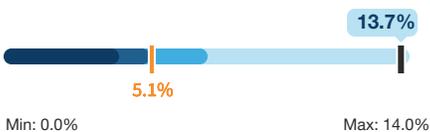
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Alaska falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Alaska performs better than national averages on key indicators, such as the percentages of babies born at low birth weight and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and babies receiving recommended vaccinations.

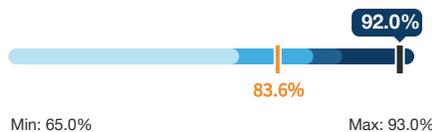
Key Indicators of Good Health

● Alaska ● National Avg

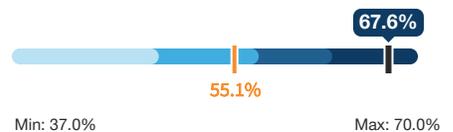
Uninsured low-income infants/toddlers



Ever breastfed



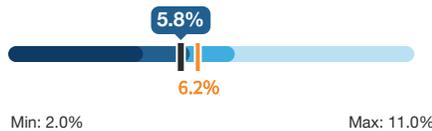
Infants breastfed at 6 months



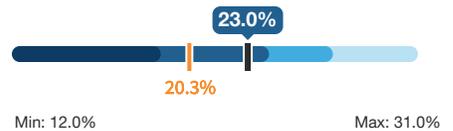
High weight-for-length†



Late or no prenatal care received



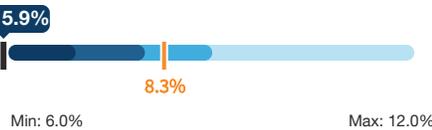
Mothers reporting less than optimal mental health



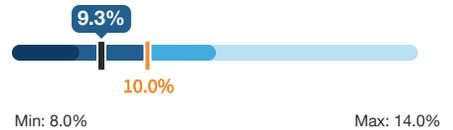
Infant mortality rate (deaths per 1,000 live births)



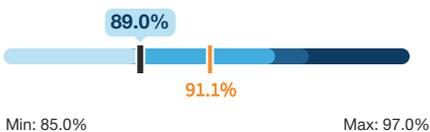
Babies with low birthweight



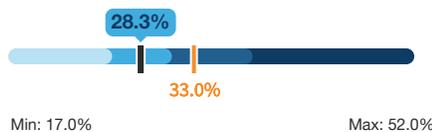
Preterm births†



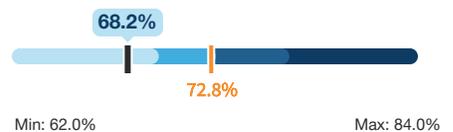
Preventative medical care received



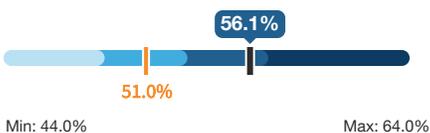
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	No	✗
Pregnant workers protection†	State employees only	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Alaska

● State Indicator ● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	205 200	G Uninsured low-income infants/toddlers	13.7% 5.1%
R Low or very low food security	17.1% 13.7%	W Infants ever breastfed	92.0% 83.6%
W Infants breastfed at 6 months	67.6% 55.1%	G WIC coverage†	56.0% 79.3%
G High weight-for-length†	15.4% N/A	O Late or no prenatal care received	5.8% 6.2%
O Mothers reporting less than optimal mental health	23.0% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	5.9 5.7
W Babies with low birthweight	5.9% 8.3%	O Preterm births†	9.3% 10.0%
R Preventive medical care received	89.0% 91.1%	R Preventive dental care received	28.3% 33.0%
G Received recommended vaccines	68.2% 72.8%	O Medical home†	56.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Alaska's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Alaska falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of families who report being resilient and babies who have had one adverse experience. Alaska is doing worse than the national average on indicators such as the percentages of babies living in crowded housing and babies experiencing housing insecurity (moved 3 or more times).

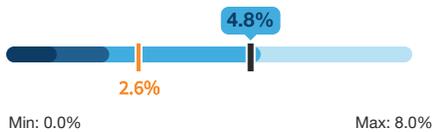
Key Indicators of Strong Families

● Alaska ● National Avg

TANF benefits receipt among families in poverty



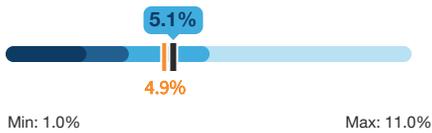
Housing instability



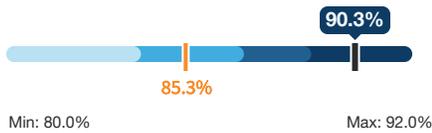
Crowded housing



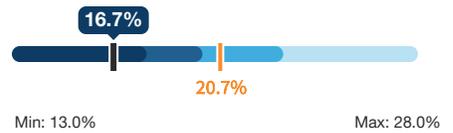
Unsafe neighborhoods



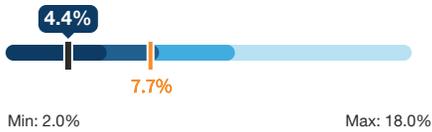
Family resilience



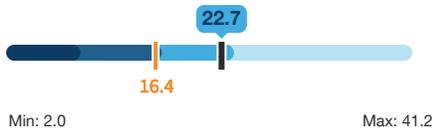
1 adverse childhood experience



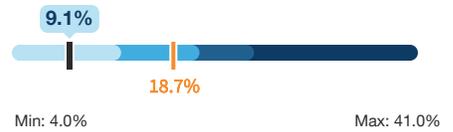
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Alaska

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Alaska

● State Indicator

● National Avg

O TANF benefits receipt among families in poverty	21.0% 21.7%	R Housing instability	4.8% 2.6%
G Crowded housing	19.6% 15.5%	R Unsafe neighborhoods	5.1% 4.9%
W Family resilience	90.3% 85.3%	W One adverse childhood experience	16.7% 20.7%
W Two or more adverse childhood experiences	4.4% 7.7%	Infant/toddler maltreatment rate†	22.7 16.4
G Out of home placements†	9.1% 18.7%	Permanency Achieved: Reunified†	49.4% 48.1%
R Potential home visiting beneficiaries served	1.8% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	88.9% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	16.5 7.1	Permanency Achieved: Adoption†	34.3% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Alaska's babies faring in Positive Early Learning Experiences?

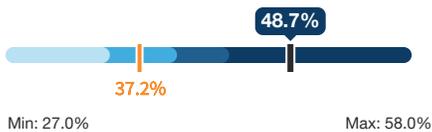
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Alaska scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Alaska is doing worse than the national average on indicators such as the lower percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

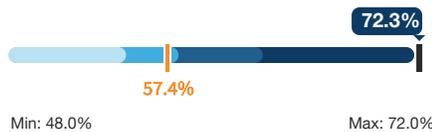
Key Indicators of Positive Early Learning Experiences

● Alaska ● National Avg

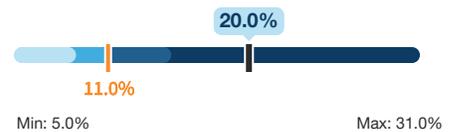
Parent reads to baby every day



Parent sings to baby every day



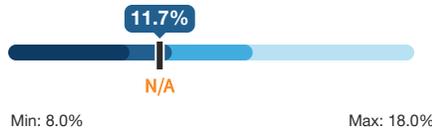
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



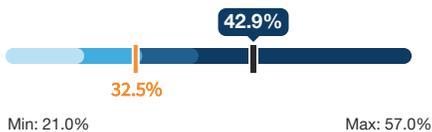
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Alaska

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	No	✗
Group size requirements meet or exceed EHS standards†	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	0 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Alaska

● State Indicator

● National Avg

W Parent reads to baby every day	48.7% 37.2%	W Parent sings to baby every day	72.3% 57.4%
W Percentage of income-eligible infants/toddlers with Early Head Start access	20.0% 11.0%	O Cost of care, as % of income married families	11.7% N/A
W Cost of care, as % of income single parents	32.7% N/A	R Low/moderate income infants/toddlers in CCDF funded-care	3.7% 4.2%
W Developmental screening received	42.9% 32.5%	Infants/toddlers with developmental delay†	2.6% 1.1%
R Percentage of infants/toddlers receiving IDEA Part C services	5.7% 6.8%	W Timeliness of Part C services†	99.9% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Arizona's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

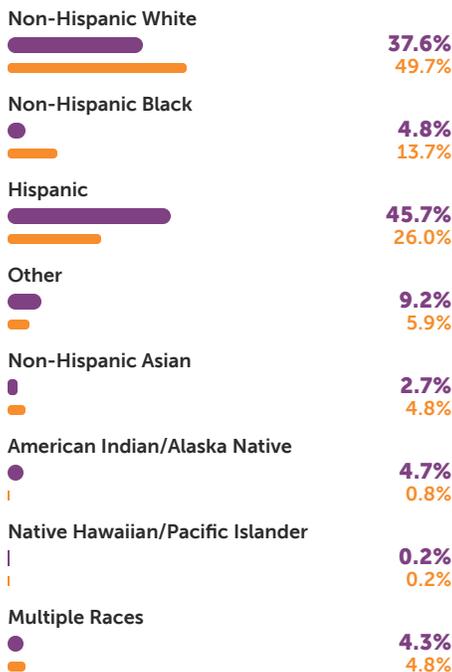
 Arizona  National Average

Infants and toddlers in Arizona

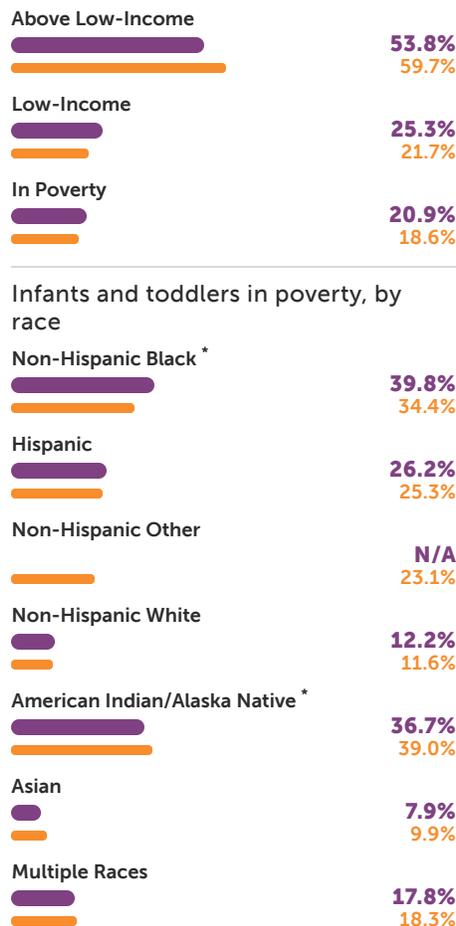
Arizona is home to 250,720 babies, representing 3.4 percent of the state's population. As many as 46.2 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

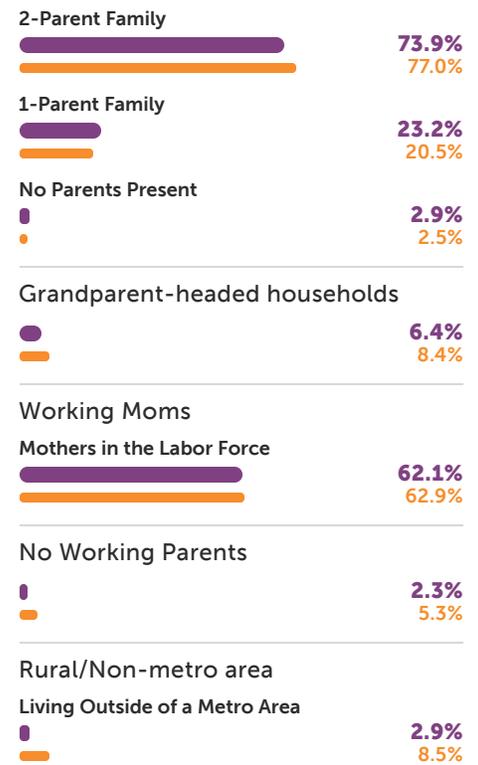
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Arizona's babies faring in Good Health?

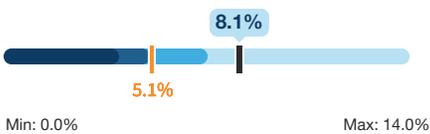
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Arizona falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Arizona performs better than national averages on key indicators, such as the percentages of babies born at low birth weight and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and women receiving late or no prenatal care.

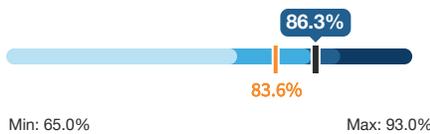
Key Indicators of Good Health

● Arizona ● National Avg

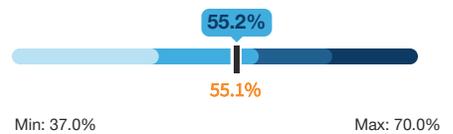
Uninsured low-income infants/toddlers



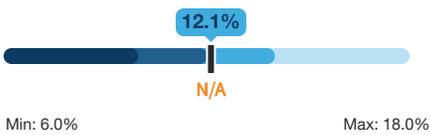
Ever breastfed



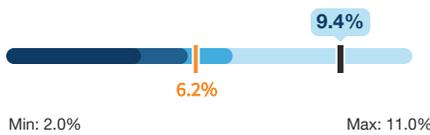
Infants breastfed at 6 months



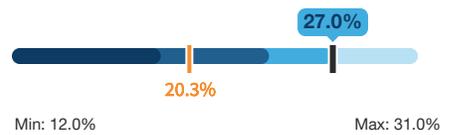
High weight-for-length[†]



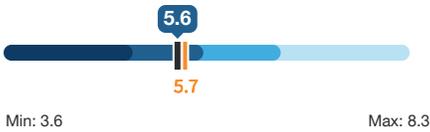
Late or no prenatal care received



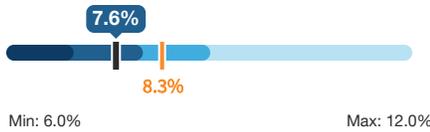
Mothers reporting less than optimal mental health



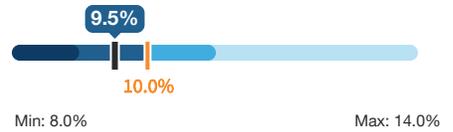
Infant mortality rate (deaths per 1,000 live births)



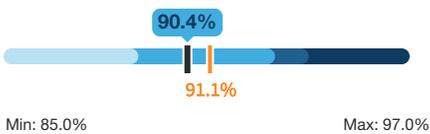
Babies with low birthweight



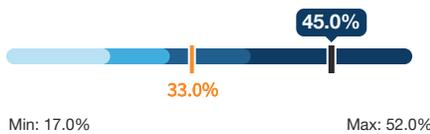
Preterm births[†]



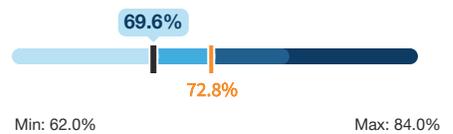
Preventative medical care received



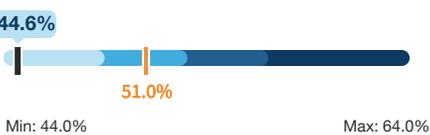
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Arizona

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	161 200	G Uninsured low-income infants/toddlers	8.1% 5.1%
R Low or very low food security	14.5% 13.7%	O Infants ever breastfed	86.3% 83.6%
R Infants breastfed at 6 months	55.2% 55.1%	R WIC coverage†	74.4% 79.3%
R High weight-for-length†	12.1% N/A	G Late or no prenatal care received	9.4% 6.2%
R Mothers reporting less than optimal mental health	27.0% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.6 5.7
O Babies with low birthweight	7.6% 8.3%	O Preterm births†	9.5% 10.0%
R Preventive medical care received	90.4% 91.1%	W Preventive dental care received	45.0% 33.0%
G Received recommended vaccines	69.6% 72.8%	G Medical home†	44.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Arizona's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Arizona falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies who have had one adverse experience and babies who could benefit from home visiting receiving those services. Arizona is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and families who report being resilient.

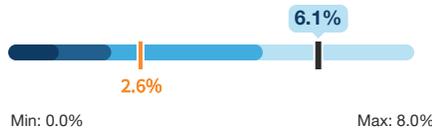
Key Indicators of Strong Families

● Arizona ● National Avg

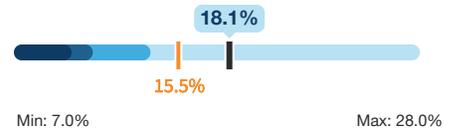
TANF benefits receipt among families in poverty



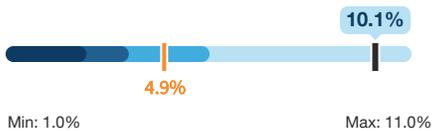
Housing instability



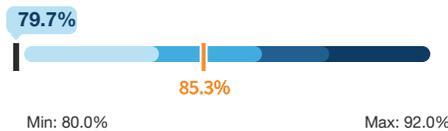
Crowded housing



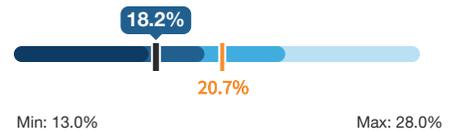
Unsafe neighborhoods



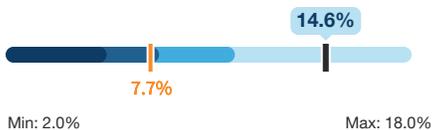
Family resilience



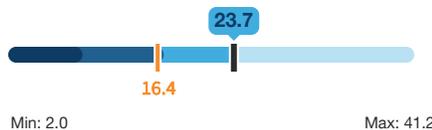
1 adverse childhood experience



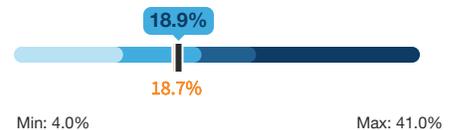
2+ adverse childhood experiences



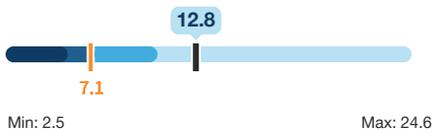
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Arizona

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	Yes	✓
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Arizona

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	5.2% 21.7%	G Housing instability	6.1% 2.6%
G Crowded housing	18.1% 15.5%	G Unsafe neighborhoods	10.1% 4.9%
G Family resilience	79.7% 85.3%	O One adverse childhood experience	18.2% 20.7%
G Two or more adverse childhood experiences	14.6% 7.7%	Infant/toddler maltreatment rate†	23.7 16.4
R Out of home placements†	18.9% 18.7%	Permanency Achieved: Reunified†	45.2% 48.1%
W Potential home visiting beneficiaries served	3.3% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	97.2% 98.8%	Permanency Achieved: Guardian†	2.7% 8.3%
Removed from home†	12.8 7.1	Permanency Achieved: Adoption†	48.9% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Arizona's babies faring in Positive Early Learning Experiences?

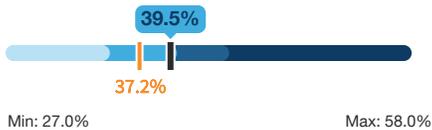
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Arizona scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their babies daily. Arizona is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

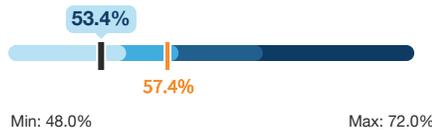
Key Indicators of Positive Early Learning Experiences

● Arizona ● National Avg

Parent reads to baby every day



Parent sings to baby every day



Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Arizona

Infant eligibility level for child care subsidy above 200% of FPL _____	No	✗
Allocated CCDBG funds† _____	No	✗
Group size requirements meet or exceed EHS standards† _____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards† _____	0 of 3 age groups	
Level of teacher qualification required by the state† _____	No credential beyond a high school diploma	
Infant/toddler credential adopted† _____	No	✗
State reimburses center based child care at/above 75th percentile of market rates† _____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children† _____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Arizona

● State Indicator

● National Avg

<p>R Parent reads to baby every day 39.5% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 10.0% 11.0%</p> <p>O Cost of care, as % of income single parents 40.2% N/A</p> <p>G Developmental screening received 27.2% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 4.5% 6.8%</p>	<p>G Parent sings to baby every day 53.4% 57.4%</p> <p>R Cost of care, as % of income married families 13.4% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 4.0% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.3% 1.1%</p> <p>R Timeliness of Part C services† 97.6% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Arkansas's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

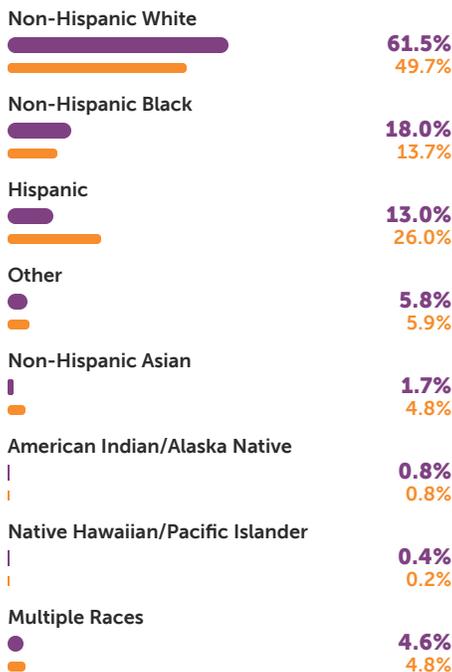
 Arkansas  National Average

Infants and toddlers in Arkansas

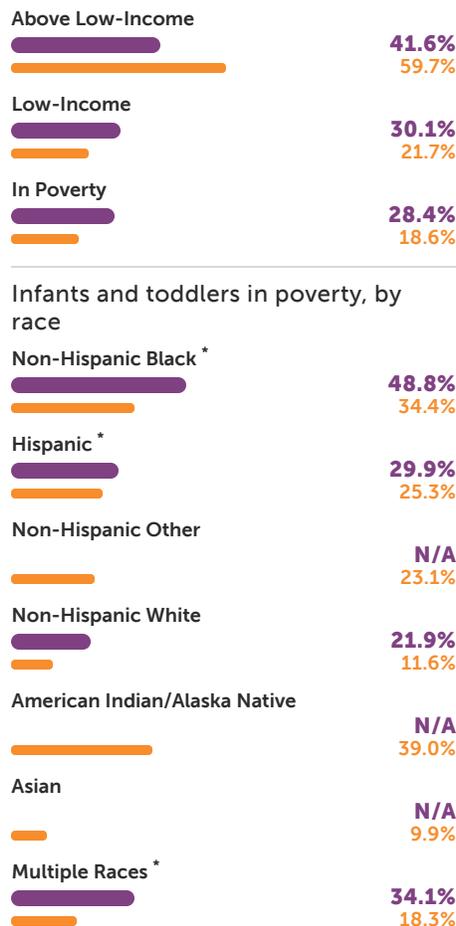
Arkansas is home to 110,933 babies, representing 3.7 percent of the state's population. As many as 58.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

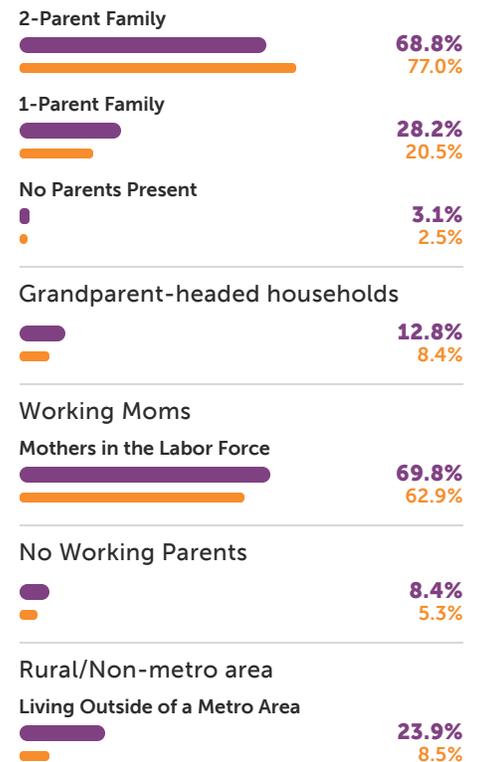
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Arkansas's babies faring in Good Health?

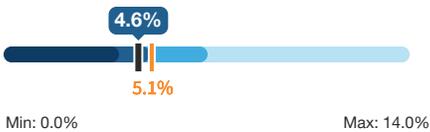
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Arkansas falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Arkansas performs better than national averages on key indicators, such as the percentages of babies receiving preventive medical care and babies experiencing food insecurity. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

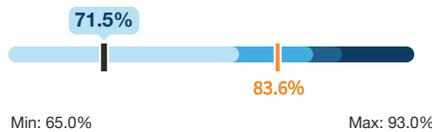
Key Indicators of Good Health

● Arkansas ● National Avg

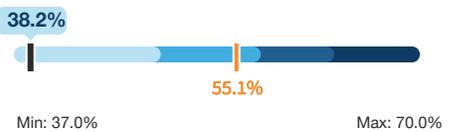
Uninsured low-income infants/toddlers



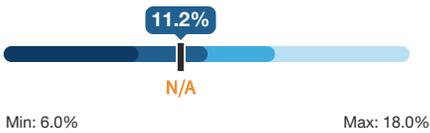
Ever breastfed



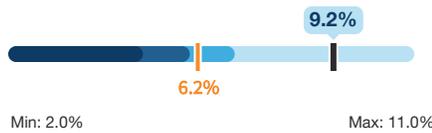
Infants breastfed at 6 months



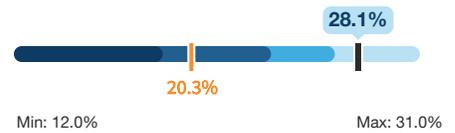
High weight-for-length†



Late or no prenatal care received



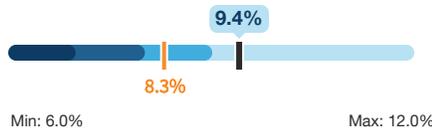
Mothers reporting less than optimal mental health



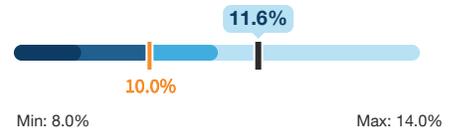
Infant mortality rate (deaths per 1,000 live births)



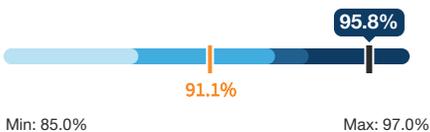
Babies with low birthweight



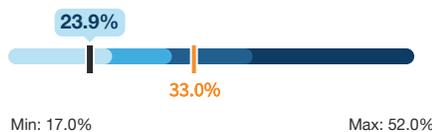
Preterm births†



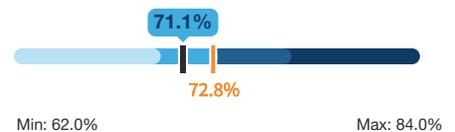
Preventative medical care received



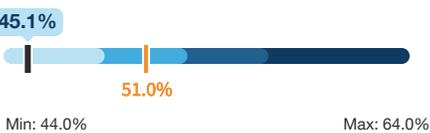
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	No	✗
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Arkansas

● State Indicator

● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	214 200	R Uninsured low-income infants/toddlers	4.6% 5.1%
O Low or very low food security	9.5% 13.7%	G Infants ever breastfed	71.5% 83.6%
G Infants breastfed at 6 months	38.2% 55.1%	W WIC coverage†	87.6% 79.3%
O High weight-for-length†	11.2% N/A	G Late or no prenatal care received	9.2% 6.2%
G Mothers reporting less than optimal mental health	28.1% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7.5 5.7
G Babies with low birthweight	9.4% 8.3%	G Preterm births†	11.6% 10.0%
W Preventive medical care received	95.8% 91.1%	G Preventive dental care received	23.9% 33.0%
R Received recommended vaccines	71.1% 72.8%	G Medical home†	45.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Arkansas's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Arkansas falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and families who report being resilient. Arkansas is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times).

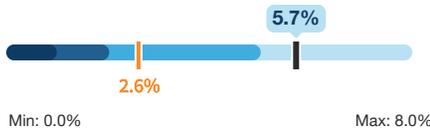
Key Indicators of Strong Families

● Arkansas ● National Avg

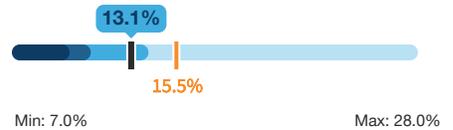
TANF benefits receipt among families in poverty



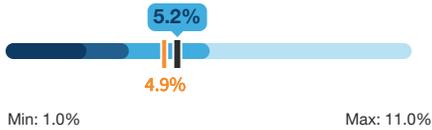
Housing instability



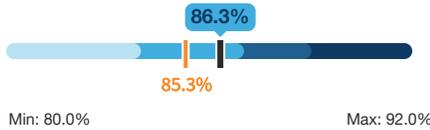
Crowded housing



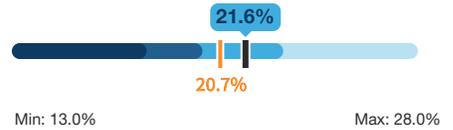
Unsafe neighborhoods



Family resilience



1 adverse childhood experience



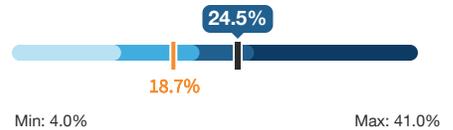
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Arkansas

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Arkansas

● State Indicator ● National Avg

G TANF benefits receipt among families in poverty	5.8% 21.7%	G Housing instability	5.7% 2.6%
R Crowded housing	13.1% 15.5%	R Unsafe neighborhoods	5.2% 4.9%
R Family resilience	86.3% 85.3%	R One adverse childhood experience	21.6% 20.7%
G Two or more adverse childhood experiences	12.1% 7.7%	Infant/toddler maltreatment rate†	25.4% 16.4%
O Out of home placements†	24.5% 18.7%	Permanency Achieved: Reunified†	38.5% 48.1%
G Potential home visiting beneficiaries served	1.2% 2.0%	Permanency Achieved: Relative†	21.5% 7.8%
Infants/toddlers exiting foster care to permanency†	99.4% 98.8%	Permanency Achieved: Guardian†	2.3% 8.3%
Removed from home†	9.7% 7.1%	Permanency Achieved: Adoption†	37.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Arkansas's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Arkansas scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Arkansas is doing worse than the national average on indicators such as the lower percentage of parents who read to their babies daily. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

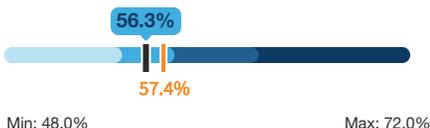
Key Indicators of Positive Early Learning Experiences

● Arkansas ● National Avg

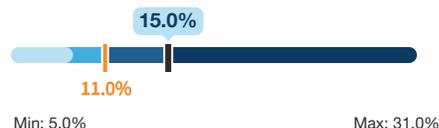
Parent reads to baby every day



Parent sings to baby every day



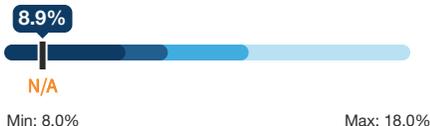
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Arkansas

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	Yes	✓
Group size requirements meet or exceed EHS standards†	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	0 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Arkansas

● State Indicator

● National Avg

G Parent reads to baby every day	29.7% 37.2%	R Parent sings to baby every day	56.3% 57.4%
O Percentage of income-eligible infants/toddlers with Early Head Start access	15.0% 11.0%	W Cost of care, as % of income married families	8.9% N/A
W Cost of care, as % of income single parents	29.9% N/A	G Low/moderate income infants/toddlers in CCDF funded-care	2.3% 4.2%
R Developmental screening received	29.8% 32.5%	Infants/toddlers with developmental delay†	2.4% 1.1%
G Percentage of infants/toddlers receiving IDEA Part C services	1.9% 6.8%	G Timeliness of Part C services†	83.1% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of California's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

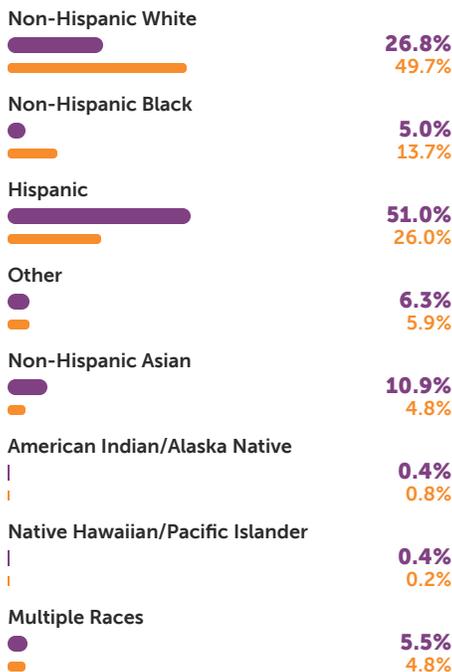
● California ● National Average

Infants and toddlers in California

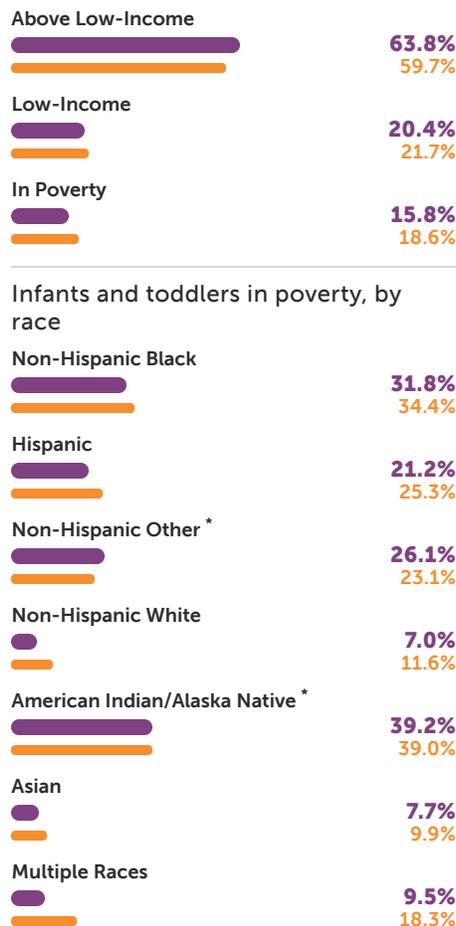
California is home to 1,402,624 babies, representing 3.6 percent of the state's population. As many as 36.2 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

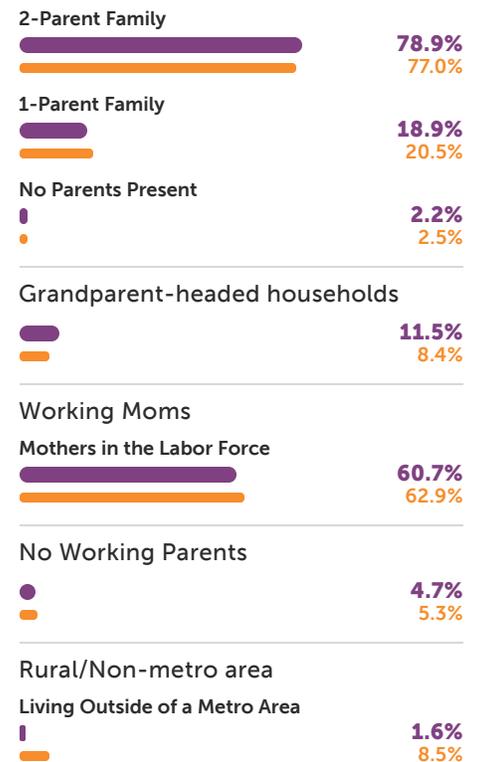
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.

How are California's babies faring in Good Health?

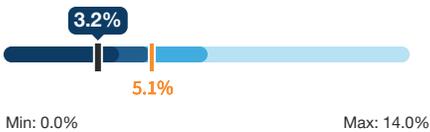
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

California falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. California performs better than national averages on key indicators, such as the infant mortality rate and the percentage of mothers reporting less than favorable mental health. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive medical and dental care.

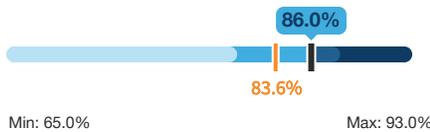
Key Indicators of Good Health

● California ● National Avg

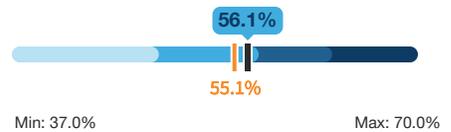
Uninsured low-income infants/toddlers



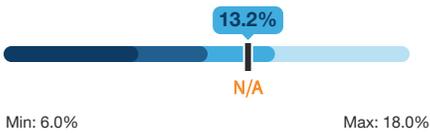
Ever breastfed



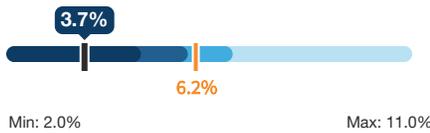
Infants breastfed at 6 months



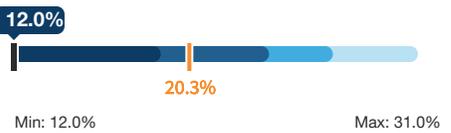
High weight-for-length[†]



Late or no prenatal care received



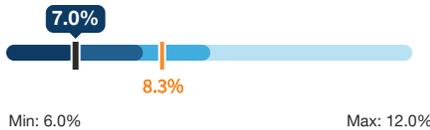
Mothers reporting less than optimal mental health



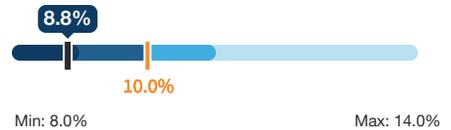
Infant mortality rate (deaths per 1,000 live births)



Babies with low birthweight



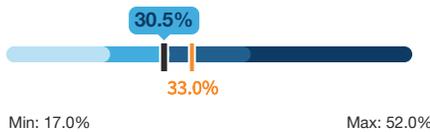
Preterm births[†]



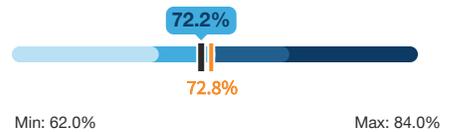
Preventative medical care received



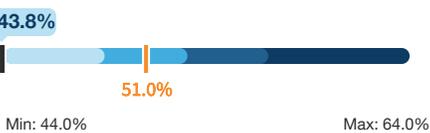
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	No	✗
Pregnant workers protection [†]	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage [†]	Law covering either some women but not all, or all women but for less than 1 year	

[†]This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for California

● State Indicator

● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	213 200	W Uninsured low-income infants/toddlers	3.2% 5.1%
O Low or very low food security	11.9% 13.7%	O Infants ever breastfed	86.0% 83.6%
R Infants breastfed at 6 months	56.1% 55.1%	O WIC coverage [†]	81.6% 79.3%
R High weight-for-length [†]	13.2% N/A	W Late or no prenatal care received	3.7% 6.2%
W Mothers reporting less than optimal mental health	12.0% 20.3%	W Infant mortality rate (deaths per 1,000 live births) [†]	4.2 5.7
W Babies with low birthweight	7.0% 8.3%	W Preterm births [†]	8.8% 10.0%
G Preventive medical care received	88.3% 91.1%	R Preventive dental care received	30.5% 33.0%
R Received recommended vaccines	72.2% 72.8%	G Medical home [†]	43.8% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are California's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

California falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times). California is doing worse than the national average on indicators such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods.

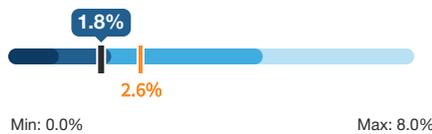
Key Indicators of Strong Families

● California ● National Avg

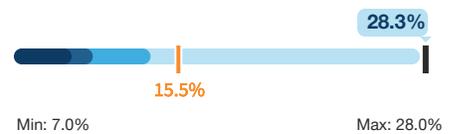
TANF benefits receipt among families in poverty



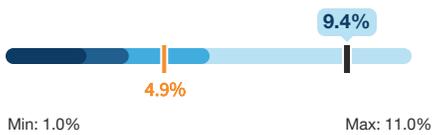
Housing instability



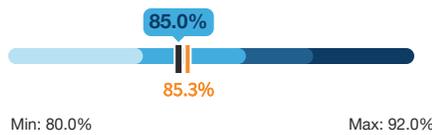
Crowded housing



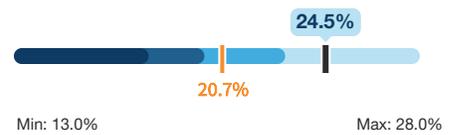
Unsafe neighborhoods



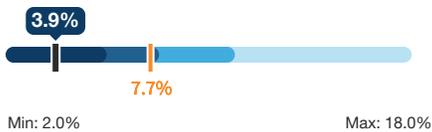
Family resilience



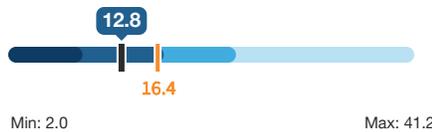
1 adverse childhood experience



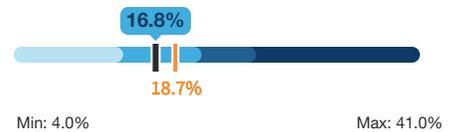
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in California

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	Yes	✓
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for California

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	71.9% 21.7%	O Housing instability	1.8% 2.6%
G Crowded housing	28.3% 15.5%	G Unsafe neighborhoods	9.4% 4.9%
R Family resilience	85.0% 85.3%	G One adverse childhood experience	24.5% 20.7%
W Two or more adverse childhood experiences	3.9% 7.7%	Infant/toddler maltreatment rate†	12.8 16.4
R Out of home placements†	16.8% 18.7%	Permanency Achieved: Reunified†	54.5% 48.1%
G Potential home visiting beneficiaries served	1.0% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	99.3% 98.8%	Permanency Achieved: Guardian†	5.0% 8.3%
Removed from home†	6.7 7.1	Permanency Achieved: Adoption†	39.8% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are California's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

California scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. California is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

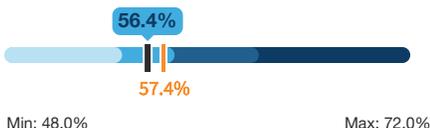
Key Indicators of Positive Early Learning Experiences

● California ● National Avg

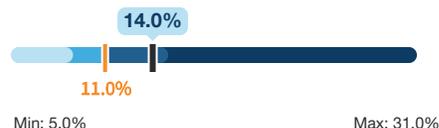
Parent reads to baby every day



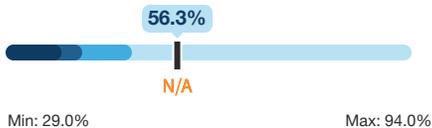
Parent sings to baby every day



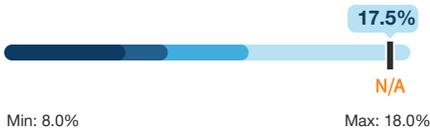
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in California

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	No	✗
Group size requirements meet or exceed EHS standards†	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	1 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for California

● State Indicator

● National Avg

G Parent reads to baby every day	31.0% 37.2%	R Parent sings to baby every day	56.4% 57.4%
O Percentage of income-eligible infants/toddlers with Early Head Start access	14.0% 11.0%	G Cost of care, as % of income married families	17.5% N/A
G Cost of care, as % of income single parents	56.3% N/A	G Low/moderate income infants/toddlers in CCDF funded-care	1.8% 4.2%
G Developmental screening received	24.9% 32.5%	Infants/toddlers with developmental delay†	0.0% 1.1%
R Percentage of infants/toddlers receiving IDEA Part C services	5.9% 6.8%	G Timeliness of Part C services†	86.9% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Colorado's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

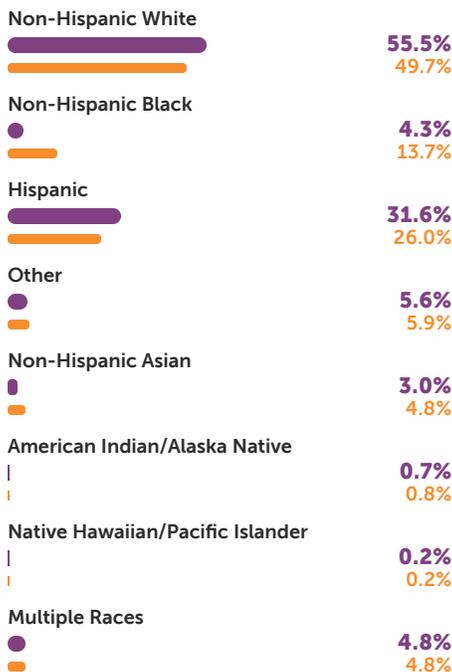
● Colorado ● National Average

Infants and toddlers in Colorado

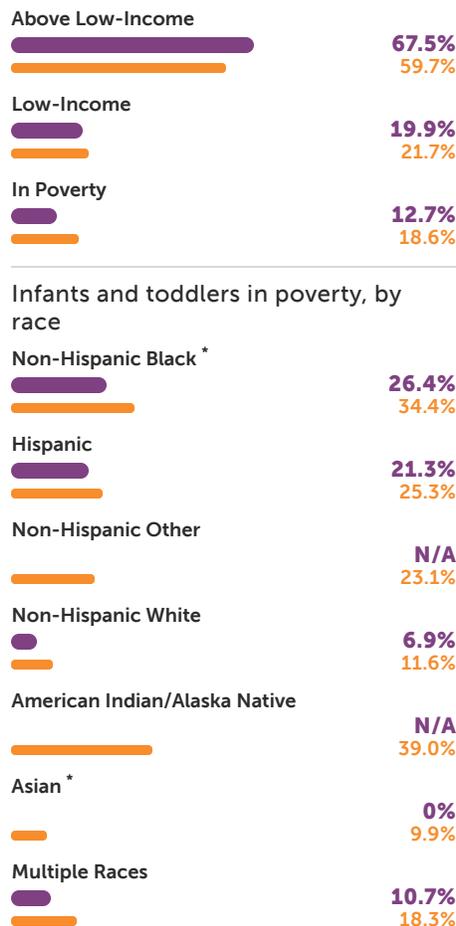
Colorado is home to 195,726 babies, representing 3.4 percent of the state's population. As many as 32.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

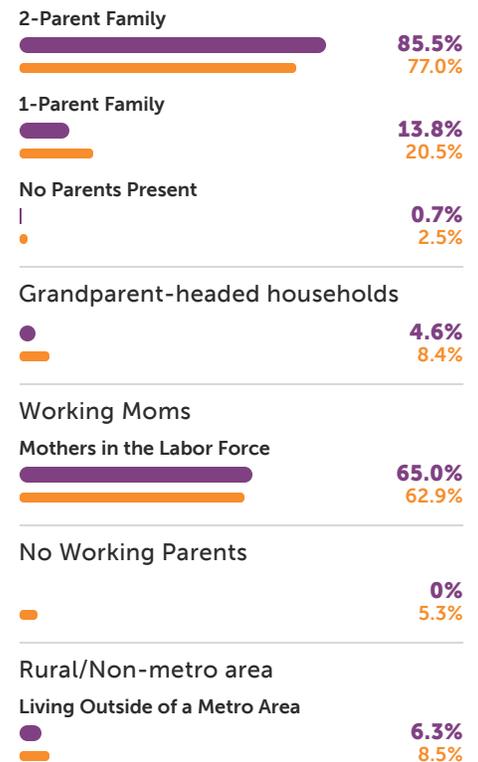
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Colorado's babies faring in Good Health?

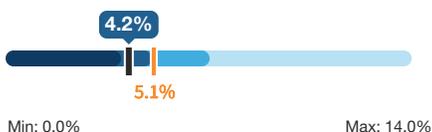
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Colorado falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Colorado performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies breastfed at 6 months. The state is performing worse than the national average on the percentage of babies born at low birth weight.

Key Indicators of Good Health

● Colorado ● National Avg

Uninsured low-income infants/toddlers



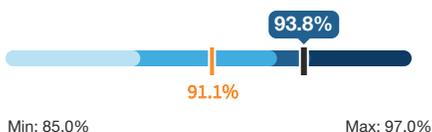
High weight-for-length[†]



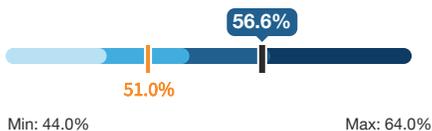
Infant mortality rate (deaths per 1,000 live births)



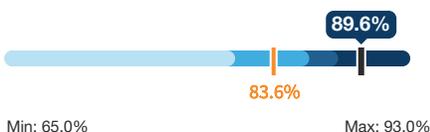
Preventative medical care received



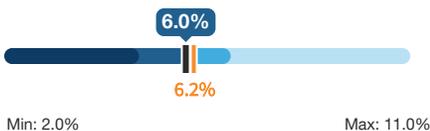
Medical home[†]



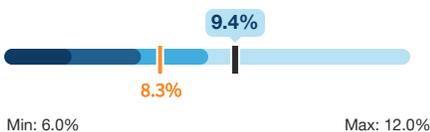
Ever breastfed



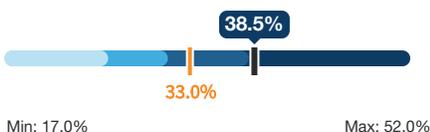
Late or no prenatal care received



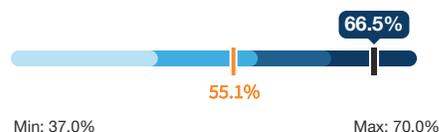
Babies with low birthweight



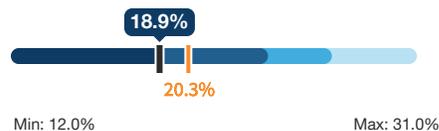
Preventative dental care received



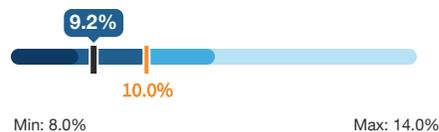
Infants breastfed at 6 months



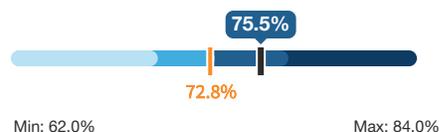
Mothers reporting less than optimal mental health



Preterm births[†]



Received recommended vaccines



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Colorado

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	200 200	O Uninsured low-income infants/toddlers	4.2% 5.1%
Low or very low food security	N/A 13.7%	W Infants ever breastfed	89.6% 83.6%
W Infants breastfed at 6 months	66.5% 55.1%	G WIC coverage†	62.5% 79.3%
W High weight-for-length†	6.1% N/A	O Late or no prenatal care received	6.0% 6.2%
O Mothers reporting less than optimal mental health	18.9% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	4.7 5.7
G Babies with low birthweight	9.4% 8.3%	O Preterm births†	9.2% 10.0%
O Preventive medical care received	93.8% 91.1%	W Preventive dental care received	38.5% 33.0%
O Received recommended vaccines	75.5% 72.8%	O Medical home†	56.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Colorado's babies faring in Strong Families?

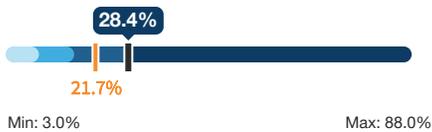
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Colorado falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of families who report being resilient and babies living in crowded housing. Colorado is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and parents who report living in unsafe neighborhoods.

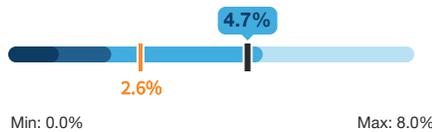
Key Indicators of Strong Families

● Colorado ● National Avg

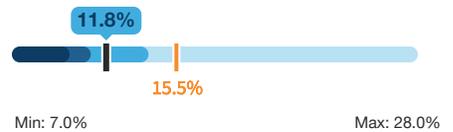
TANF benefits receipt among families in poverty



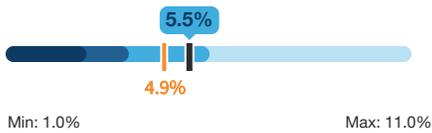
Housing instability



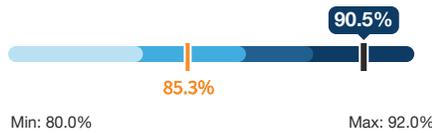
Crowded housing



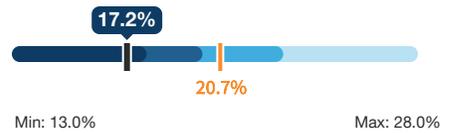
Unsafe neighborhoods



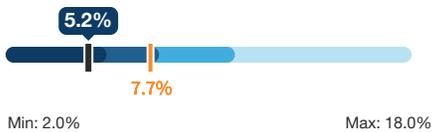
Family resilience



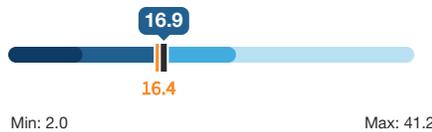
1 adverse childhood experience



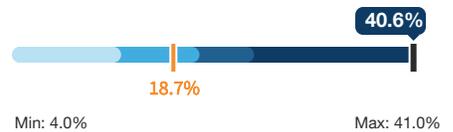
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Colorado

Paid family leave	Yes	✓
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	No	✗
State Child Tax Credit†	Yes	✓
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Strong Families Indicators for Colorado

● State Indicator ● National Avg

<p>O TANF benefits receipt among families in poverty 28.4% 21.7%</p> <p>R Crowded housing 11.8% 15.5%</p> <p>W Family resilience 90.5% 85.3%</p> <p>W Two or more adverse childhood experiences 5.2% 7.7%</p> <p>W Out of home placements† 40.6% 18.7%</p> <p>O Potential home visiting beneficiaries served 2.9% 2.0%</p> <p>Infants/toddlers exiting foster care to permanency† 98.6% 98.8%</p> <p>Removed from home† 6.6 7.1</p>	<p>R Housing instability 4.7% 2.6%</p> <p>R Unsafe neighborhoods 5.5% 4.9%</p> <p>W One adverse childhood experience 17.2% 20.7%</p> <p>Infant/toddler maltreatment rate† 16.9 16.4</p> <p>Permanency Achieved: Reunified† 35.1% 48.1%</p> <p>Permanency Achieved: Relative† 30.1% 7.8%</p> <p>Permanency Achieved: Guardian† 7.6% 8.3%</p> <p>Permanency Achieved: Adoption† 25.8% 34.6%</p>
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†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Colorado's babies faring in Positive Early Learning Experiences?

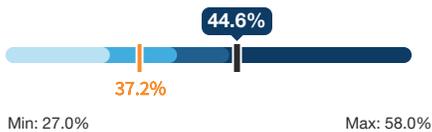
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Colorado scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Colorado is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

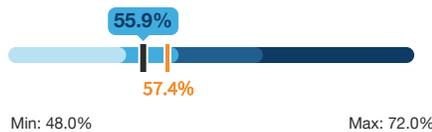
Key Indicators of Positive Early Learning Experiences

● Colorado ● National Avg

Parent reads to baby every day



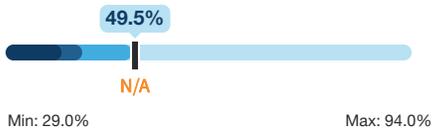
Parent sings to baby every day



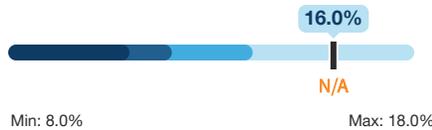
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



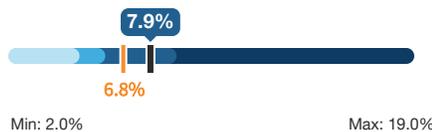
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Colorado

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✘
Allocated CCDBG funds†	_____	No	✘
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✘
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✘
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✘

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Colorado

● State Indicator

● National Avg

<p>W Parent reads to baby every day 44.6% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 10.0% 11.0%</p> <p>G Cost of care, as % of income single parents 49.5% N/A</p> <p>W Developmental screening received 50.4% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 7.9% 6.8%</p>	<p>R Parent sings to baby every day 55.9% 57.4%</p> <p>G Cost of care, as % of income married families 16.0% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.8% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.0% 1.1%</p> <p>G Timeliness of Part C services† 88.1% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Connecticut's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

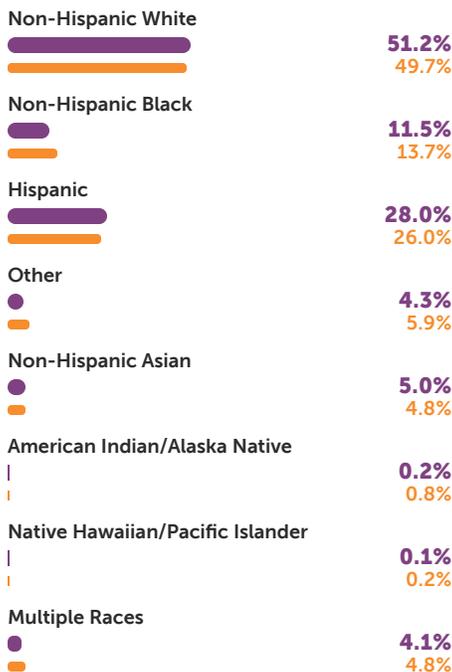
 Connecticut  National Average

Infants and toddlers in Connecticut

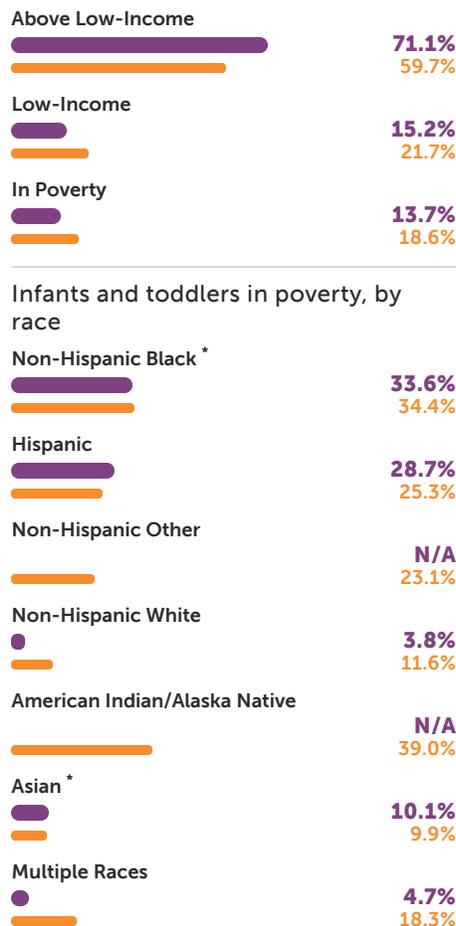
Connecticut is home to 106,513 babies, representing 3.0 percent of the state's population. As many as 28.9 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

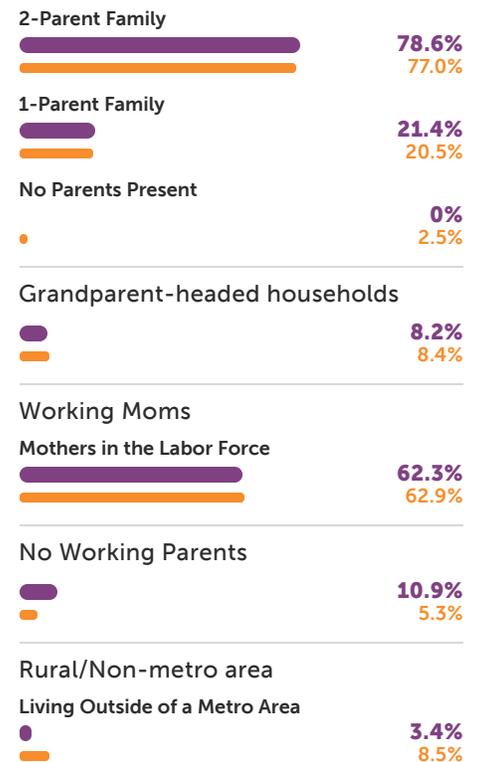
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Connecticut's babies faring in Good Health?

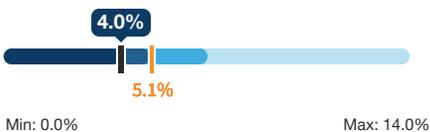
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Connecticut falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Connecticut performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies receiving recommended vaccinations. The state is performing worse than the national average on the percentage of mothers reporting less than favorable mental health.

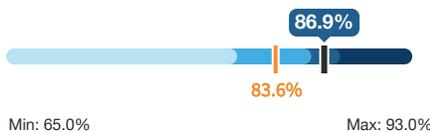
Key Indicators of Good Health

● Connecticut ● National Avg

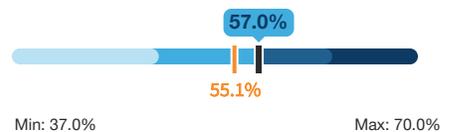
Uninsured low-income infants/toddlers



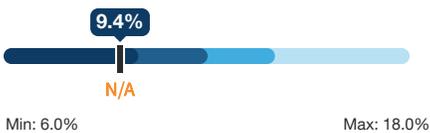
Ever breastfed



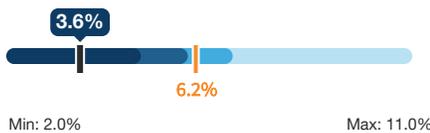
Infants breastfed at 6 months



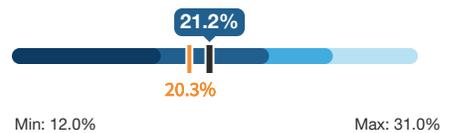
High weight-for-length[†]



Late or no prenatal care received



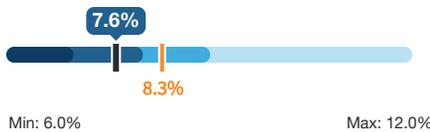
Mothers reporting less than optimal mental health



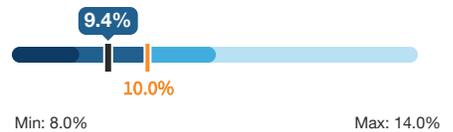
Infant mortality rate (deaths per 1,000 live births)



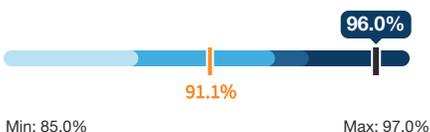
Babies with low birthweight



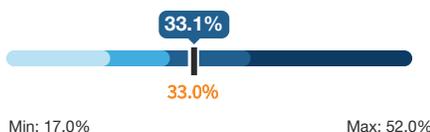
Preterm births[†]



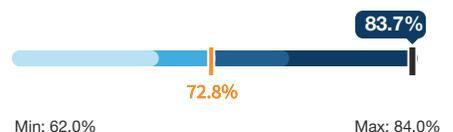
Preventative medical care received



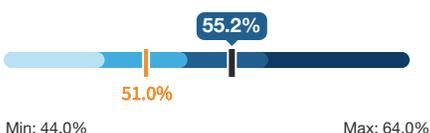
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Connecticut

● State Indicator

● National Avg

Eligibility limit (% FPL) for pregnant women in Medicaid	263 200	Uninsured low-income infants/toddlers	4.0% 5.1%
Low or very low food security	N/A 13.7%	Infants ever breastfed	86.9% 83.6%
Infants breastfed at 6 months	57.0% 55.1%	WIC coverage†	91.0% 79.3%
High weight-for-length†	9.4% N/A	Late or no prenatal care received	3.6% 6.2%
Mothers reporting less than optimal mental health	21.2% 20.3%	Infant mortality rate (deaths per 1,000 live births)†	4.2 5.7
Babies with low birthweight	7.6% 8.3%	Preterm births†	9.4% 10.0%
Preventive medical care received	96.0% 91.1%	Preventive dental care received	33.1% 33.0%
Received recommended vaccines	83.7% 72.8%	Medical home†	55.2% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Connecticut's babies faring in Strong Families?

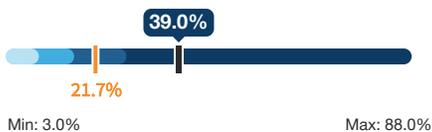
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Connecticut falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of families who report being resilient and babies living in crowded housing. Connecticut is doing worse than the national average on indicators such as the percentage of babies who have had two or more adverse experiences and the rate of babies experiencing maltreatment.

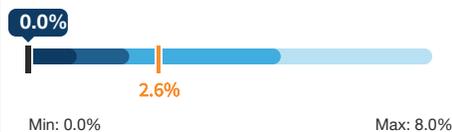
Key Indicators of Strong Families

● Connecticut ● National Avg

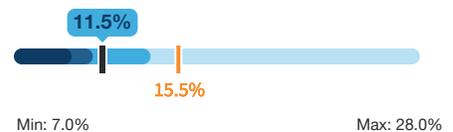
TANF benefits receipt among families in poverty



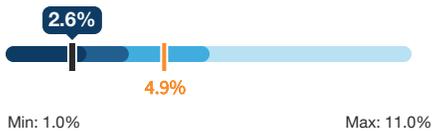
Housing instability



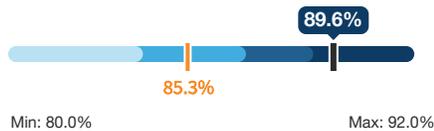
Crowded housing



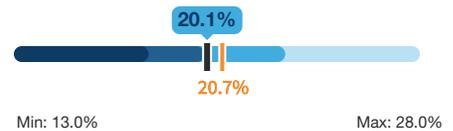
Unsafe neighborhoods



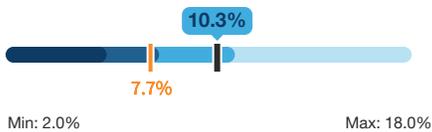
Family resilience



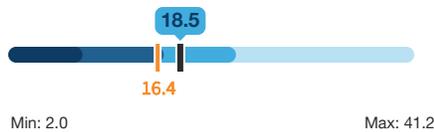
1 adverse childhood experience



2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Connecticut

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Connecticut

● State Indicator ● National Avg

 TANF benefits receipt among families in poverty	39.0% 21.7%	 Housing instability	0.0% 2.6%
 Crowded housing	11.5% 15.5%	 Unsafe neighborhoods	2.6% 4.9%
 Family resilience	89.6% 85.3%	 One adverse childhood experience	20.1% 20.7%
 Two or more adverse childhood experiences	10.3% 7.7%	Infant/toddler maltreatment rate†	18.5% 16.4%
 Out of home placements†	14.8% 18.7%	Permanency Achieved: Reunified†	42.6% 48.1%
 Potential home visiting beneficiaries served	2.9% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	97.3% 98.8%	Permanency Achieved: Guardian†	2.7% 8.3%
Removed from home†	7.2% 7.1%	Permanency Achieved: Adoption†	51.2% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Connecticut's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Connecticut scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report percentage of parents who read to their child every day. Connecticut is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

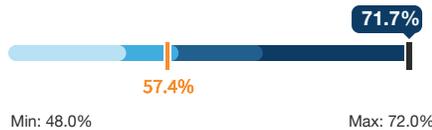
Key Indicators of Positive Early Learning Experiences

● Connecticut ● National Avg

Parent reads to baby every day



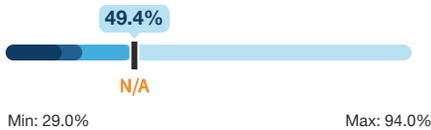
Parent sings to baby every day



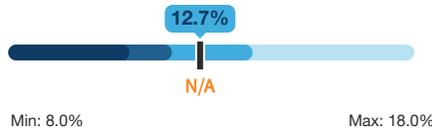
Percentage of income-eligible infants/toddlers with Early Head Start access



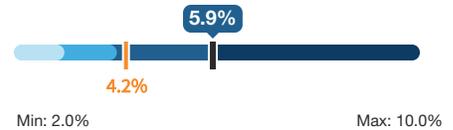
Cost of care, as % of income single parents



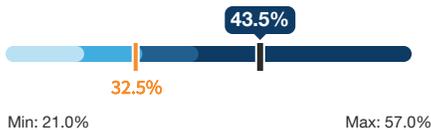
Cost of care, as % of income married families



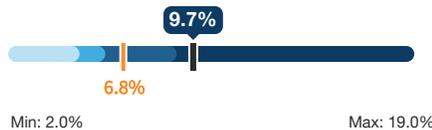
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Connecticut



Infant eligibility level for child care subsidy above 200% of FPL	_____	Yes ✓
Allocated CCDBG funds†	_____	Yes ✓
Group size requirements meet or exceed EHS standards†	_____	3 of 3 age groups
Adult/child ratio requirements meet or exceed EHS standards†	_____	3 of 3 age groups
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma
Infant/toddler credential adopted†	_____	Yes ✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No ✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No ✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Connecticut

● State Indicator ● National Avg

<p>W Parent reads to baby every day 53.3% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 9.0% 11.0%</p> <p>G Cost of care, as % of income single parents 49.4% N/A</p> <p>W Developmental screening received 43.5% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 9.7% 6.8%</p>	<p>W Parent sings to baby every day 71.7% 57.4%</p> <p>R Cost of care, as % of income married families 12.7% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 5.9% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.8% 1.1%</p> <p>W Timeliness of Part C services† 100.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Delaware's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

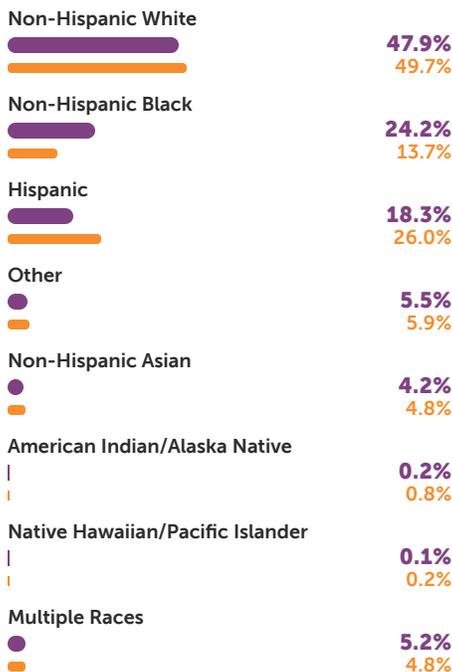
 Delaware  National Average

Infants and toddlers in Delaware

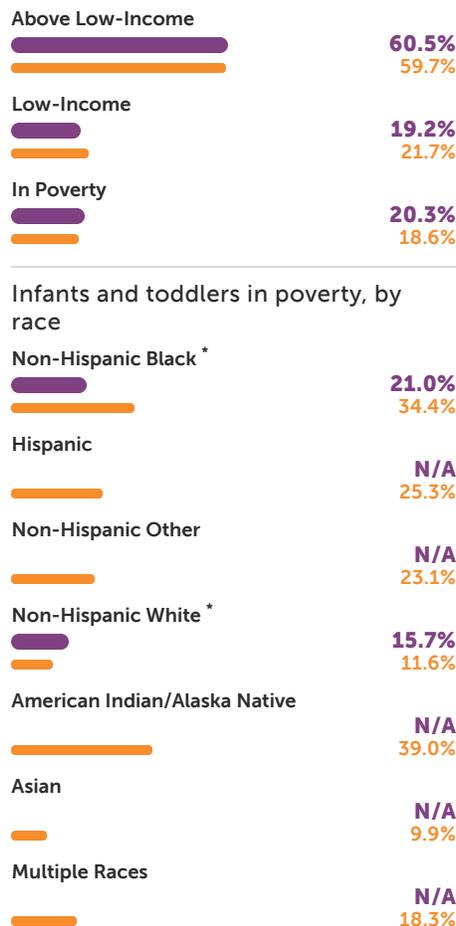
Delaware is home to 32,350 babies, representing 3.3 percent of the state's population. As many as 39.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

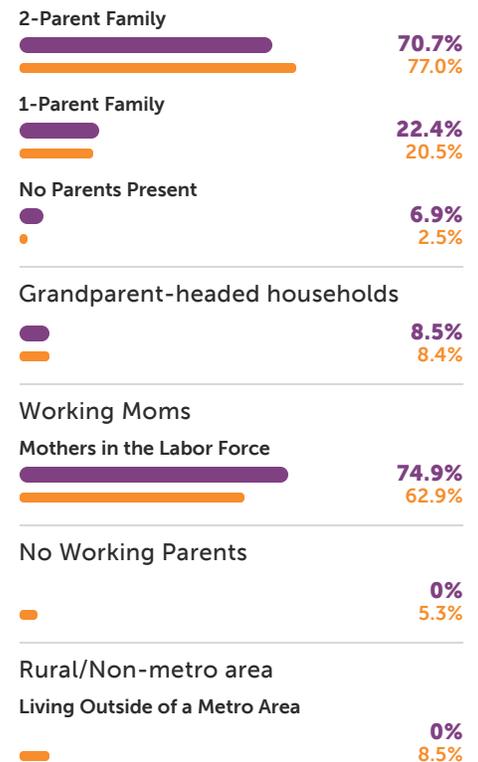
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Delaware's babies faring in Good Health?

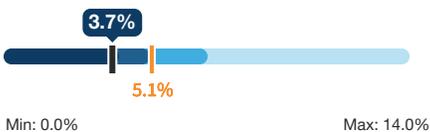
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Delaware falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Delaware performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and mothers reporting less than favorable mental health. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive medical and dental care.

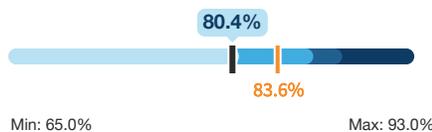
Key Indicators of Good Health

● Delaware ● National Avg

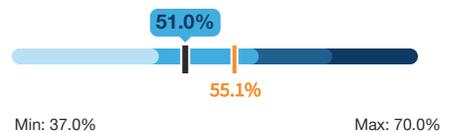
Uninsured low-income infants/toddlers



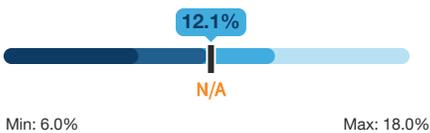
Ever breastfed



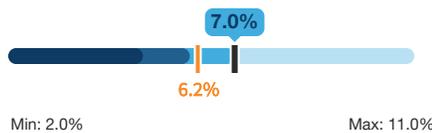
Infants breastfed at 6 months



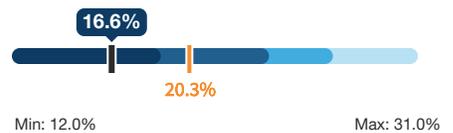
High weight-for-length[†]



Late or no prenatal care received



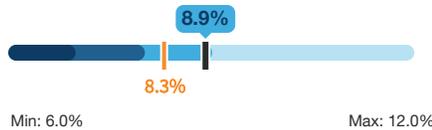
Mothers reporting less than optimal mental health



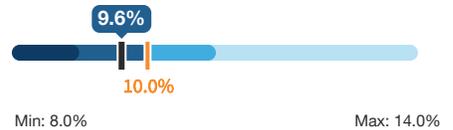
Infant mortality rate (deaths per 1,000 live births)



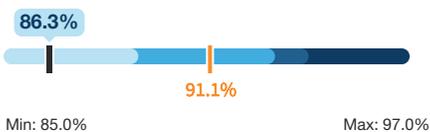
Babies with low birthweight



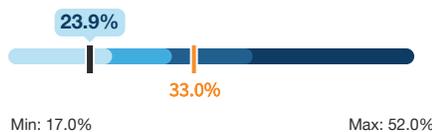
Preterm births[†]



Preventative medical care received



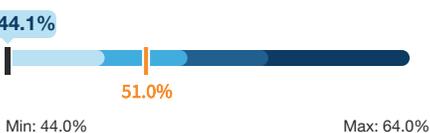
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	No	✗
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Delaware

● State Indicator ● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	217 200	O Uninsured low-income infants/toddlers	3.7% 5.1%
Low or very low food security	N/A 13.7%	G Infants ever breastfed	80.4% 83.6%
R Infants breastfed at 6 months	51.0% 55.1%	R WIC coverage†	71.0% 79.3%
R High weight-for-length†	12.1% N/A	G Late or no prenatal care received	7.0% 6.2%
W Mothers reporting less than optimal mental health	16.6% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.8 5.7
R Babies with low birthweight	8.9% 8.3%	O Preterm births†	9.6% 10.0%
G Preventive medical care received	86.3% 91.1%	G Preventive dental care received	23.9% 33.0%
O Received recommended vaccines	73.7% 72.8%	G Medical home†	44.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Delaware's babies faring in Strong Families?

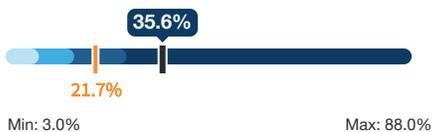
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Delaware falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing, babies who have had one adverse experience, and babies experiencing housing insecurity (moved 3 or more times). Delaware is doing worse than the national average on the percentage of babies exiting foster care who are reunified with the parent.

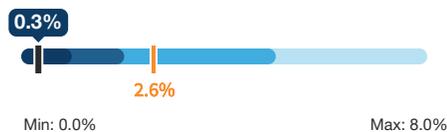
Key Indicators of Strong Families

● Delaware ● National Avg

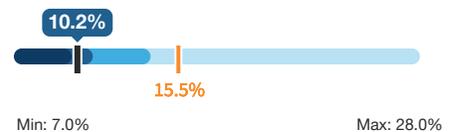
TANF benefits receipt among families in poverty



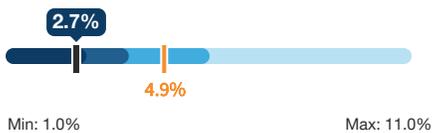
Housing instability



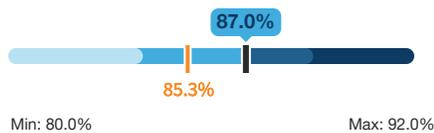
Crowded housing



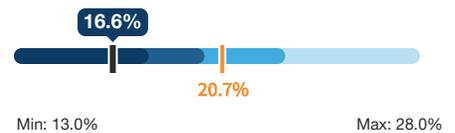
Unsafe neighborhoods



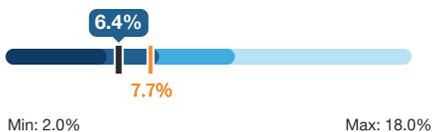
Family resilience



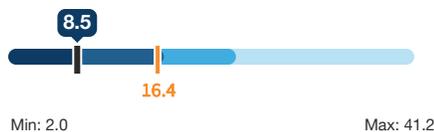
1 adverse childhood experience



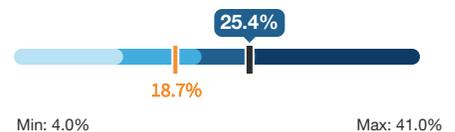
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Delaware

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Delaware

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	35.6% 21.7%	W Housing instability	0.3% 2.6%
O Crowded housing	10.2% 15.5%	O Unsafe neighborhoods	2.7% 4.9%
R Family resilience	87.0% 85.3%	W One adverse childhood experience	16.6% 20.7%
O Two or more adverse childhood experiences	6.4% 7.7%	Infant/toddler maltreatment rate†	8.5 16.4
O Out of home placements†	25.4% 18.7%	Permanency Achieved: Reunified†	24.7% 48.1%
O Potential home visiting beneficiaries served	2.7% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	98.6% 98.8%	Permanency Achieved: Guardian†	13.7% 8.3%
Removed from home†	3.2 7.1	Permanency Achieved: Adoption†	58.9% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Delaware's babies faring in Positive Early Learning Experiences?

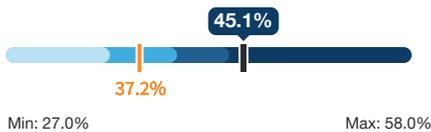
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Delaware scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Delaware is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

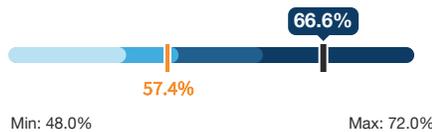
Key Indicators of Positive Early Learning Experiences

● Delaware ● National Avg

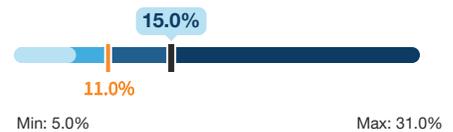
Parent reads to baby every day



Parent sings to baby every day



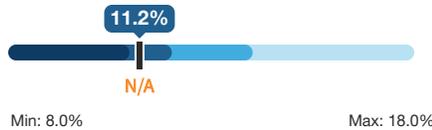
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Delaware

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✘
Allocated CCDBG funds†	_____	Yes	✔
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✔
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✘
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✘

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Delaware

● State Indicator

● National Avg

<p>W Parent reads to baby every day 45.1% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 15.0% 11.0%</p> <p>W Cost of care, as % of income single parents 37.1% N/A</p> <p>G Developmental screening received 26.0% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 6.9% 6.8%</p>	<p>W Parent sings to baby every day 66.6% 57.4%</p> <p>O Cost of care, as % of income married families 11.2% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 9.3% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>G Timeliness of Part C services† 82.1% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of District of Columbia's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

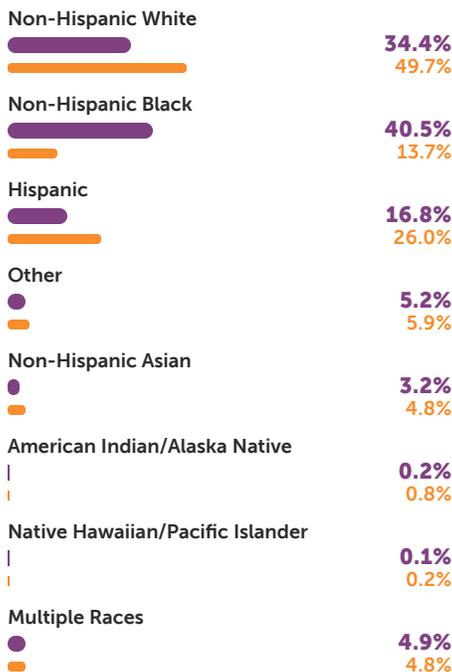
 DC  National Average

Infants and toddlers in District of Columbia

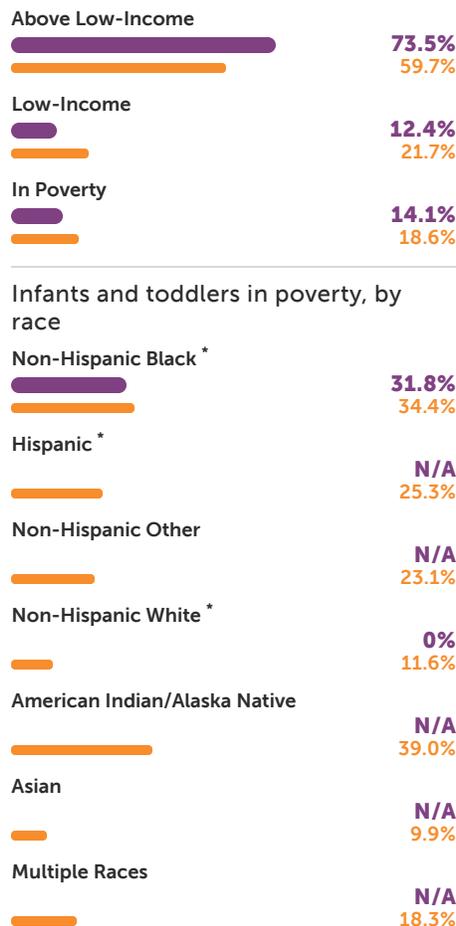
The District of Columbia is home to 27,800 babies, representing 3.9 percent of the state's population. As many as 26.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing

them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

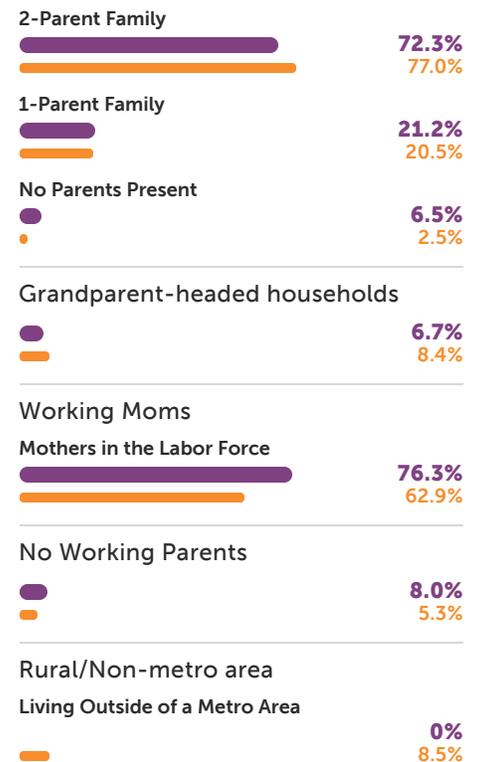
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are the District of Columbia's babies faring in Good Health?

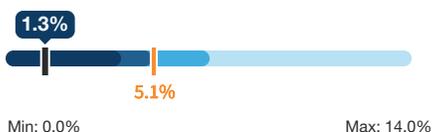
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

The District of Columbia falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. The District of Columbia performs better than national averages on key indicators, such as the percentages of babies experiencing food insecurity and mothers reporting less than favorable mental health. The District is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies ever breastfed.

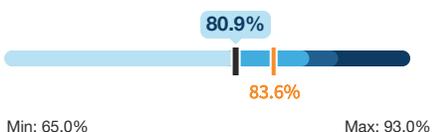
Key Indicators of Good Health

● DC ● National Avg

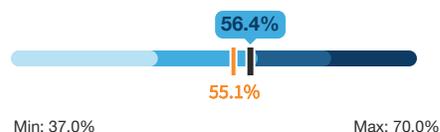
Uninsured low-income infants/toddlers



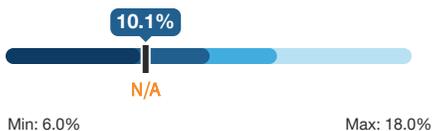
Ever breastfed



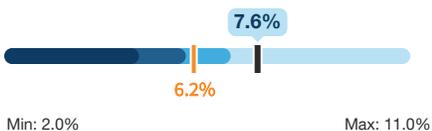
Infants breastfed at 6 months



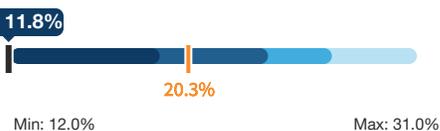
High weight-for-length[†]



Late or no prenatal care received



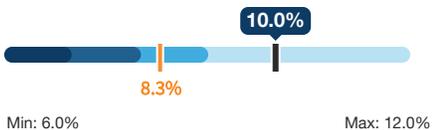
Mothers reporting less than optimal mental health



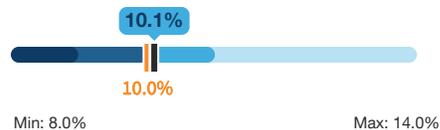
Infant mortality rate (deaths per 1,000 live births)



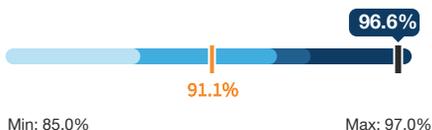
Babies with low birthweight



Preterm births[†]



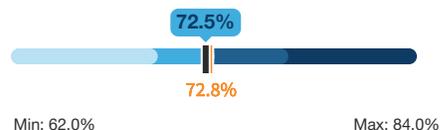
Preventative medical care received



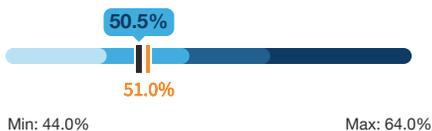
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health

Good Health Policy in DC



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 in early childhood education settings	No	✗
Pregnant workers protection†	All employees covered (private and state)	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for DC

● State Indicator ● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	324 200	W Uninsured low-income infants/toddlers	1.3% 5.1%
W Low or very low food security	5.3% 13.7%	R Infants ever breastfed	80.9% 83.6%
R Infants breastfed at 6 months	56.4% 55.1%	W WIC coverage†	89.0% 79.3%
O High weight-for-length†	10.1% N/A	G Late or no prenatal care received	7.6% 6.2%
W Mothers reporting less than optimal mental health	11.8% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7.8 5.7
G Babies with low birthweight	10.0% 8.3%	R Preterm births†	10.1% 10.0%
W Preventive medical care received	96.6% 91.1%	O Preventive dental care received	36.7% 33.0%
R Received recommended vaccines	72.5% 72.8%	R Medical home†	50.5% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are District of Columbia's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

The District of Columbia falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The District's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and families who report being resilient. The District of Columbia is doing worse than the national average on indicators such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods.

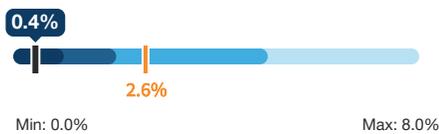
Key Indicators of Strong Families

● DC ● National Avg

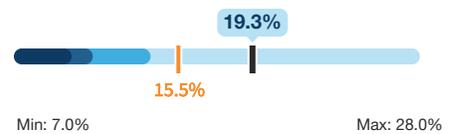
TANF benefits receipt among families in poverty



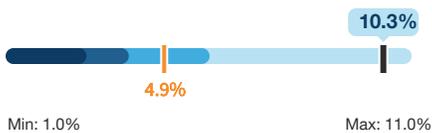
Housing instability



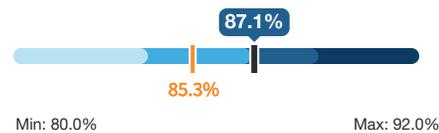
Crowded housing



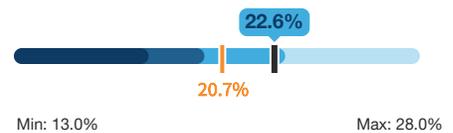
Unsafe neighborhoods



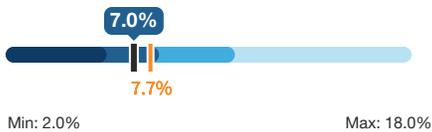
Family resilience



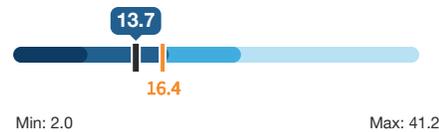
1 adverse childhood experience



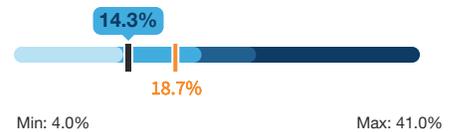
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in DC

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for DC

● State Indicator ● National Avg

W TANF benefits receipt among families in poverty	88.2% 21.7%	W Housing instability	0.4% 2.6%
G Crowded housing	19.3% 15.5%	G Unsafe neighborhoods	10.3% 4.9%
R Family resilience	87.1% 85.3%	R One adverse childhood experience	22.6% 20.7%
O Two or more adverse childhood experiences	7.0% 7.7%	Infant/toddler maltreatment rate†	13.7 16.4
G Out of home placements†	14.3% 18.7%	Permanency Achieved: Reunified†	56.6% 48.1%
R Potential home visiting beneficiaries served	1.5% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	100.0% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	3.3 7.1	Permanency Achieved: Adoption†	43.4% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are District of Columbia's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

The District of Columbia scores in the Achieving Outcomes (O) tier for Positive Early Learning Experiences. The District's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read and sing to their babies daily, and infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. The District of Columbia is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● DC ● National Avg

Parent reads to baby every day



Parent sings to baby every day



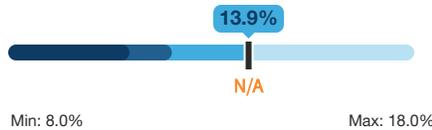
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



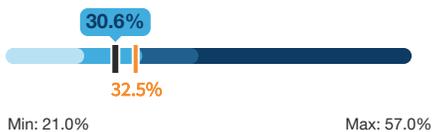
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in DC

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	Yes	✓
Group size requirements meet or exceed EHS standards†	2 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	2 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for DC

● State Indicator

● National Avg

<p>W Parent reads to baby every day 50.4% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 31.0% 11.0%</p> <p>G Cost of care, as % of income single parents 93.8% N/A</p> <p>R Developmental screening received 30.6% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 6.7% 6.8%</p>	<p>W Parent sings to baby every day 65.9% 57.4%</p> <p>R Cost of care, as % of income married families 13.9% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.5% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>G Timeliness of Part C services† 95.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Florida's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

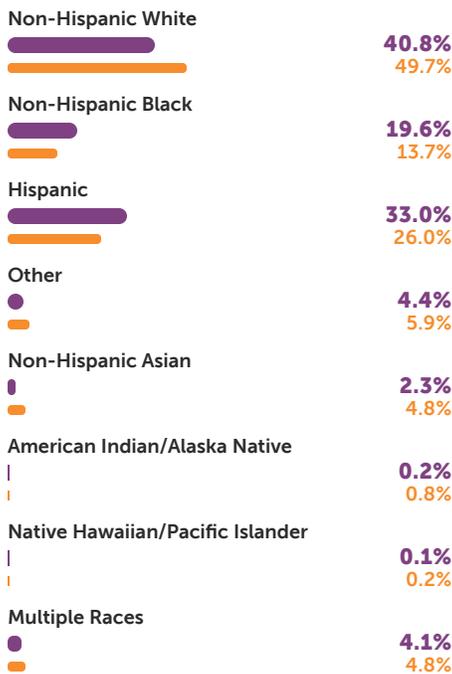
● Florida ● National Average

Infants and toddlers in Florida

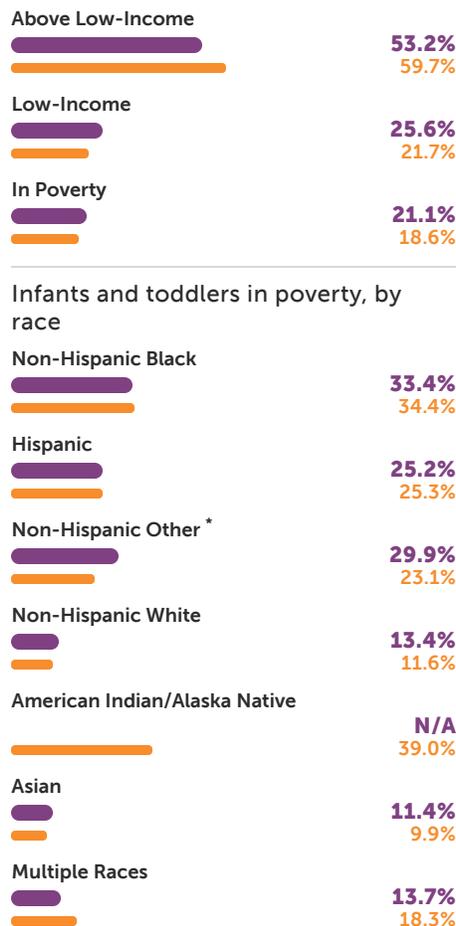
Florida is home to 674,612 babies, representing 3.1 percent of the state's population. As many as 46.8 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

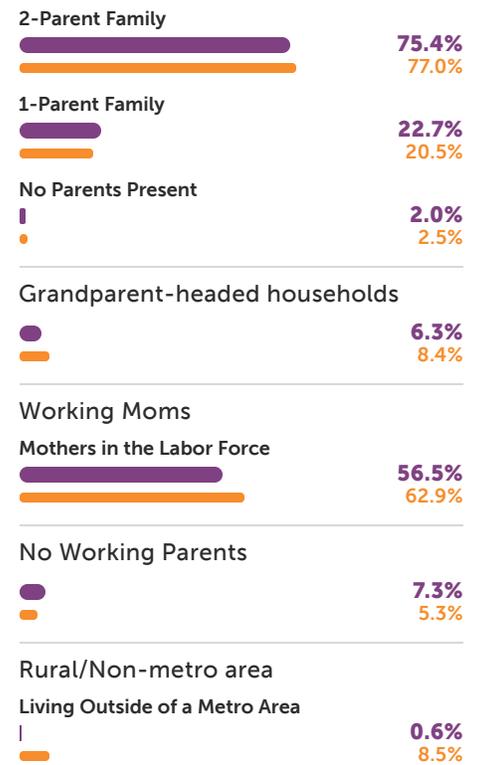
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Florida's babies faring in Good Health?

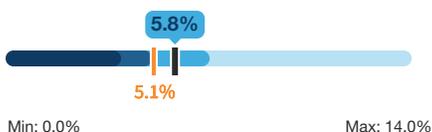
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Florida falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Florida performs better than national averages on key indicators, such as the percentages of babies receiving preventive medical care and babies experiencing food insecurity. The state is performing worse than national averages on indicators such as the percentages of babies receiving recommended vaccinations and babies breastfed at 6 months.

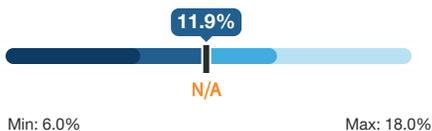
Key Indicators of Good Health

● Florida ● National Avg

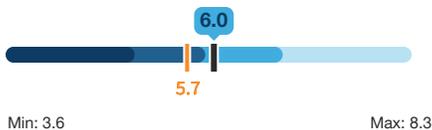
Uninsured low-income infants/toddlers



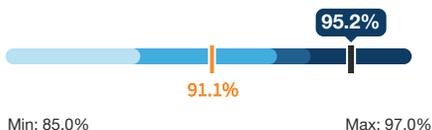
High weight-for-length[†]



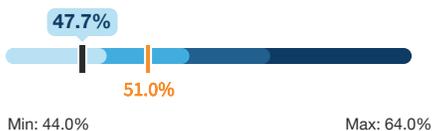
Infant mortality rate (deaths per 1,000 live births)



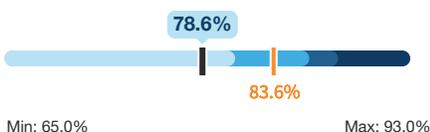
Preventative medical care received



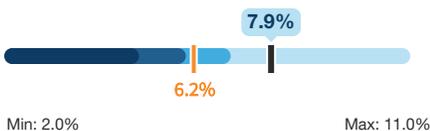
Medical home[†]



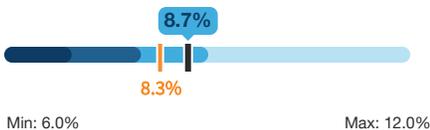
Ever breastfed



Late or no prenatal care received



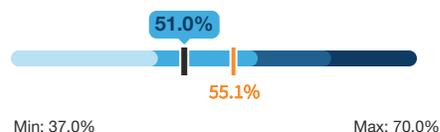
Babies with low birthweight



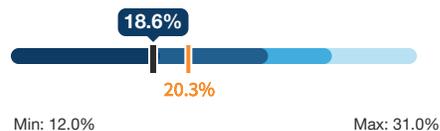
Preventative dental care received



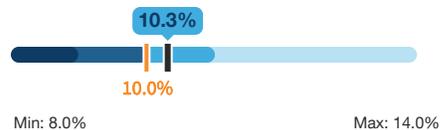
Infants breastfed at 6 months



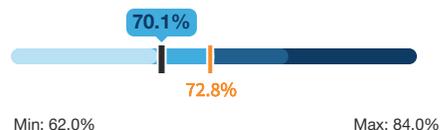
Mothers reporting less than optimal mental health



Preterm births[†]



Received recommended vaccines



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 in early childhood education settings	_____	Yes ✓
Pregnant workers protection [†]	_____	No protections
Postpartum extension of Medicaid coverage [†]	_____	No law beyond mandatory 60 days

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Florida

● State Indicator ● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	196 200	R Uninsured low-income infants/toddlers	5.8% 5.1%
W Low or very low food security	6.9% 13.7%	G Infants ever breastfed	78.6% 83.6%
R Infants breastfed at 6 months	51.0% 55.1%	O WIC coverage [†]	81.8% 79.3%
R High weight-for-length [†]	11.9% N/A	G Late or no prenatal care received	7.9% 6.2%
O Mothers reporting less than optimal mental health	18.6% 20.3%	R Infant mortality rate (deaths per 1,000 live births) [†]	6 5.7
R Babies with low birthweight	8.7% 8.3%	R Preterm births [†]	10.3% 10.0%
W Preventive medical care received	95.2% 91.1%	O Preventive dental care received	33.4% 33.0%
R Received recommended vaccines	70.1% 72.8%	G Medical home [†]	47.7% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Florida's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Florida falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of parents who report living in unsafe neighborhoods and the babies who have had two or more adverse experiences. Florida is doing worse than the national average on indicators such as the percentages of babies who have had one adverse experience and families who report being resilient.

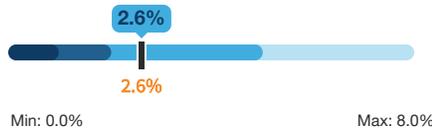
Key Indicators of Strong Families

● Florida ● National Avg

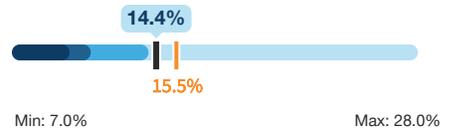
TANF benefits receipt among families in poverty



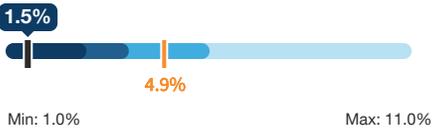
Housing instability



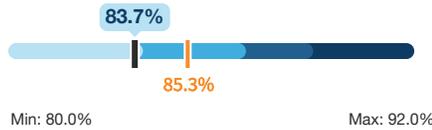
Crowded housing



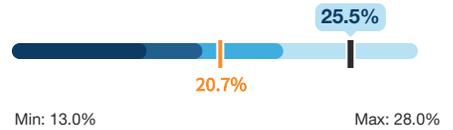
Unsafe neighborhoods



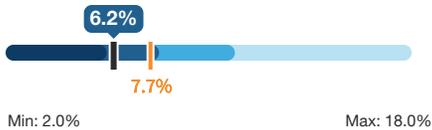
Family resilience



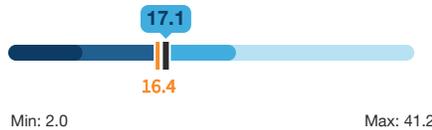
1 adverse childhood experience



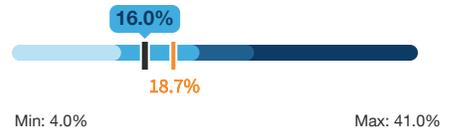
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Florida

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Florida

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	8.3% 21.7%	R Housing instability	2.6% 2.6%
G Crowded housing	14.4% 15.5%	W Unsafe neighborhoods	1.5% 4.9%
G Family resilience	83.7% 85.3%	G One adverse childhood experience	25.5% 20.7%
O Two or more adverse childhood experiences	6.2% 7.7%	Infant/toddler maltreatment rate†	17.1 16.4
R Out of home placements†	16.0% 18.7%	Permanency Achieved: Reunified†	48.3% 48.1%
O Potential home visiting beneficiaries served	2.7% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	99.6% 98.8%	Permanency Achieved: Guardian†	13.3% 8.3%
Removed from home†	8.2 7.1	Permanency Achieved: Adoption†	37.9% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Florida's babies faring in Positive Early Learning Experiences?

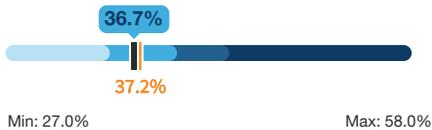
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Florida scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Florida is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

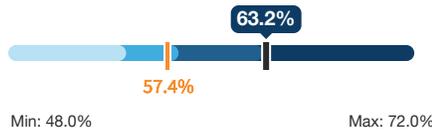
Key Indicators of Positive Early Learning Experiences

● Florida ● National Avg

Parent reads to baby every day



Parent sings to baby every day



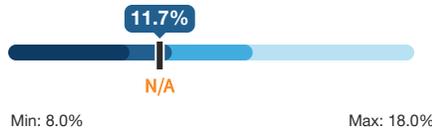
Percentage of income-eligible infants/toddlers with Early Head Start access



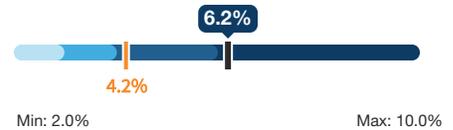
Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Florida

Infant eligibility level for child care subsidy above 200% of FPL	_____	No ✗
Allocated CCDBG funds†	_____	Yes ✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups
Level of teacher qualification required by the state†	_____	CDA or state equivalent credential
Infant/toddler credential adopted†	_____	Yes ✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No ✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	Yes ✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Florida

● State Indicator ● National Avg

<p>R Parent reads to baby every day 36.7% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 9.0% 11.0%</p> <p>W Cost of care, as % of income single parents 34.7% N/A</p> <p>G Developmental screening received 23.1% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 4.9% 6.8%</p>	<p>W Parent sings to baby every day 63.2% 57.4%</p> <p>W Cost of care, as % of income married families 11.7% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 6.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.6% 1.1%</p> <p>G Timeliness of Part C services† 84.3% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Georgia's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

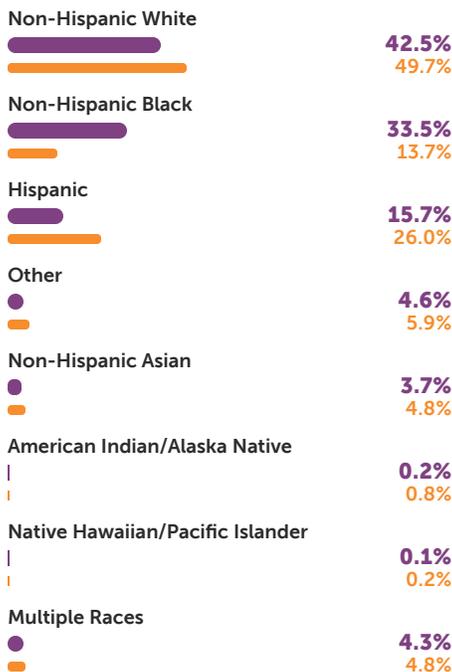
● Georgia ● National Average

Infants and toddlers in Georgia

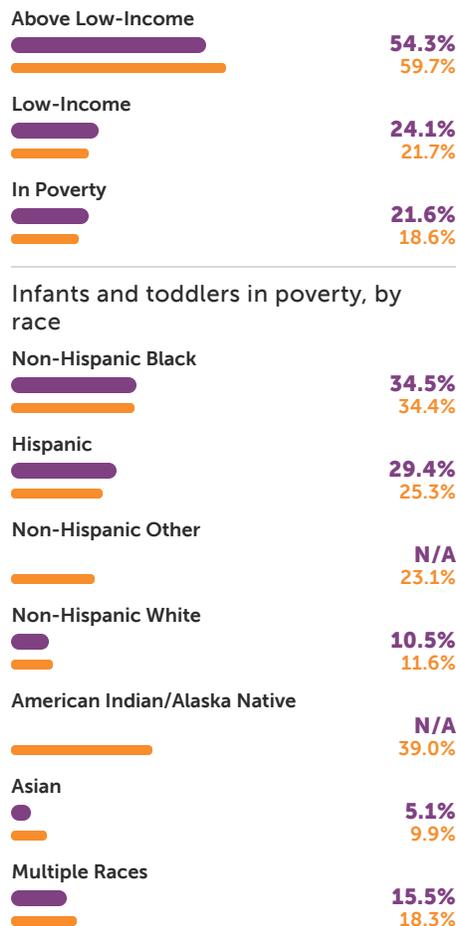
Georgia is home to 387,551 babies, representing 3.7 percent of the state's population. As many as 45.7 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

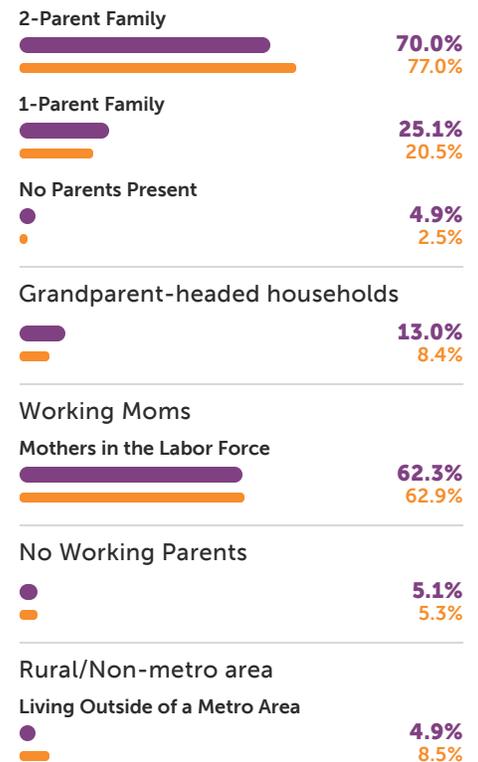
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Georgia's babies faring in Good Health?

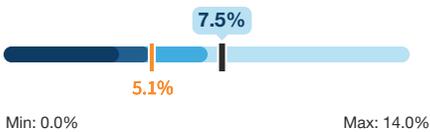
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Georgia falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Georgia performs better than national averages on key indicators, such as the percentages of babies receiving preventive medical and dental care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

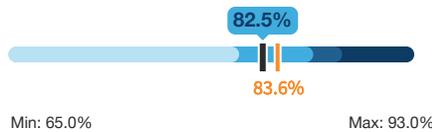
Key Indicators of Good Health

● Georgia ● National Avg

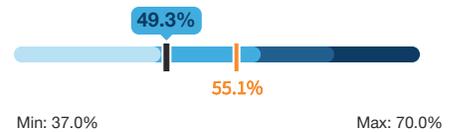
Uninsured low-income infants/toddlers



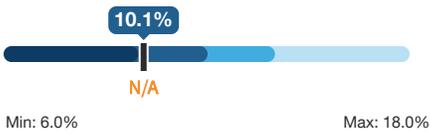
Ever breastfed



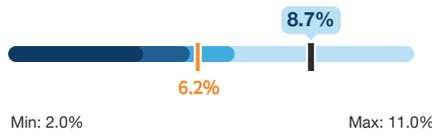
Infants breastfed at 6 months



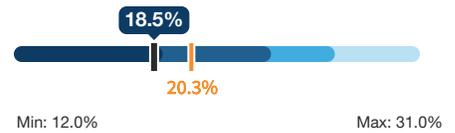
High weight-for-length†



Late or no prenatal care received



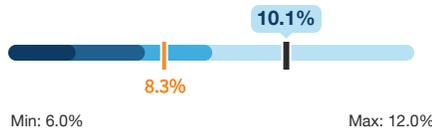
Mothers reporting less than optimal mental health



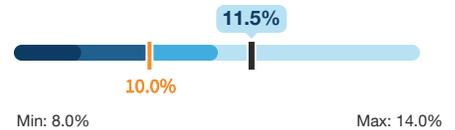
Infant mortality rate (deaths per 1,000 live births)



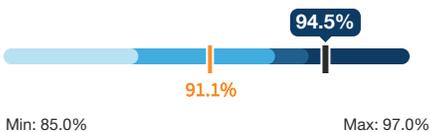
Babies with low birthweight



Preterm births†



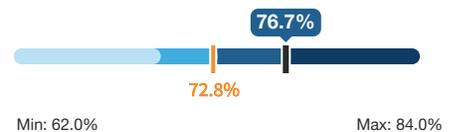
Preventative medical care received



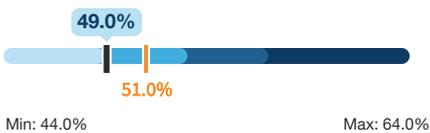
Preventative dental care received



Received recommended vaccines



Medical home†



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	No	✗
Medicaid plan covers IECMH services at home	No	✗
Medicaid plan covers IECMH services at pediatric/family medicine practices	No	✗
Medicaid plan covers IECMH services in early childhood education settings	No	✗
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	Law covering either some women but not all, or all women but for less than 1 year	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Georgia

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	225 200	G Uninsured low-income infants/toddlers	7.5% 5.1%
O Low or very low food security	8.9% 13.7%	R Infants ever breastfed	82.5% 83.6%
G Infants breastfed at 6 months	49.3% 55.1%	R WIC coverage†	70.2% 79.3%
O High weight-for-length†	10.1% N/A	G Late or no prenatal care received	8.7% 6.2%
W Mothers reporting less than optimal mental health	18.5% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7 5.7
G Babies with low birthweight	10.1% 8.3%	G Preterm births†	11.5% 10.0%
W Preventive medical care received	94.5% 91.1%	W Preventive dental care received	38.2% 33.0%
O Received recommended vaccines	76.7% 72.8%	G Medical home†	49.0% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Georgia's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Georgia falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods. Georgia is doing worse than the national average on indicators such as the percentages of families who report being resilient and babies experiencing housing insecurity (moved 3 or more times).

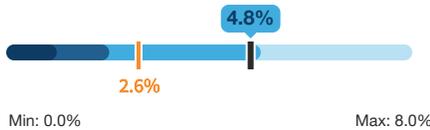
Key Indicators of Strong Families

● Georgia ● National Avg

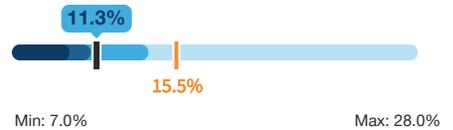
TANF benefits receipt among families in poverty



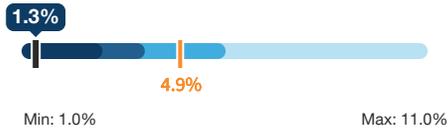
Housing instability



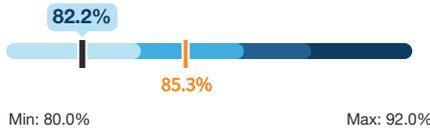
Crowded housing



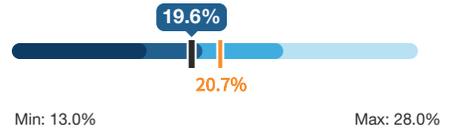
Unsafe neighborhoods



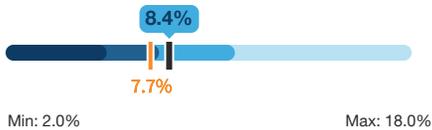
Family resilience



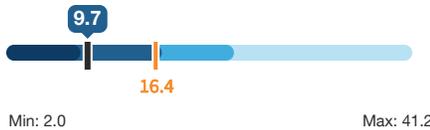
1 adverse childhood experience



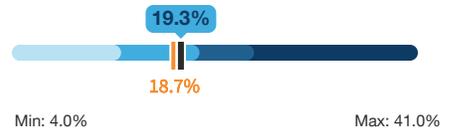
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Georgia

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	No	✗
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Georgia

● State Indicator ● National Avg

G TANF benefits receipt among families in poverty	2.9% 21.7%	R Housing instability	4.8% 2.6%
R Crowded housing	11.3% 15.5%	W Unsafe neighborhoods	1.3% 4.9%
G Family resilience	82.2% 85.3%	O One adverse childhood experience	19.6% 20.7%
R Two or more adverse childhood experiences	8.4% 7.7%	Infant/toddler maltreatment rate†	9.7 16.4
R Out of home placements†	19.3% 18.7%	Permanency Achieved: Reunified†	50.9% 48.1%
G Potential home visiting beneficiaries served	0.7% 2.0%	Permanency Achieved: Relative†	12.5% 7.8%
Infants/toddlers exiting foster care to permanency†	97.6% 98.8%	Permanency Achieved: Guardian†	11.4% 8.3%
Removed from home†	5.3 7.1	Permanency Achieved: Adoption†	22.7% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Georgia's babies faring in Positive Early Learning Experiences?

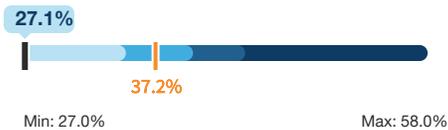
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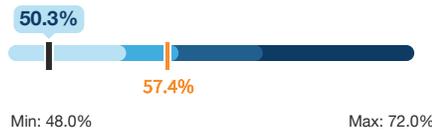
Key Indicators of Positive Early Learning Experiences

● Georgia ● National Avg

Parent reads to baby every day



Parent sings to baby every day



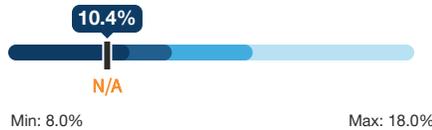
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



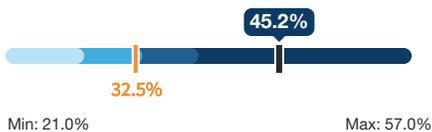
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Georgia

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	CDA or state equivalent credential	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Georgia

● State Indicator

● National Avg

<p>G Parent reads to baby every day 27.1% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 6.0% 11.0%</p> <p>W Cost of care, as % of income single parents 34.7% N/A</p> <p>W Developmental screening received 45.2% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 4.8% 6.8%</p>	<p>G Parent sings to baby every day 50.3% 57.4%</p> <p>W Cost of care, as % of income married families 10.4% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 2.6% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.2% 1.1%</p> <p>O Timeliness of Part C services† 98.5% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Hawaii's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

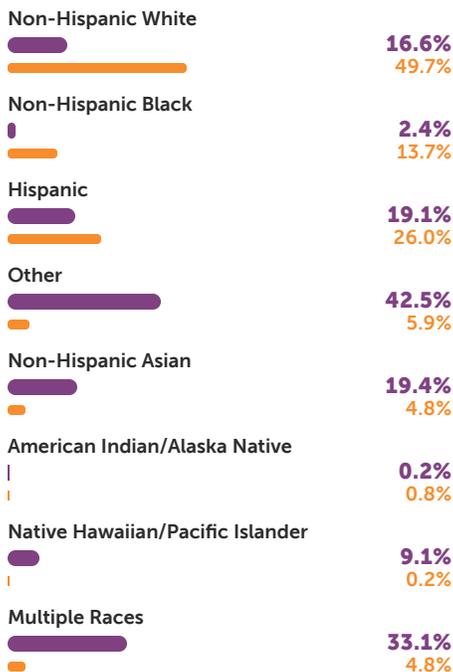
● Hawaii ● National Average

Infants and toddlers in Hawaii

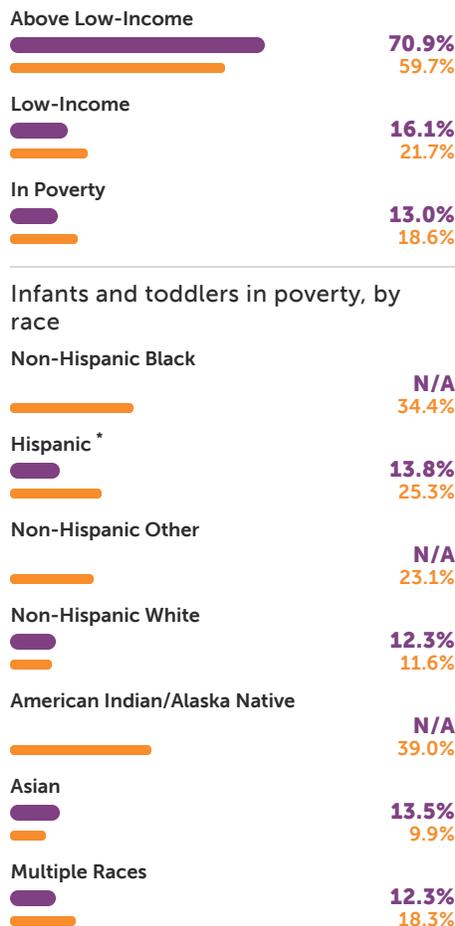
Hawaii is home to 50,561 babies, representing 3.6 percent of the state's population. As many as 29.1 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

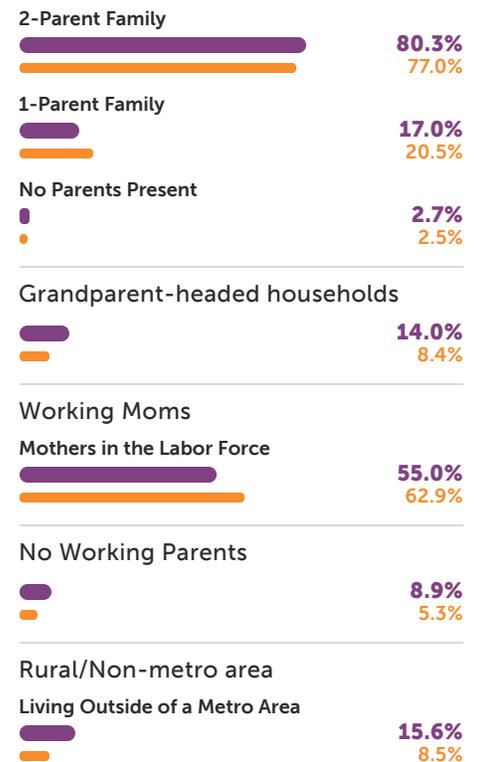
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Hawaii's babies faring in Good Health?

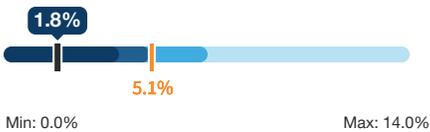
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Hawaii falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Hawaii performs better than national averages on key indicators, such as the percentages of babies receiving preventive dental care and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies receiving preventive medical care.

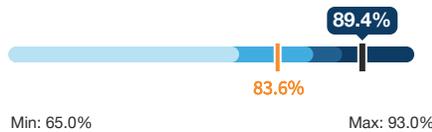
Key Indicators of Good Health

● Hawaii ● National Avg

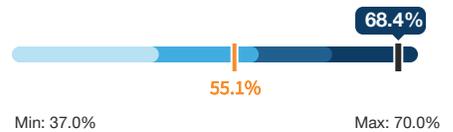
Uninsured low-income infants/toddlers



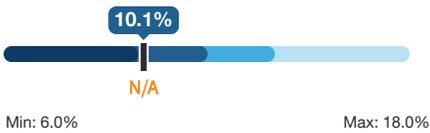
Ever breastfed



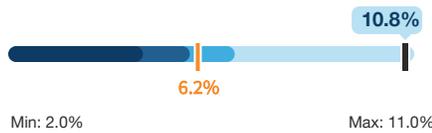
Infants breastfed at 6 months



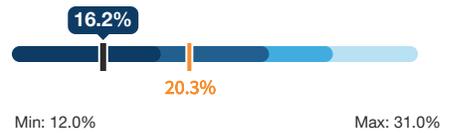
High weight-for-length[†]



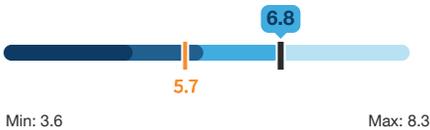
Late or no prenatal care received



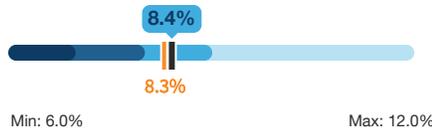
Mothers reporting less than optimal mental health



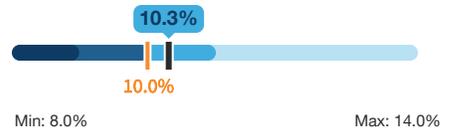
Infant mortality rate (deaths per 1,000 live births)



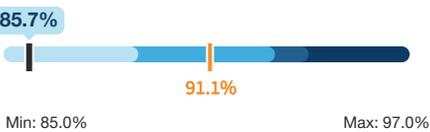
Babies with low birthweight



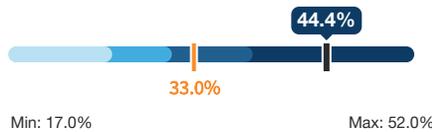
Preterm births[†]



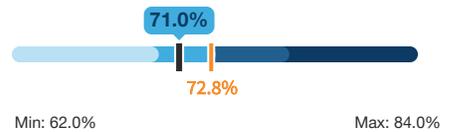
Preventative medical care received



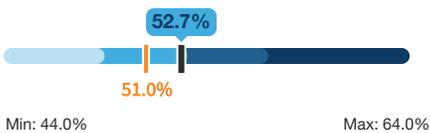
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Hawaii

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Hawaii

● State Indicator ● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	196 200	W Uninsured low-income infants/toddlers	1.8% 5.1%
W Low or very low food security	7.9% 13.7%	W Infants ever breastfed	89.4% 83.6%
W Infants breastfed at 6 months	68.4% 55.1%	G WIC coverage†	65.5% 79.3%
O High weight-for-length†	10.1% N/A	G Late or no prenatal care received	10.8% 6.2%
W Mothers reporting less than optimal mental health	16.2% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	6.8 5.7
R Babies with low birthweight	8.4% 8.3%	R Preterm births†	10.3% 10.0%
G Preventive medical care received	85.7% 91.1%	W Preventive dental care received	44.4% 33.0%
R Received recommended vaccines	71.0% 72.8%	O Medical home†	52.7% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Hawaii's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Hawaii falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies who have had one or two or more adverse experiences. Hawaii is doing worse than the national average on indicators such as the percentages of babies living in crowded housing and families who report being resilient.

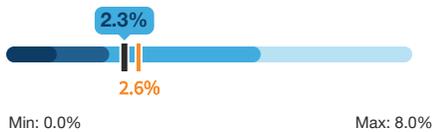
Key Indicators of Strong Families

● Hawaii ● National Avg

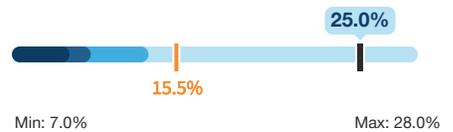
TANF benefits receipt among families in poverty



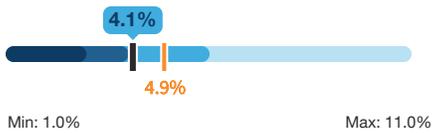
Housing instability



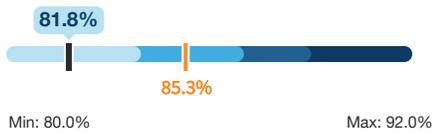
Crowded housing



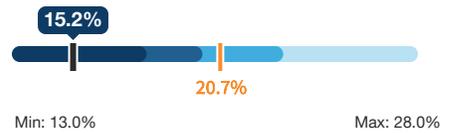
Unsafe neighborhoods



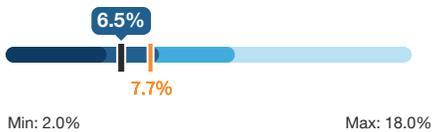
Family resilience



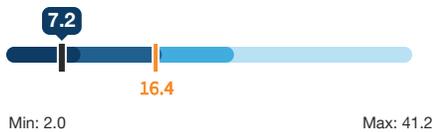
1 adverse childhood experience



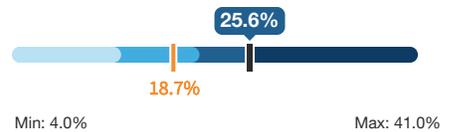
2+ adverse childhood experiences



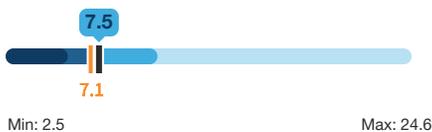
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Hawaii

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Hawaii

● State Indicator ● National Avg

<p>O TANF benefits receipt among families in poverty 23.4% 21.7%</p> <p>G Crowded housing 25.0% 15.5%</p> <p>G Family resilience 81.8% 85.3%</p> <p>O Two or more adverse childhood experiences 6.5% 7.7%</p> <p>O Out of home placements† 25.6% 18.7%</p> <p>R Potential home visiting beneficiaries served 1.4% 2.0%</p> <p>Infants/toddlers exiting foster care to permanency† 99.6% 98.8%</p> <p>Removed from home† 7.5 7.1</p>	<p>R Housing instability 2.3% 2.6%</p> <p>R Unsafe neighborhoods 4.1% 4.9%</p> <p>W One adverse childhood experience 15.2% 20.7%</p> <p>Infant/toddler maltreatment rate† 7.2 16.4</p> <p>Permanency Achieved: Reunified† 65.9% 48.1%</p> <p>Permanency Achieved: Relative† N/A 7.8%</p> <p>Permanency Achieved: Guardian† 7.1% 8.3%</p> <p>Permanency Achieved: Adoption† 26.6% 34.6%</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Hawaii's babies faring in Positive Early Learning Experiences?

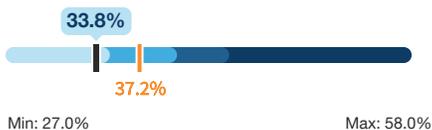
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Hawaii scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Hawaii is doing worse than the national average on indicators such as the lower percentage of parents who read to their child every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● Hawaii ● National Avg

Parent reads to baby every day



Parent sings to baby every day



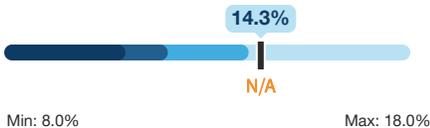
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



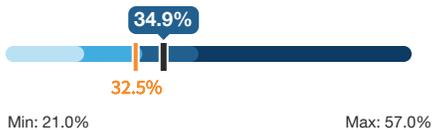
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Hawaii

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	Yes	✓
Group size requirements meet or exceed EHS standards†	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	2 of 3 age groups	
Level of teacher qualification required by the state†	CDA or state equivalent credential	
Infant/toddler credential adopted†	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Hawaii

● State Indicator

● National Avg

<p>G Parent reads to baby every day 33.8% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 11.0% 11.0%</p> <p>O Cost of care, as % of income single parents 40.8% N/A</p> <p>O Developmental screening received 34.9% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 6.9% 6.8%</p>	<p>R Parent sings to baby every day 55.5% 57.4%</p> <p>G Cost of care, as % of income married families 14.3% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 3.4% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.1% 1.1%</p> <p>G Timeliness of Part C services† 85.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Idaho's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

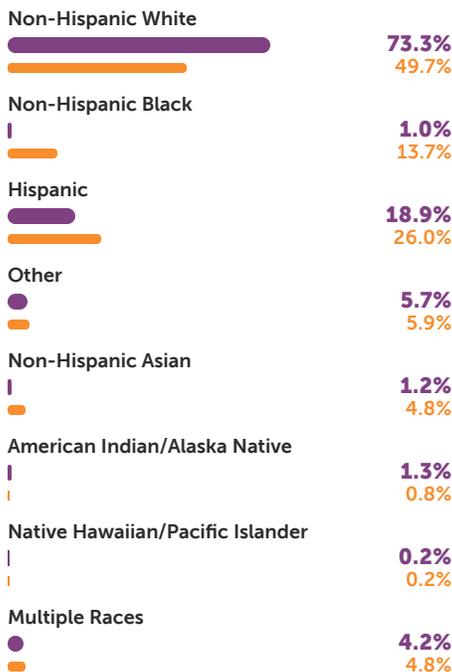
● Idaho ● National Average

Infants and toddlers in Idaho

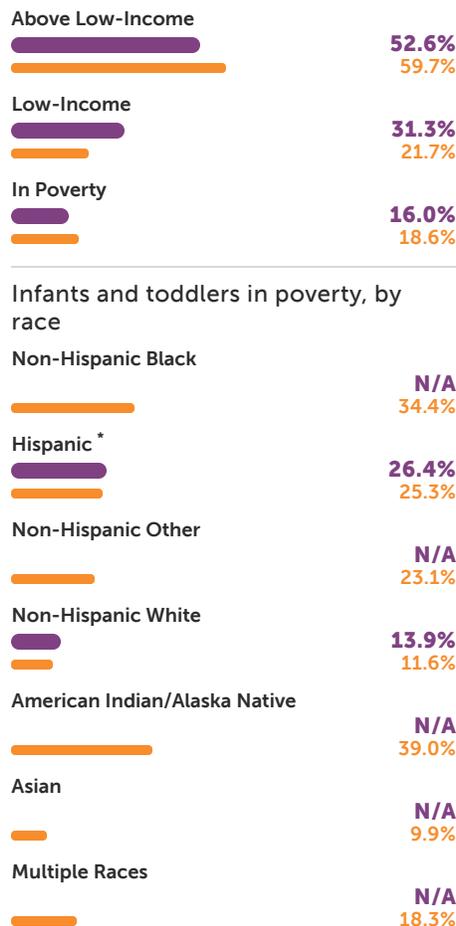
Idaho is home to 67,530 babies, representing 3.8 percent of the state's population. As many as 47.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

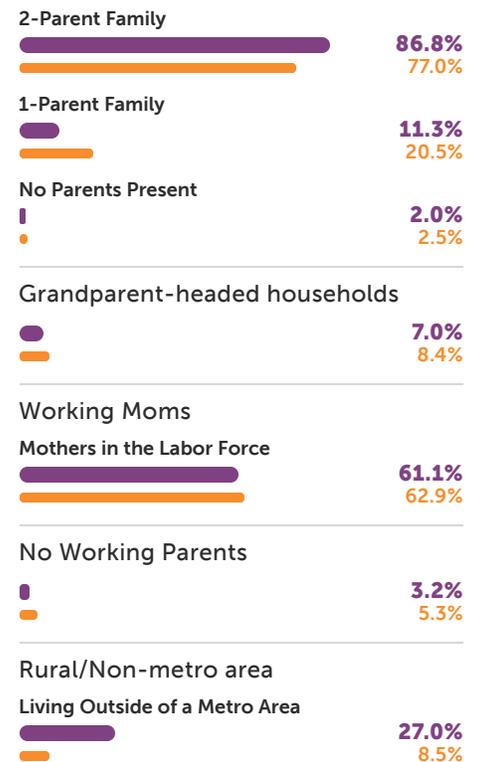
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Idaho's babies faring in Good Health?

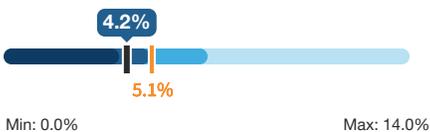
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Idaho falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Idaho performs better than national averages on key indicators, such as the percentages of babies experiencing food insecurity and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive dental care and mothers reporting less than favorable mental health.

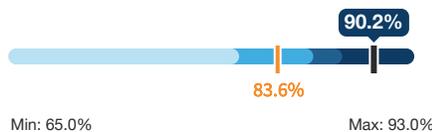
Key Indicators of Good Health

● Idaho ● National Avg

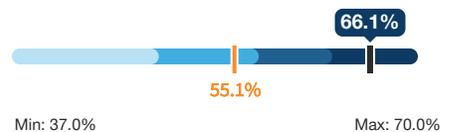
Uninsured low-income infants/toddlers



Ever breastfed



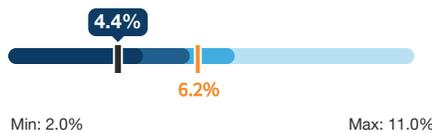
Infants breastfed at 6 months



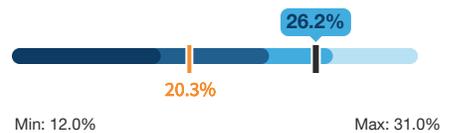
High weight-for-length[†]



Late or no prenatal care received



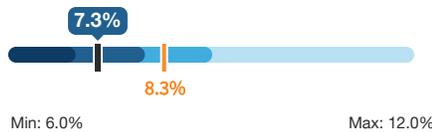
Mothers reporting less than optimal mental health



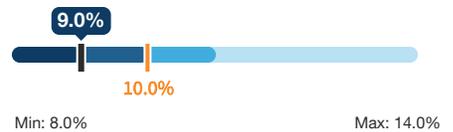
Infant mortality rate (deaths per 1,000 live births)



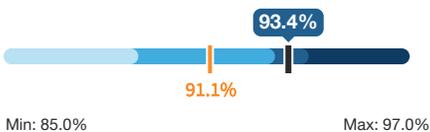
Babies with low birthweight



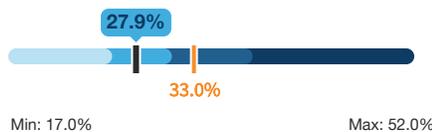
Preterm births[†]



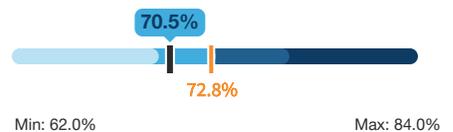
Preventative medical care received



Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Idaho

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 in early childhood education settings	No	✗
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Idaho

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	138 200	O Uninsured low-income infants/toddlers	4.2% 5.1%
O Low or very low food security	10.8% 13.7%	W Infants ever breastfed	90.2% 83.6%
W Infants breastfed at 6 months	66.1% 55.1%	G WIC coverage†	59.0% 79.3%
W High weight-for-length†	9.2% N/A	W Late or no prenatal care received	4.4% 6.2%
R Mothers reporting less than optimal mental health	26.2% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.1 5.7
O Babies with low birthweight	7.3% 8.3%	W Preterm births†	9.0% 10.0%
O Preventive medical care received	93.4% 91.1%	R Preventive dental care received	27.9% 33.0%
R Received recommended vaccines	70.5% 72.8%	G Medical home†	48.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Idaho's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Idaho falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing, parents who report living in unsafe neighborhoods, and babies who have had one adverse experience. Idaho is doing worse than the national average on the percentage of babies exiting foster care who achieve permanency.

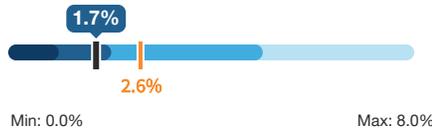
Key Indicators of Strong Families

● Idaho ● National Avg

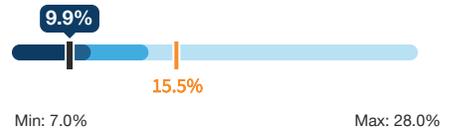
TANF benefits receipt among families in poverty



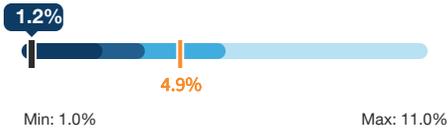
Housing instability



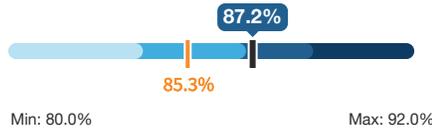
Crowded housing



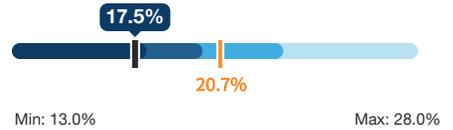
Unsafe neighborhoods



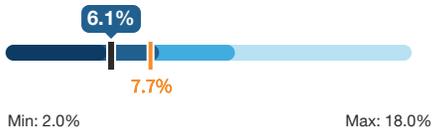
Family resilience



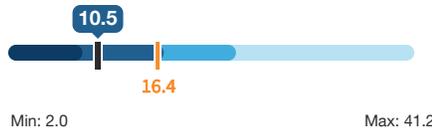
1 adverse childhood experience



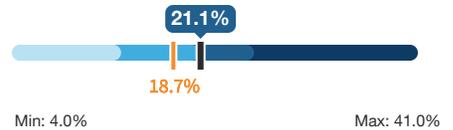
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Idaho

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	Yes	✓
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Idaho

● State Indicator ● National Avg

<p>G TANF benefits receipt among families in poverty 2.7% 21.7%</p> <p>O Crowded housing 9.9% 15.5%</p> <p>R Family resilience 87.2% 85.3%</p> <p>W Two or more adverse childhood experiences 6.1% 7.7%</p> <p>O Out of home placements† 21.1% 18.7%</p> <p>R Potential home visiting beneficiaries served 2.0% 2.0%</p> <p>Infants/toddlers exiting foster care to permanency† 96.3% 98.8%</p> <p>Removed from home† 5.5 7.1</p>	<p>O Housing instability 1.7% 2.6%</p> <p>W Unsafe neighborhoods 1.2% 4.9%</p> <p>W One adverse childhood experience 17.5% 20.7%</p> <p>Infant/toddler maltreatment rate† 10.5 16.4</p> <p>Permanency Achieved: Reunified† 59.6% 48.1%</p> <p>Permanency Achieved: Relative† N/A 7.8%</p> <p>Permanency Achieved: Guardian† N/A 8.3%</p> <p>Permanency Achieved: Adoption† 34.1% 34.6%</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Idaho's babies faring in Positive Early Learning Experiences?

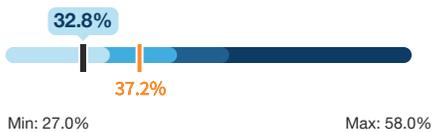
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Idaho scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects that it has no indicators on which it is performing better than the national average. Idaho is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

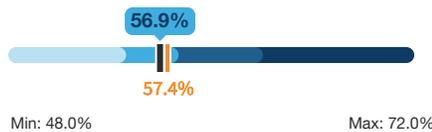
Key Indicators of Positive Early Learning Experiences

● Idaho ● National Avg

Parent reads to baby every day



Parent sings to baby every day



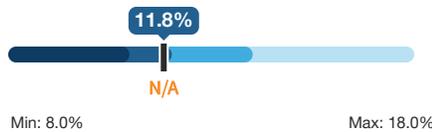
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Idaho

Infant eligibility level for child care subsidy above 200% of FPL _____	No	✗
Allocated CCDBG funds† _____	No	✗
Group size requirements meet or exceed EHS standards† _____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards† _____	0 of 3 age groups	
Level of teacher qualification required by the state† _____	No credential beyond a high school diploma	
Infant/toddler credential adopted† _____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates† _____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children† _____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Idaho

● State Indicator

● National Avg

<p>G Parent reads to baby every day 32.8% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 9.0% 11.0%</p> <p>W Cost of care, as % of income single parents 36.8% N/A</p> <p>G Developmental screening received 25.2% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 6.1% 6.8%</p>	<p>R Parent sings to baby every day 56.9% 57.4%</p> <p>O Cost of care, as % of income married families 11.8% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 4.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.1% 1.1%</p> <p>G Timeliness of Part C services† 94.5% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Illinois's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

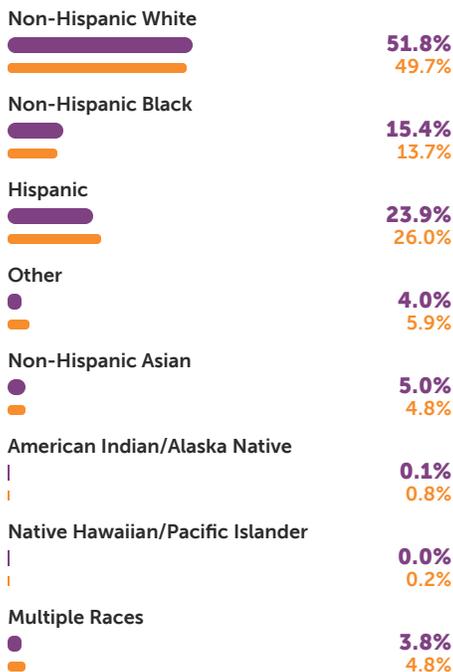
● Illinois ● National Average

Infants and toddlers in Illinois

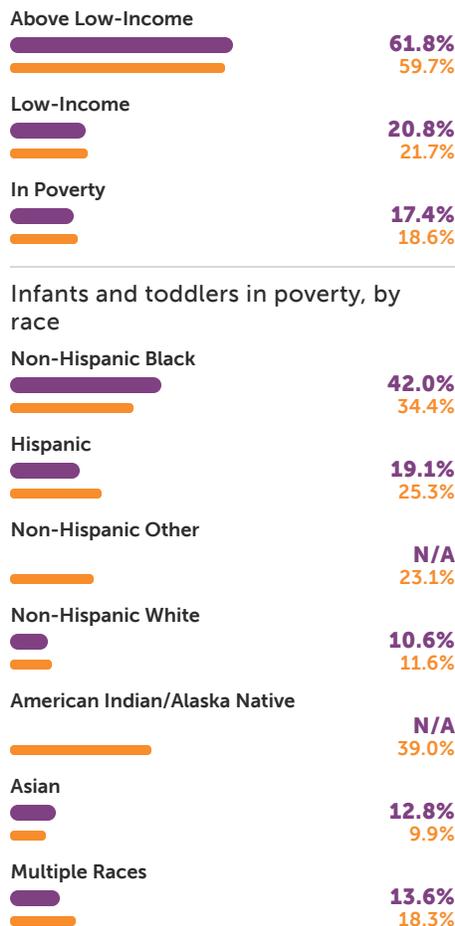
Illinois is home to 439,163 babies, representing 3.5 percent of the state's population. As many as 38.2 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

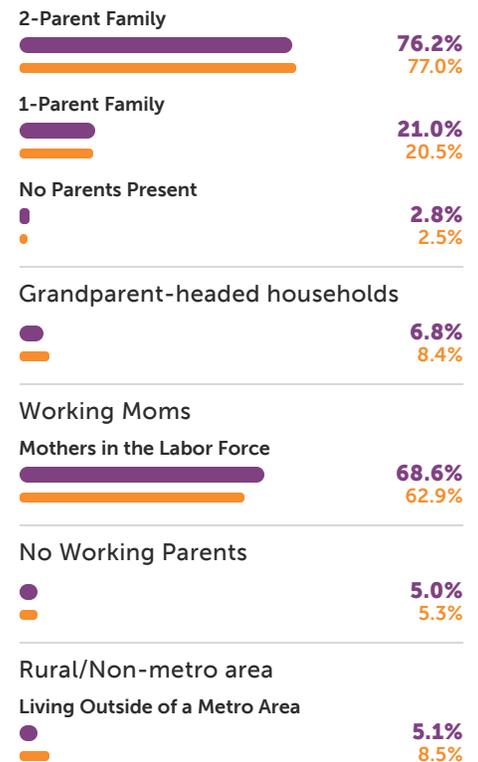
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Illinois's babies faring in Good Health?

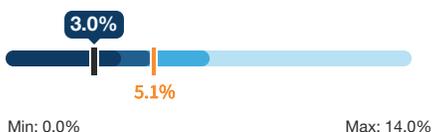
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Illinois falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Illinois performs better than national averages on key indicators, such as the percentages of babies experiencing food insecurity and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies receiving preventive dental care.

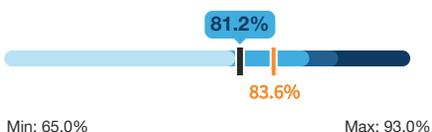
Key Indicators of Good Health

● Illinois ● National Avg

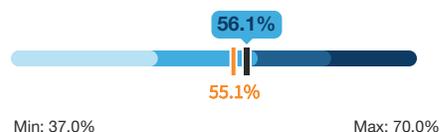
Uninsured low-income infants/toddlers



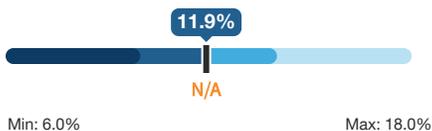
Ever breastfed



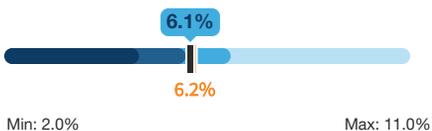
Infants breastfed at 6 months



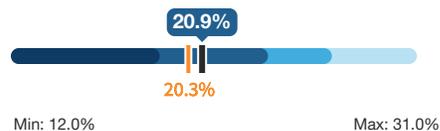
High weight-for-length[†]



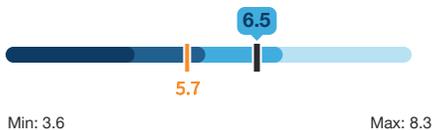
Late or no prenatal care received



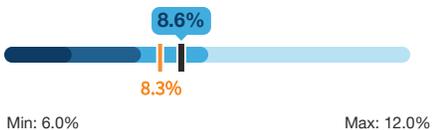
Mothers reporting less than optimal mental health



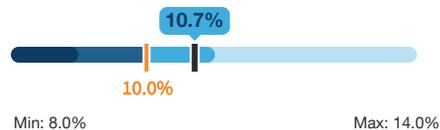
Infant mortality rate (deaths per 1,000 live births)



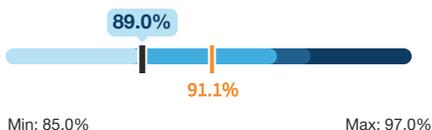
Babies with low birthweight



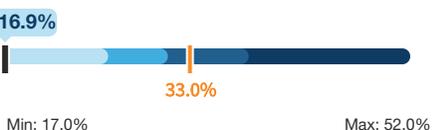
Preterm births[†]



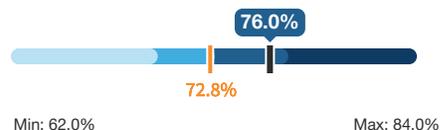
Preventative medical care received



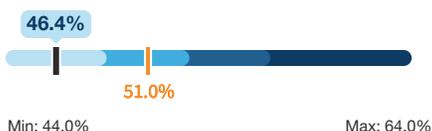
Preventative dental care received



Received recommended vaccines



Medical home[†]



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	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 in early childhood education settings	No	✗
Pregnant workers protection†	All employees covered (private and state)	
Postpartum extension of Medicaid coverage†	Law covering all women for 1 year post-partum	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Illinois

● State Indicator ● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	213 200	W Uninsured low-income infants/toddlers	3.0% 5.1%
W Low or very low food security	8.1% 13.7%	R Infants ever breastfed	81.2% 83.6%
R Infants breastfed at 6 months	56.1% 55.1%	O WIC coverage†	80.4% 79.3%
R High weight-for-length†	11.9% N/A	R Late or no prenatal care received	6.1% 6.2%
O Mothers reporting less than optimal mental health	20.9% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	6.5 5.7
R Babies with low birthweight	8.6% 8.3%	G Preterm births†	10.7% 10.0%
R Preventive medical care received	89.0% 91.1%	G Preventive dental care received	16.9% 33.0%
O Received recommended vaccines	76.0% 72.8%	G Medical home†	46.4% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Illinois's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Illinois falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such the percentages of babies who have had one adverse experience and families who report being resilient. Illinois is doing worse than the national average on the rate of babies experiencing maltreatment.

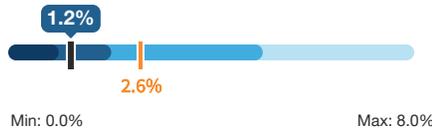
Key Indicators of Strong Families

● Illinois ● National Avg

TANF benefits receipt among families in poverty



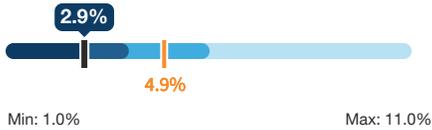
Housing instability



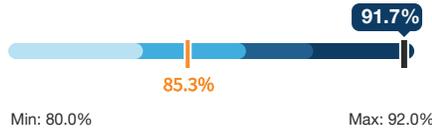
Crowded housing



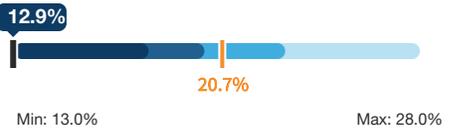
Unsafe neighborhoods



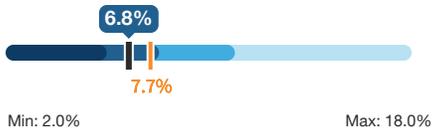
Family resilience



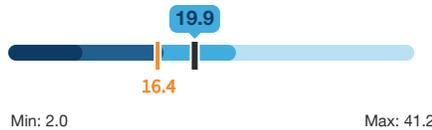
1 adverse childhood experience



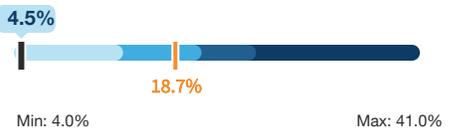
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Illinois

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Illinois

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	5.3% 21.7%	O Housing instability	1.2% 2.6%
R Crowded housing	13.3% 15.5%	O Unsafe neighborhoods	2.9% 4.9%
W Family resilience	91.7% 85.3%	W One adverse childhood experience	12.9% 20.7%
O Two or more adverse childhood experiences	6.8% 7.7%	Infant/toddler maltreatment rate†	19.9 16.4
G Out of home placements†	4.5% 18.7%	Permanency Achieved: Reunified†	53.9% 48.1%
O Potential home visiting beneficiaries served	2.4% 2.0%	Permanency Achieved: Relative†	1.3% 7.8%
Infants/toddlers exiting foster care to permanency†	98.1% 98.8%	Permanency Achieved: Guardian†	2.5% 8.3%
Removed from home†	6 7.1	Permanency Achieved: Adoption†	40.3% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Illinois's babies faring in Positive Early Learning Experiences?

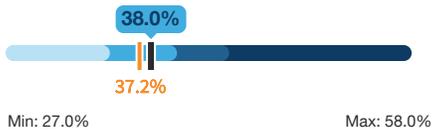
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Illinois scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Illinois is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

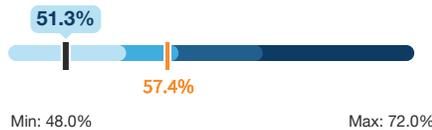
Key Indicators of Positive Early Learning Experiences

● Illinois ● National Avg

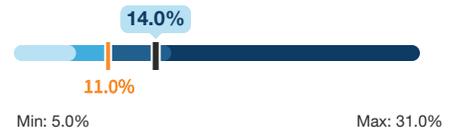
Parent reads to baby every day



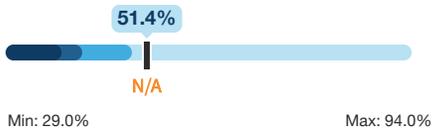
Parent sings to baby every day



Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



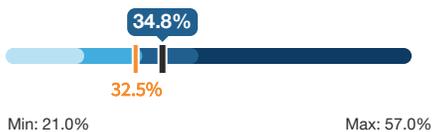
Cost of care, as % of income married families



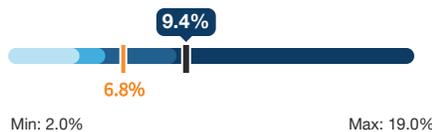
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Illinois

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✘
Allocated CCDBG funds†	_____	Yes	✔
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✔
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✘
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✘

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Illinois

● State Indicator

● National Avg

<p>R Parent reads to baby every day 38.0% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 14.0% 11.0%</p> <p>G Cost of care, as % of income single parents 51.4% N/A</p> <p>O Developmental screening received 34.8% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 9.4% 6.8%</p>	<p>G Parent sings to baby every day 51.3% 57.4%</p> <p>G Cost of care, as % of income married families 14.0% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.5% 4.2%</p> <p>Infants/toddlers with developmental delay† 4.2% 1.1%</p> <p>W Timeliness of Part C services† 100.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Indiana's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

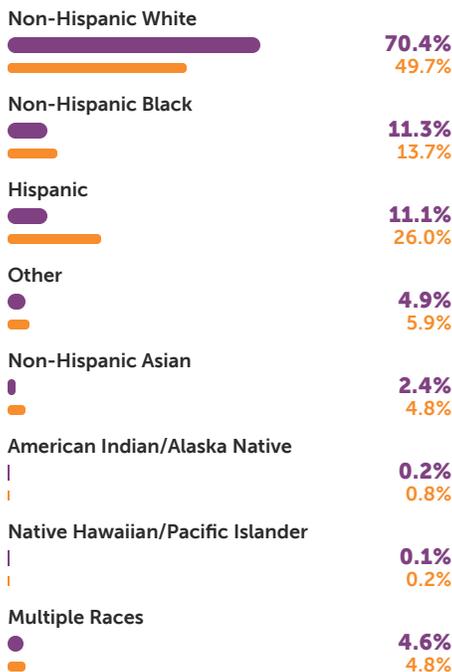
● Indiana ● National Average

Infants and toddlers in Indiana

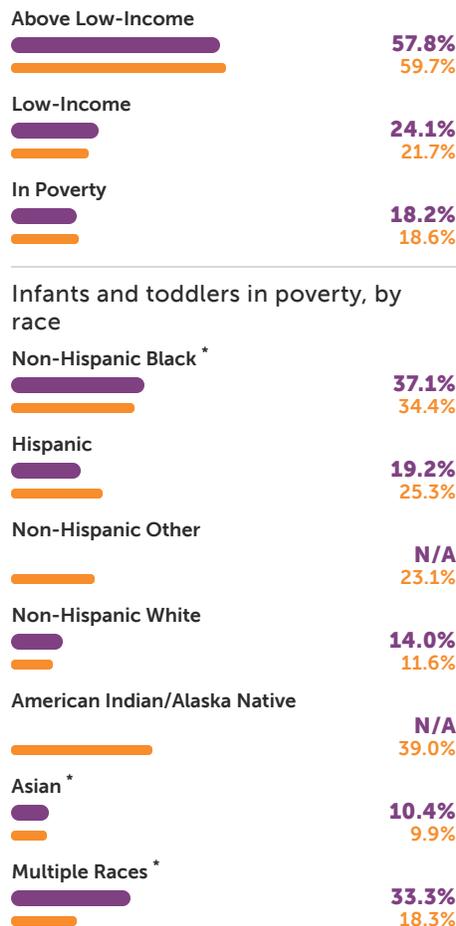
Indiana is home to 245,929 babies, representing 3.7 percent of the state's population. As many as 42.3 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

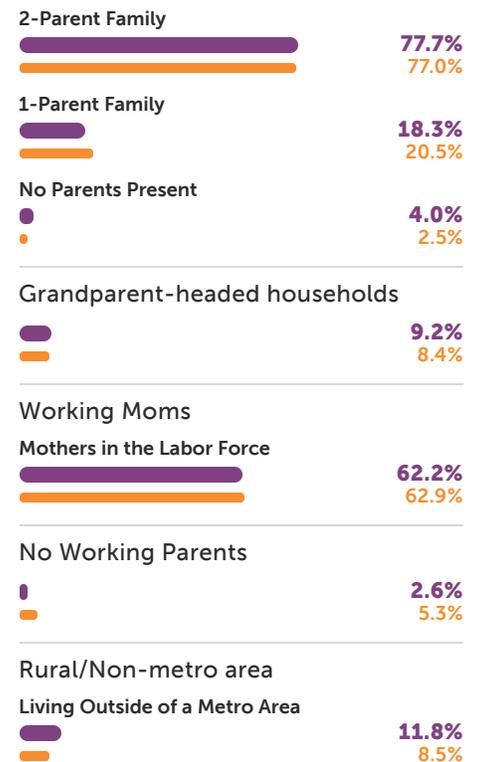
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Indiana's babies faring in Good Health?

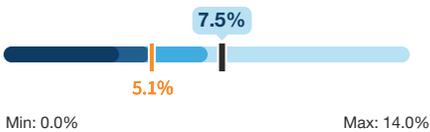
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Indiana falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Indiana performs better than national average on a key indicator, the percentage of babies born at low birth weight. The state is performing worse than national averages on indicators such as the percentages of babies experiencing food insecurity and babies receiving recommended vaccinations.

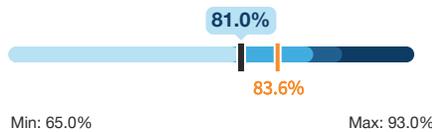
Key Indicators of Good Health

● Indiana ● National Avg

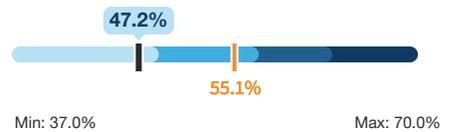
Uninsured low-income infants/toddlers



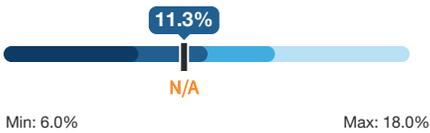
Ever breastfed



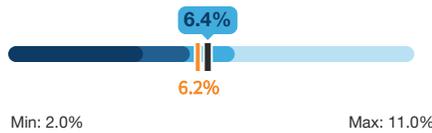
Infants breastfed at 6 months



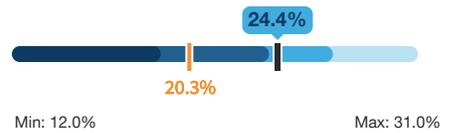
High weight-for-length†



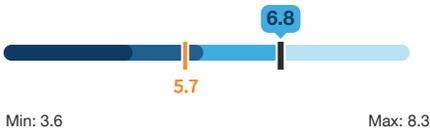
Late or no prenatal care received



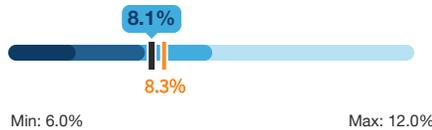
Mothers reporting less than optimal mental health



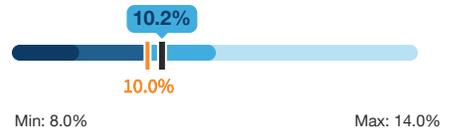
Infant mortality rate (deaths per 1,000 live births)



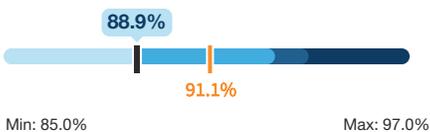
Babies with low birthweight



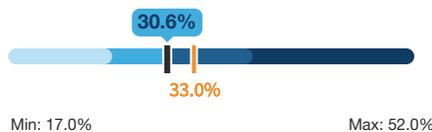
Preterm births†



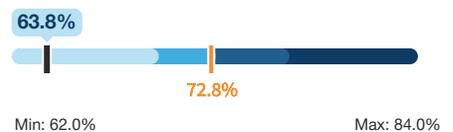
Preventative medical care received



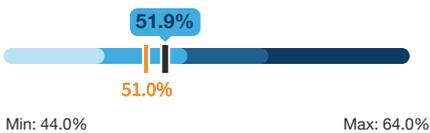
Preventative dental care received



Received recommended vaccines



Medical home†



Good Health Policy in Indiana

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 in early childhood education settings	No	✗
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Indiana

● State Indicator ● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	218 200	G Uninsured low-income infants/toddlers	7.5% 5.1%
G Low or very low food security	26.2% 13.7%	R Infants ever breastfed	81.0% 83.6%
G Infants breastfed at 6 months	47.2% 55.1%	R WIC coverage†	77.9% 79.3%
O High weight-for-length†	11.3% N/A	R Late or no prenatal care received	6.4% 6.2%
R Mothers reporting less than optimal mental health	24.4% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	6.8 5.7
O Babies with low birthweight	8.1% 8.3%	R Preterm births†	10.2% 10.0%
G Preventive medical care received	88.9% 91.1%	O Preventive dental care received	30.6% 33.0%
G Received recommended vaccines	63.8% 72.8%	R Medical home†	51.9% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Indiana's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Indiana falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Indiana is doing worse than the national average on indicators such as the percentage of babies who have had one adverse experience and the rate of babies experiencing maltreatment.

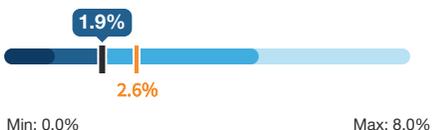
Key Indicators of Strong Families

● Indiana ● National Avg

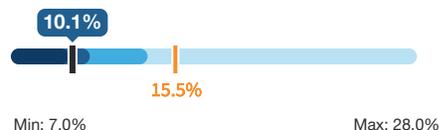
TANF benefits receipt among families in poverty



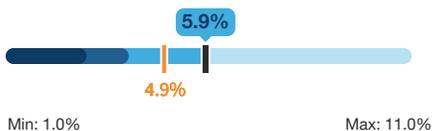
Housing instability



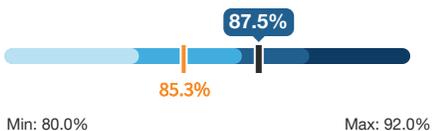
Crowded housing



Unsafe neighborhoods



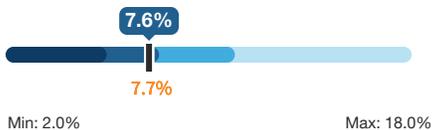
Family resilience



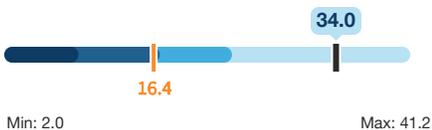
1 adverse childhood experience



2+ adverse childhood experiences



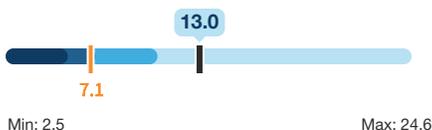
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Indiana

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Indiana

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	4.8% 21.7%	O Housing instability	1.9% 2.6%
O Crowded housing	10.1% 15.5%	G Unsafe neighborhoods	5.9% 4.9%
O Family resilience	87.5% 85.3%	G One adverse childhood experience	25.2% 20.7%
R Two or more adverse childhood experiences	7.6% 7.7%	Infant/toddler maltreatment rate†	34 16.4
O Out of home placements†	21.6% 18.7%	Permanency Achieved: Reunified†	66.5% 48.1%
W Potential home visiting beneficiaries served	4.2% 2.0%	Permanency Achieved: Relative†	2.4% 7.8%
Infants/toddlers exiting foster care to permanency†	99.7% 98.8%	Permanency Achieved: Guardian†	9.6% 8.3%
Removed from home†	13 7.1	Permanency Achieved: Adoption†	21.2% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Indiana's babies faring in Positive Early Learning Experiences?

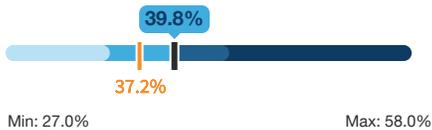
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Indiana scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. Indiana is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

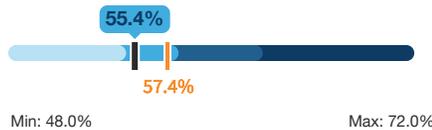
Key Indicators of Positive Early Learning Experiences

● Indiana ● National Avg

Parent reads to baby every day



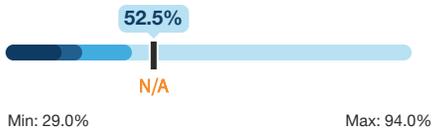
Parent sings to baby every day



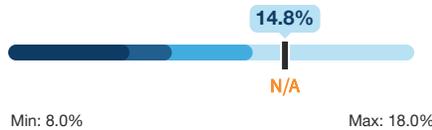
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



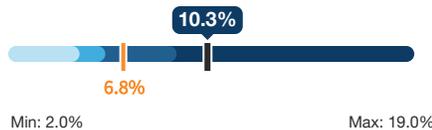
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Indiana

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	CDA or state equivalent credential	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Indiana

● State Indicator

● National Avg

<p>O Parent reads to baby every day 39.8% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 7.0% 11.0%</p> <p>G Cost of care, as % of income single parents 52.5% N/A</p> <p>G Developmental screening received 27.9% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 10.3% 6.8%</p>	<p>R Parent sings to baby every day 55.4% 57.4%</p> <p>G Cost of care, as % of income married families 14.8% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 2.1% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>O Timeliness of Part C services† 98.7% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Iowa's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

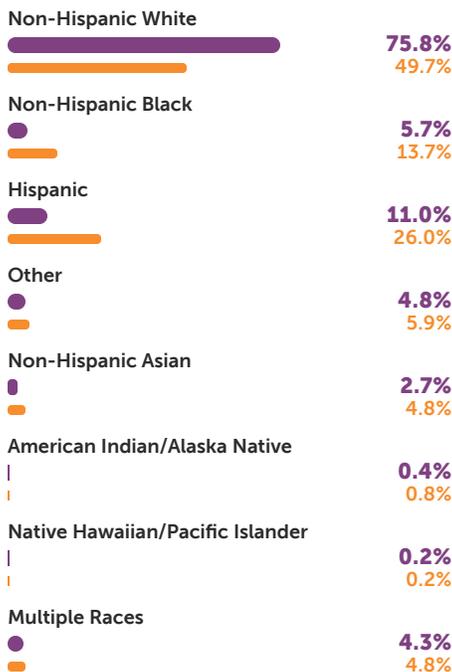
 Iowa  National Average

Infants and toddlers in Iowa

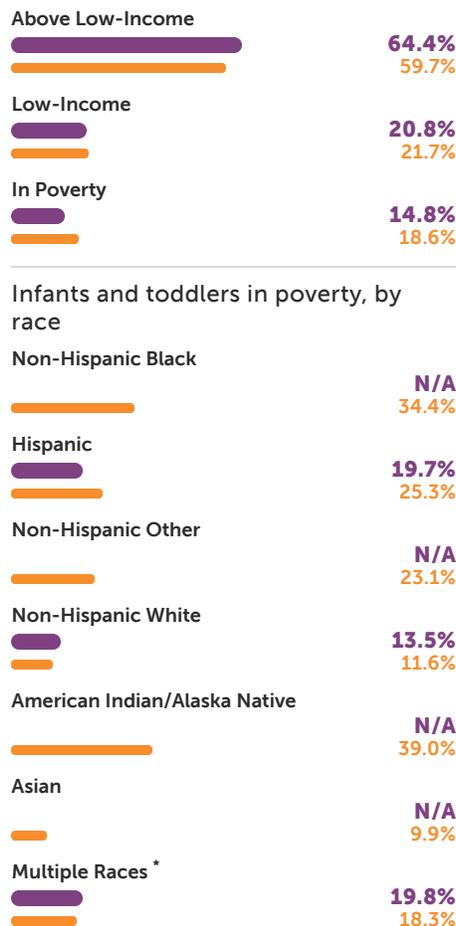
Iowa is home to 115,022 babies, representing 3.7 percent of the state's population. As many as 35.6 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

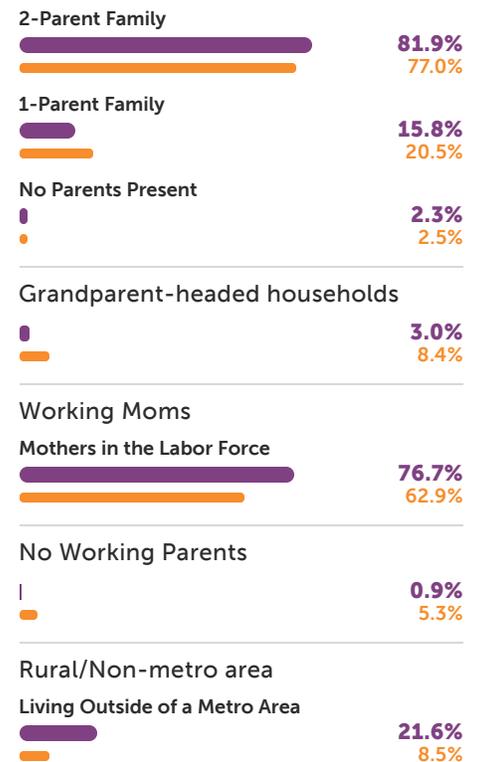
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Iowa's babies faring in Good Health?

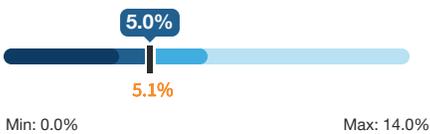
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Iowa falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Iowa performs better than national averages on key indicators, such as the percentages of babies receiving preventive dental care and babies experiencing food insecurity. The state is performing worse than the national average on the percentage of mothers reporting less than favorable mental health.

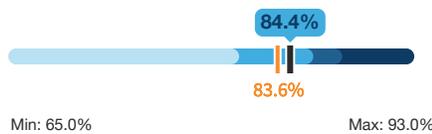
Key Indicators of Good Health

● Iowa ● National Avg

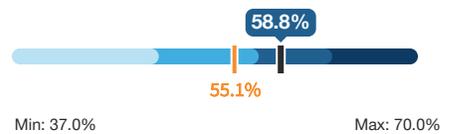
Uninsured low-income infants/toddlers



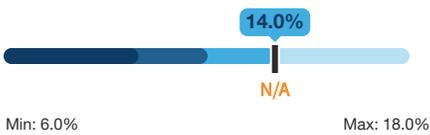
Ever breastfed



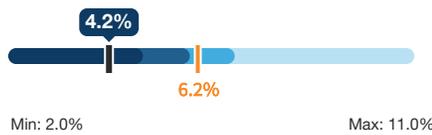
Infants breastfed at 6 months



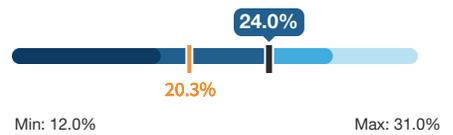
High weight-for-length†



Late or no prenatal care received



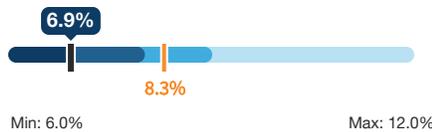
Mothers reporting less than optimal mental health



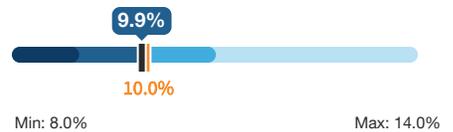
Infant mortality rate (deaths per 1,000 live births)



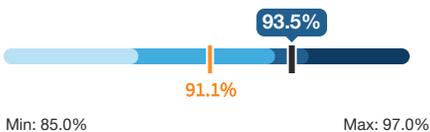
Babies with low birthweight



Preterm births†



Preventative medical care received



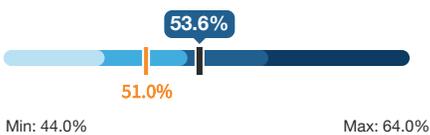
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Iowa

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	380 200	R Uninsured low-income infants/toddlers	5.0% 5.1%
W Low or very low food security	6.2% 13.7%	R Infants ever breastfed	84.4% 83.6%
O Infants breastfed at 6 months	58.8% 55.1%	O WIC coverage†	82.3% 79.3%
G High weight-for-length†	14.0% N/A	W Late or no prenatal care received	4.2% 6.2%
R Mothers reporting less than optimal mental health	24.0% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.1 5.7
W Babies with low birthweight	6.9% 8.3%	R Preterm births†	9.9% 10.0%
O Preventive medical care received	93.5% 91.1%	W Preventive dental care received	39.9% 33.0%
O Received recommended vaccines	74.4% 72.8%	O Medical home†	53.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Iowa's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Iowa falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies who have had one adverse experience and babies living in crowded housing. Iowa is doing worse than the national average on the rate of babies experiencing maltreatment.

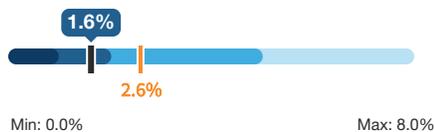
Key Indicators of Strong Families

● Iowa ● National Avg

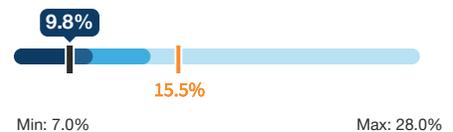
TANF benefits receipt among families in poverty



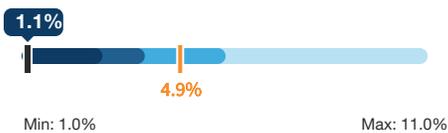
Housing instability



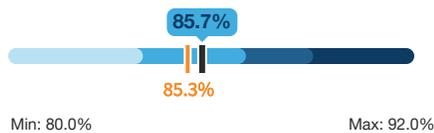
Crowded housing



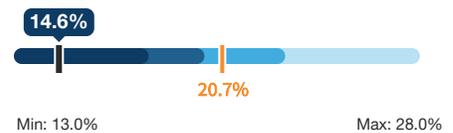
Unsafe neighborhoods



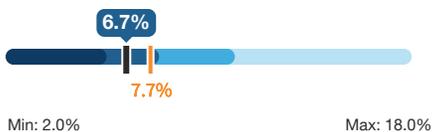
Family resilience



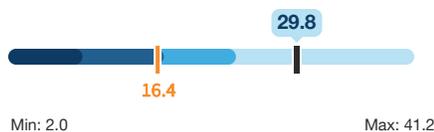
1 adverse childhood experience



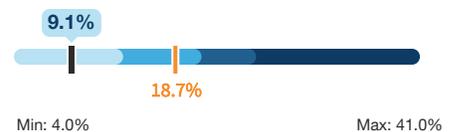
2+ adverse childhood experiences



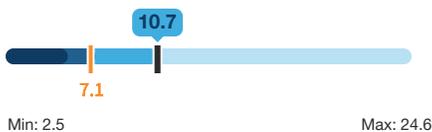
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Iowa

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Iowa

● State Indicator

● National Avg

<p>O TANF benefits receipt among families in poverty 26.2% 21.7%</p> <p>W Crowded housing 9.8% 15.5%</p> <p>R Family resilience 85.7% 85.3%</p> <p>O Two or more adverse childhood experiences 6.7% 7.7%</p> <p>G Out of home placements† 9.1% 18.7%</p> <p>Potential home visiting beneficiaries served 4.1% 2.0%</p> <p>Infants/toddlers exiting foster care to permanency† 99.5% 98.8%</p> <p>Removed from home† 10.7 7.1</p>	<p>O Housing instability 1.6% 2.6%</p> <p>W Unsafe neighborhoods 1.1% 4.9%</p> <p>W One adverse childhood experience 14.6% 20.7%</p> <p>Infant/toddler maltreatment rate† 29.8 16.4</p> <p>Permanency Achieved: Reunified† 47.4% 48.1%</p> <p>Permanency Achieved: Relative† N/A 7.8%</p> <p>Permanency Achieved: Guardian† 5.3% 8.3%</p> <p>Permanency Achieved: Adoption† 46.8% 34.6%</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Iowa's babies faring in Positive Early Learning Experiences?

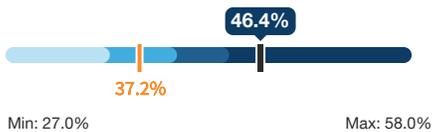
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Iowa scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Iowa is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

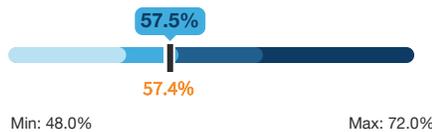
Key Indicators of Positive Early Learning Experiences

● Iowa ● National Avg

Parent reads to baby every day



Parent sings to baby every day



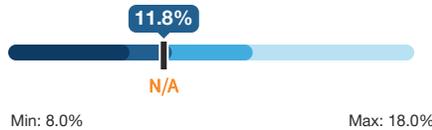
Percentage of income-eligible infants/toddlers with Early Head Start access



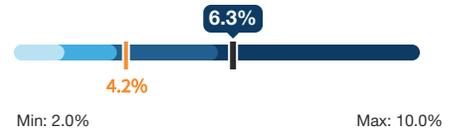
Cost of care, as % of income single parents



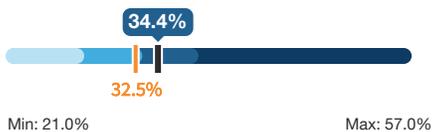
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Iowa

Infant eligibility level for child care subsidy above 200% of FPL _____	No	✗
Allocated CCDBG funds† _____	Yes	✓
Group size requirements meet or exceed EHS standards† _____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards† _____	2 of 3 age groups	
Level of teacher qualification required by the state† _____	No credential beyond a high school diploma	
Infant/toddler credential adopted† _____	No	✗
State reimburses center based child care at/above 75th percentile of market rates† _____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children† _____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Iowa

● State Indicator

● National Avg

<p>W Parent reads to baby every day 46.4% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 8.0% 11.0%</p> <p>R Cost of care, as % of income single parents 41.6% N/A</p> <p>O Developmental screening received 34.4% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 5.3% 6.8%</p>	<p>R Parent sings to baby every day 57.5% 57.4%</p> <p>O Cost of care, as % of income married families 11.8% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 6.3% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.0% 1.1%</p> <p>O Timeliness of Part C services† 99.6% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Kansas's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

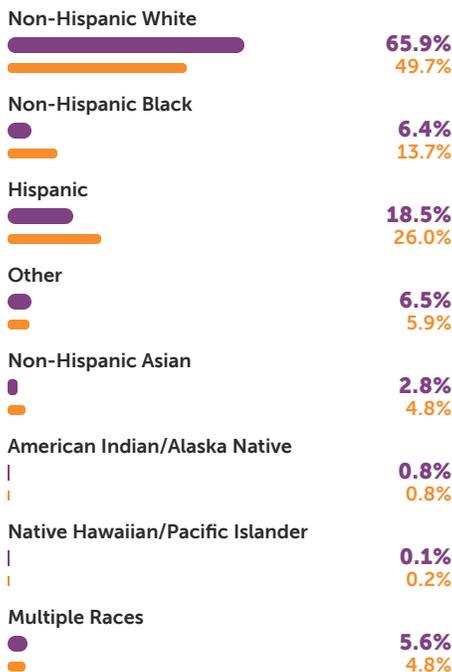
● Kansas ● National Average

Infants and toddlers in Kansas

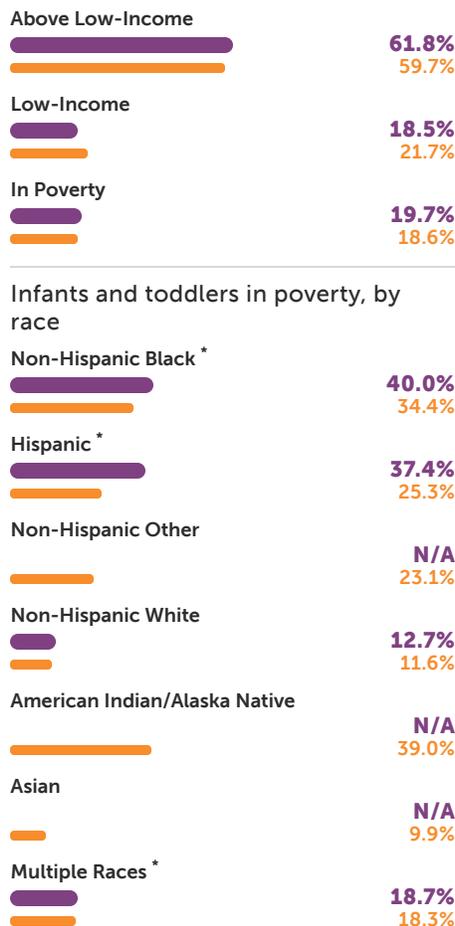
Kansas is home to 108,683 babies, representing 3.7 percent of the state's population. As many as 38.2 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

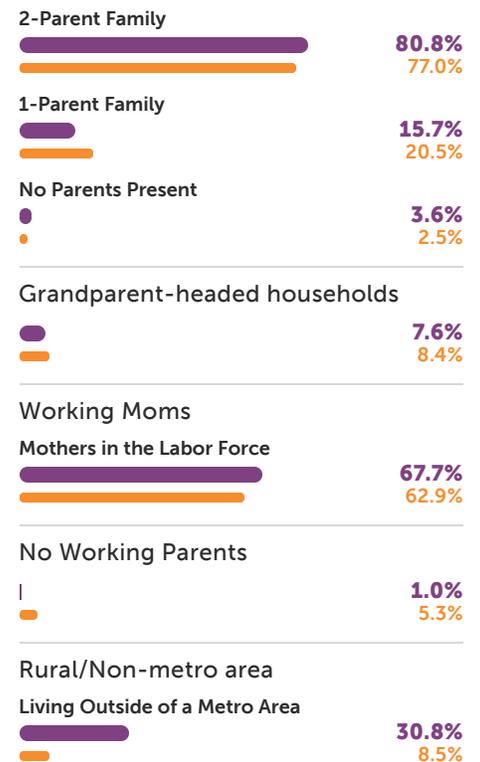
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Kansas's babies faring in Good Health?

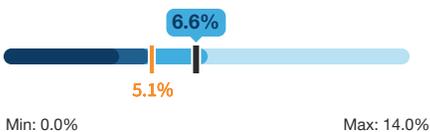
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Kansas falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Kansas performs better than national averages on key indicators, such as the percentages of women receiving late or no prenatal care and babies ever breastfed. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of mothers reporting less than favorable mental health.

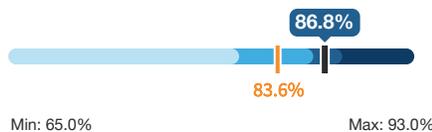
Key Indicators of Good Health

● Kansas ● National Avg

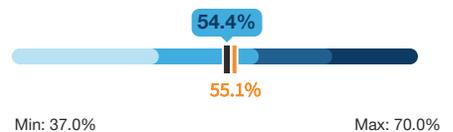
Uninsured low-income infants/toddlers



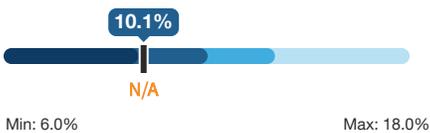
Ever breastfed



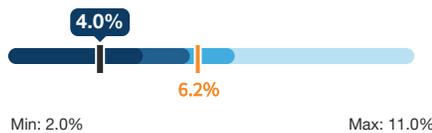
Infants breastfed at 6 months



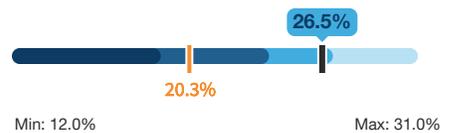
High weight-for-length†



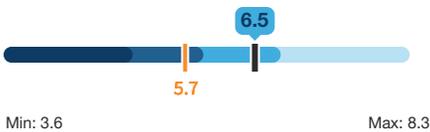
Late or no prenatal care received



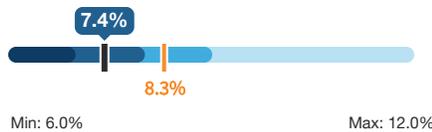
Mothers reporting less than optimal mental health



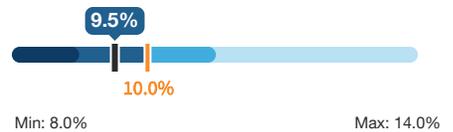
Infant mortality rate (deaths per 1,000 live births)



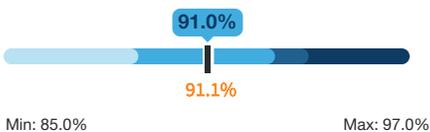
Babies with low birthweight



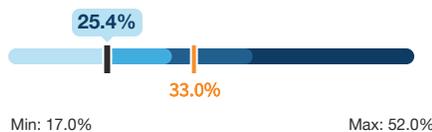
Preterm births†



Preventative medical care received



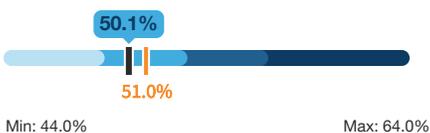
Preventative dental care received



Received recommended vaccines



Medical home†



Good Health Policy in Kansas

Medicaid expansion state	_____	No X
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 in early childhood education settings	_____	Yes ✓
Pregnant workers protection [†]	_____	No protections
Postpartum extension of Medicaid coverage [†]	_____	No law beyond mandatory 60 days

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Kansas

● State Indicator ● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	171 200	G Uninsured low-income infants/toddlers	6.6% 5.1%
O Low or very low food security	11.6% 13.7%	O Infants ever breastfed	86.8% 83.6%
R Infants breastfed at 6 months	54.4% 55.1%	G WIC coverage [†]	62.7% 79.3%
O High weight-for-length [†]	10.1% N/A	W Late or no prenatal care received	4.0% 6.2%
R Mothers reporting less than optimal mental health	26.5% 20.3%	R Infant mortality rate (deaths per 1,000 live births) [†]	6.5 5.7
O Babies with low birthweight	7.4% 8.3%	O Preterm births [†]	9.5% 10.0%
R Preventive medical care received	91.0% 91.1%	G Preventive dental care received	25.4% 33.0%
O Received recommended vaccines	74.7% 72.8%	R Medical home [†]	50.1% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Kansas's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Kansas falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of parents who report being resilient and babies who could benefit from home visiting receiving those services. Kansas is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times).

Key Indicators of Strong Families

● Kansas ● National Avg

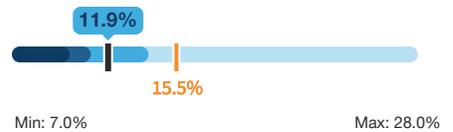
TANF benefits receipt among families in poverty



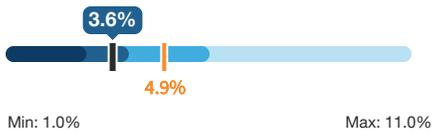
Housing instability



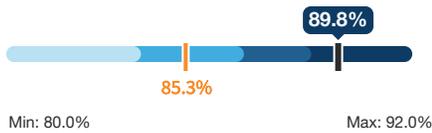
Crowded housing



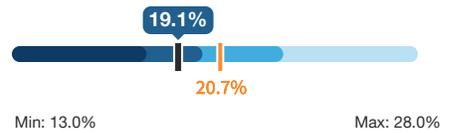
Unsafe neighborhoods



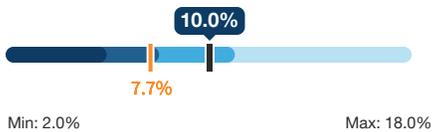
Family resilience



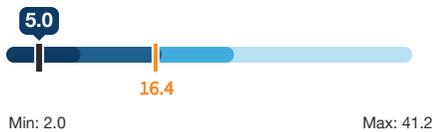
1 adverse childhood experience



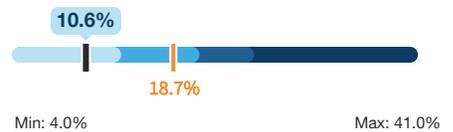
2+ adverse childhood experiences



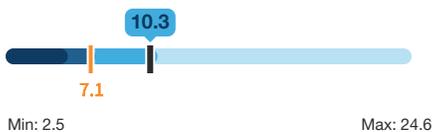
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Kansas

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Strong Families Indicators for Kansas

● State Indicator ● National Avg

R TANF benefits receipt among families in poverty	17.5% 21.7%	R Housing instability	4.1% 2.6%
R Crowded housing	11.9% 15.5%	R Unsafe neighborhoods	3.6% 4.9%
W Family resilience	89.8% 85.3%	O One adverse childhood experience	19.1% 20.7%
R Two or more adverse childhood experiences	10.0% 7.7%	Infant/toddler maltreatment rate†	5 16.4
G Out of home placements†	10.6% 18.7%	Permanency Achieved: Reunified†	57.8% 48.1%
W Potential home visiting beneficiaries served	6.5% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	97.4% 98.8%	Permanency Achieved: Guardian†	3.3% 8.3%
Removed from home†	10.3 7.1	Permanency Achieved: Adoption†	35.0% 34.6%

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Kansas's babies faring in Positive Early Learning Experiences?

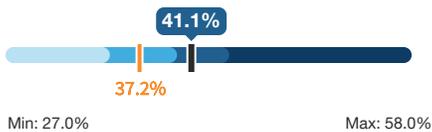
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Kansas scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Kansas is doing worse than the national average on indicators such as the lower percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

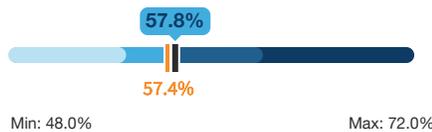
Key Indicators of Positive Early Learning Experiences

● Kansas ● National Avg

Parent reads to baby every day



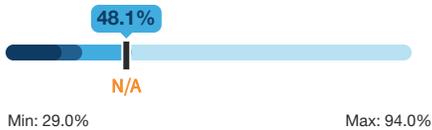
Parent sings to baby every day



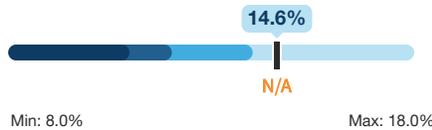
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



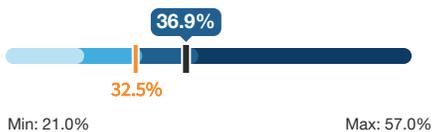
Cost of care, as % of income married families



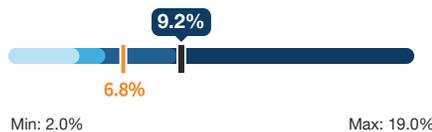
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Kansas

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	No	✗
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Kansas

● State Indicator

● National Avg

<p>O Parent reads to baby every day 41.1% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 12.0% 11.0%</p> <p>R Cost of care, as % of income single parents 48.1% N/A</p> <p>O Developmental screening received 36.9% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 9.2% 6.8%</p>	<p>R Parent sings to baby every day 57.8% 57.4%</p> <p>G Cost of care, as % of income married families 14.6% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 3.3% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.3% 1.1%</p> <p>W Timeliness of Part C services† 99.9% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Kentucky's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

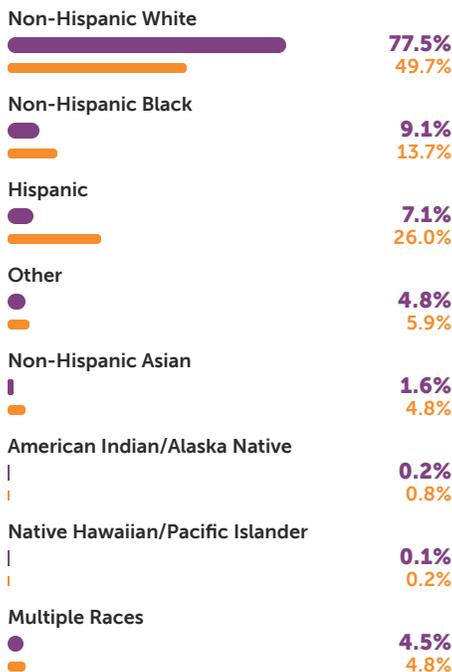
● Kentucky ● National Average

Infants and toddlers in Kentucky

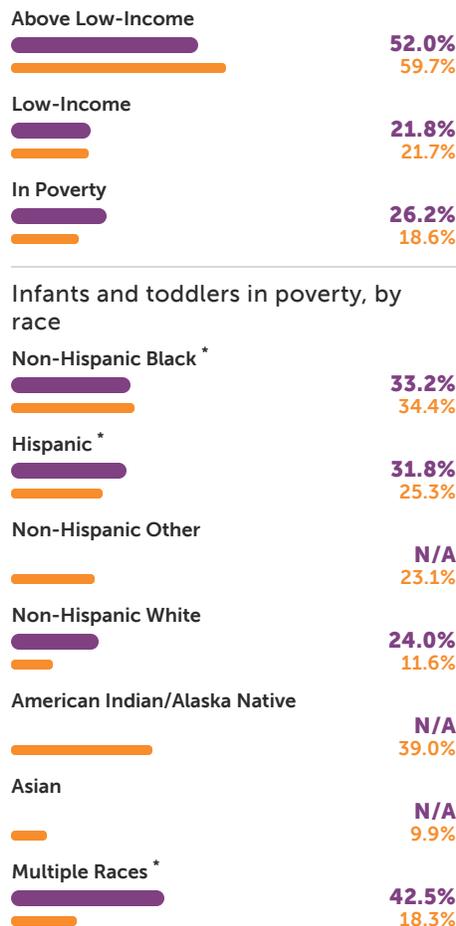
Kentucky is home to 161,730 babies, representing 3.6 percent of the state's population. As many as 48.0 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

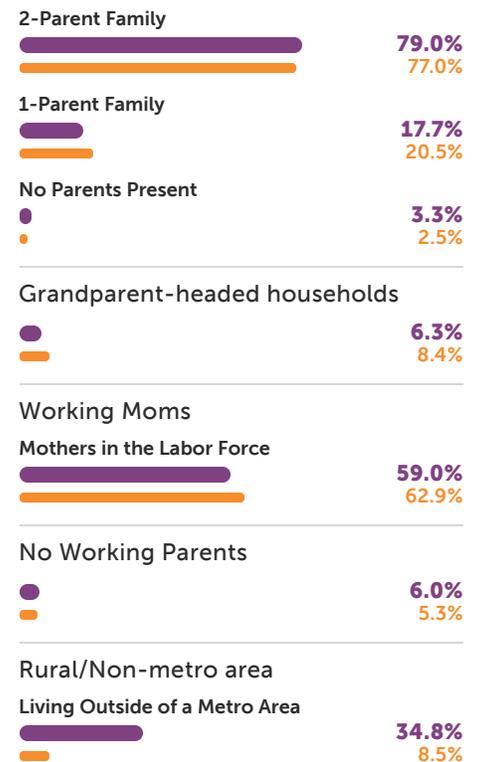
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Kentucky's babies faring in Good Health?

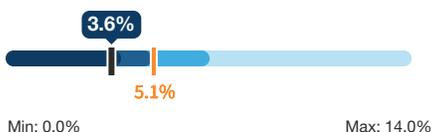
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Kentucky falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Kentucky performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and babies receiving preventive dental care.

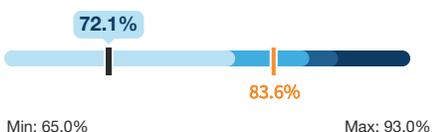
Key Indicators of Good Health

● Kentucky ● National Avg

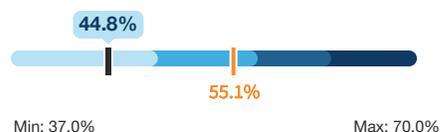
Uninsured low-income infants/toddlers



Ever breastfed



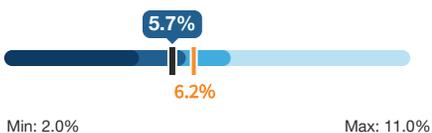
Infants breastfed at 6 months



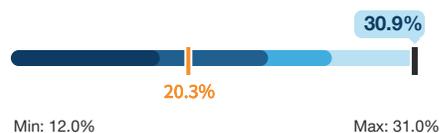
High weight-for-length†



Late or no prenatal care received



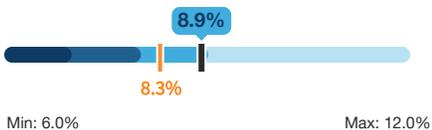
Mothers reporting less than optimal mental health



Infant mortality rate (deaths per 1,000 live births)



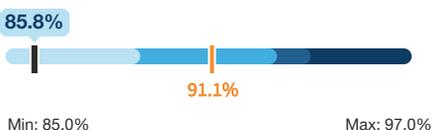
Babies with low birthweight



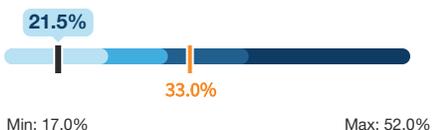
Preterm births†



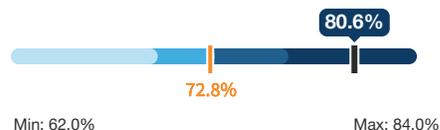
Preventative medical care received



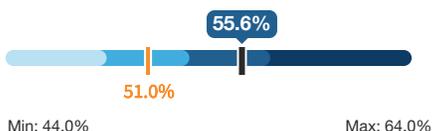
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Kentucky

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	200 200	O Uninsured low-income infants/toddlers	3.6% 5.1%
Low or very low food security	N/A 13.7%	G Infants ever breastfed	72.1% 83.6%
G Infants breastfed at 6 months	44.8% 55.1%	O WIC coverage†	78.9% 79.3%
G High weight-for-length†	16.9% N/A	O Late or no prenatal care received	5.7% 6.2%
G Mothers reporting less than optimal mental health	30.9% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.8 5.7
R Babies with low birthweight	8.9% 8.3%	G Preterm births†	11.3% 10.0%
G Preventive medical care received	85.8% 91.1%	G Preventive dental care received	21.5% 33.0%
W Received recommended vaccines	80.6% 72.8%	O Medical home†	55.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Kentucky's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Kentucky falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Kentucky is doing worse than the national average on indicators such as the percentages of babies who have had one or two or more adverse experiences.

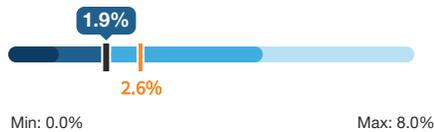
Key Indicators of Strong Families

● Kentucky ● National Avg

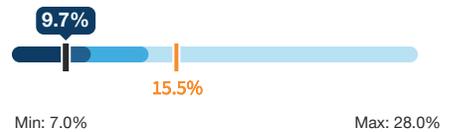
TANF benefits receipt among families in poverty



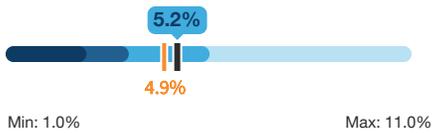
Housing instability



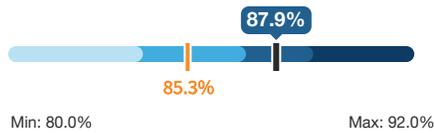
Crowded housing



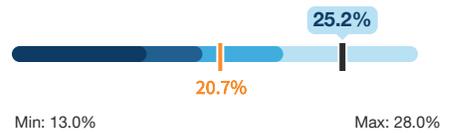
Unsafe neighborhoods



Family resilience



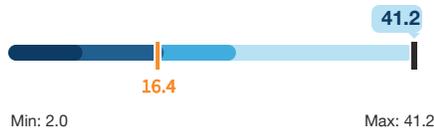
1 adverse childhood experience



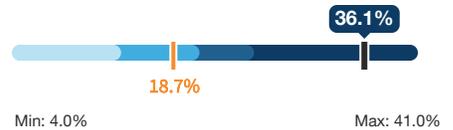
2+ adverse childhood experiences



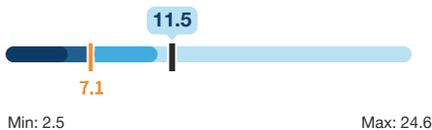
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Kentucky

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Kentucky

● State Indicator ● National Avg

O TANF benefits receipt among families in poverty	18.8% 21.7%	O Housing instability	1.9% 2.6%
W Crowded housing	9.7% 15.5%	R Unsafe neighborhoods	5.2% 4.9%
O Family resilience	87.9% 85.3%	G One adverse childhood experience	25.2% 20.7%
G Two or more adverse childhood experiences	12.9% 7.7%	Infant/toddler maltreatment rate†	41.2 16.4
W Out of home placements†	36.1% 18.7%	Permanency Achieved: Reunified†	31.9% 48.1%
W Potential home visiting beneficiaries served	4.5% 2.0%	Permanency Achieved: Relative†	47.4% 7.8%
Infants/toddlers exiting foster care to permanency†	99.8% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	11.5 7.1	Permanency Achieved: Adoption†	20.5% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Kentucky's babies faring in Positive Early Learning Experiences?

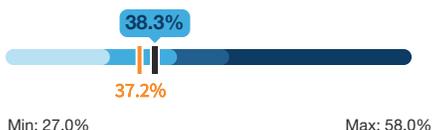
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Kentucky scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Kentucky is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

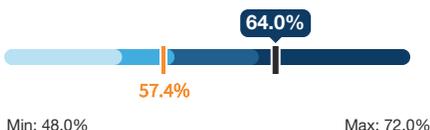
Key Indicators of Positive Early Learning Experiences

● Kentucky ● National Avg

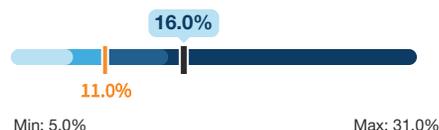
Parent reads to baby every day



Parent sings to baby every day



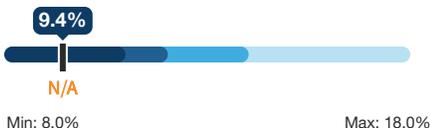
Percentage of income-eligible infants/toddlers with Early Head Start access



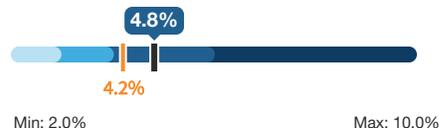
Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Kentucky

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Kentucky

● State Indicator

● National Avg

<p>R Parent reads to baby every day 38.3% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 16.0% 11.0%</p> <p>W Cost of care, as % of income single parents 36.0% N/A</p> <p>G Developmental screening received 26.4% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 6.8% 6.8%</p>	<p>W Parent sings to baby every day 64.0% 57.4%</p> <p>W Cost of care, as % of income married families 9.4% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 4.8% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.0% 1.1%</p> <p>R Timeliness of Part C services† 95.4% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Louisiana's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

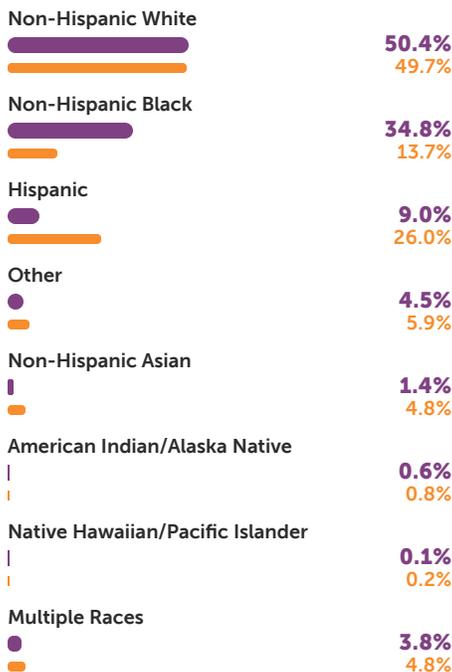
● Louisiana ● National Average

Infants and toddlers in Louisiana

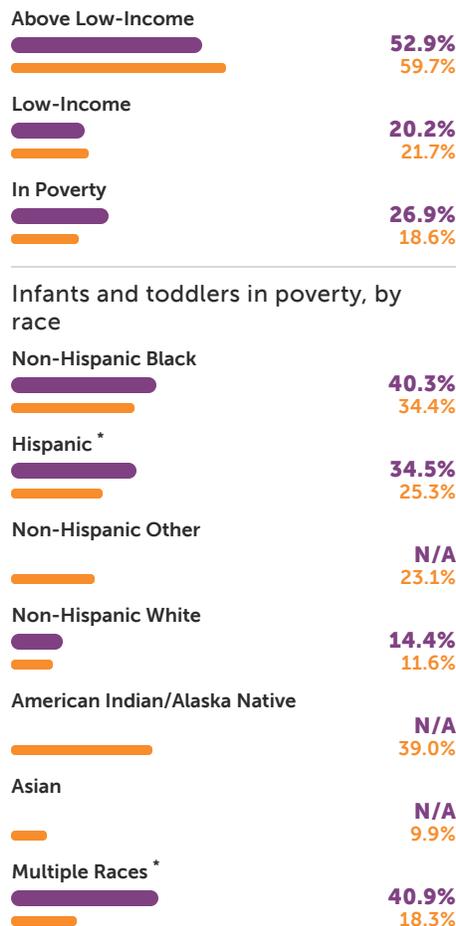
Louisiana is home to 178,015 babies, representing 3.8 percent of the state's population. As many as 47.1 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

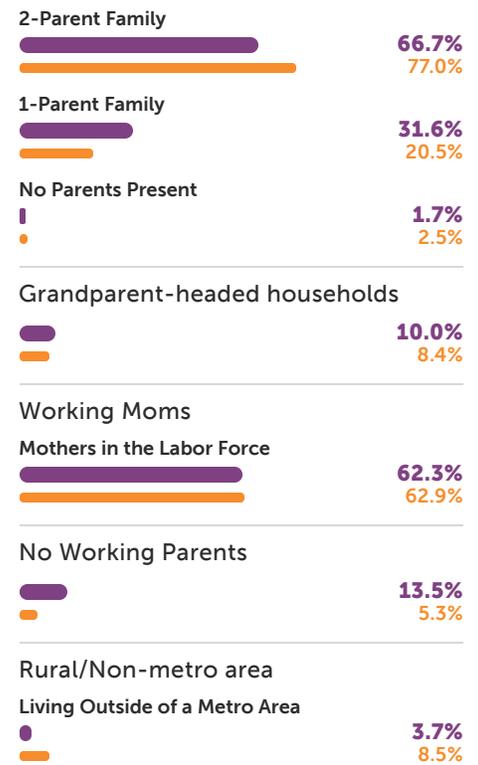
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Louisiana's babies faring in Good Health?

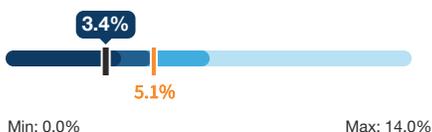
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Louisiana falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Louisiana performs better than national averages on key indicators, such as the percentages of babies receiving preventive medical and dental care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

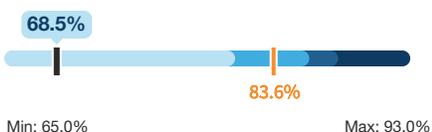
Key Indicators of Good Health

● Louisiana ● National Avg

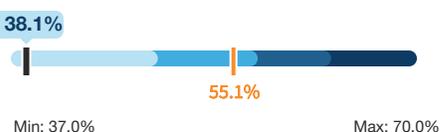
Uninsured low-income infants/toddlers



Ever breastfed



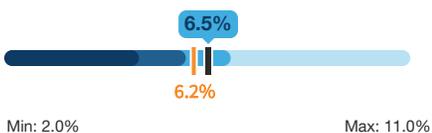
Infants breastfed at 6 months



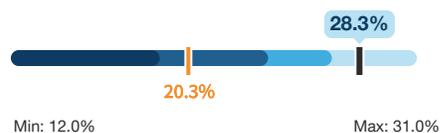
High weight-for-length†



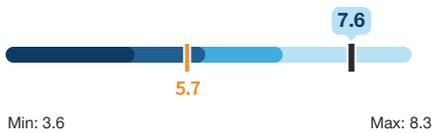
Late or no prenatal care received



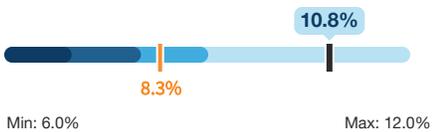
Mothers reporting less than optimal mental health



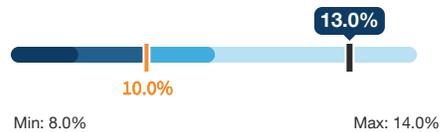
Infant mortality rate (deaths per 1,000 live births)



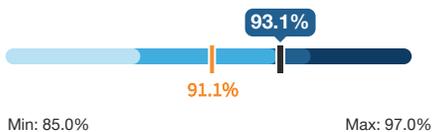
Babies with low birthweight



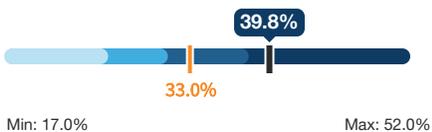
Preterm births†



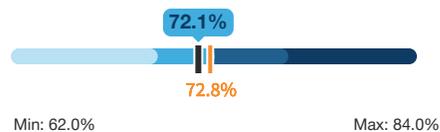
Preventative medical care received



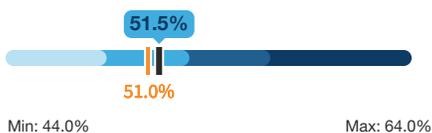
Preventative dental care received



Received recommended vaccines



Medical home†



Good Health Policy in Louisiana

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	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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Louisiana

● State Indicator ● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	138 200	W Uninsured low-income infants/toddlers	3.4% 5.1%
G Low or very low food security	20.2% 13.7%	G Infants ever breastfed	68.5% 83.6%
G Infants breastfed at 6 months	38.1% 55.1%	W WIC coverage†	85.7% 79.3%
G High weight-for-length†	15.8% N/A	R Late or no prenatal care received	6.5% 6.2%
G Mothers reporting less than optimal mental health	28.3% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7.6 5.7
G Babies with low birthweight	10.8% 8.3%	G Preterm births†	13.0% 10.0%
O Preventive medical care received	93.1% 91.1%	W Preventive dental care received	39.8% 33.0%
R Received recommended vaccines	72.1% 72.8%	R Medical home†	51.5% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Louisiana's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Louisiana falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies experiencing housing insecurity (moved 3 or more times). Louisiana is doing worse than the national average on indicators such as the percentages of parents who report living in unsafe neighborhoods and parents who report being resilient.

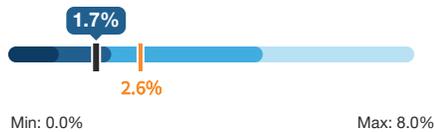
Key Indicators of Strong Families

● Louisiana ● National Avg

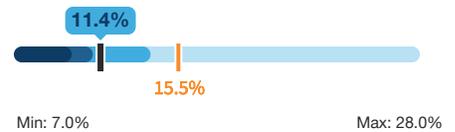
TANF benefits receipt among families in poverty



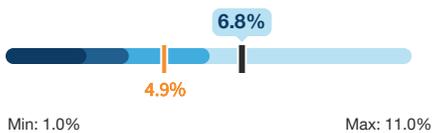
Housing instability



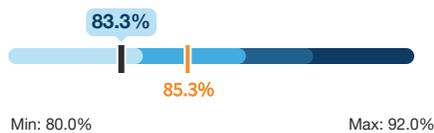
Crowded housing



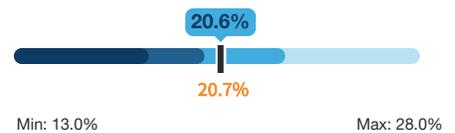
Unsafe neighborhoods



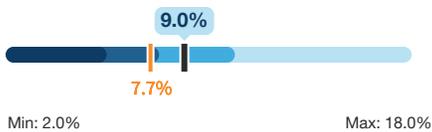
Family resilience



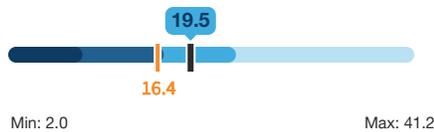
1 adverse childhood experience



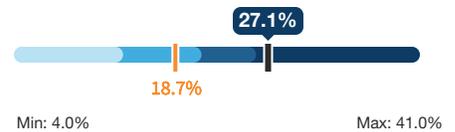
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Louisiana

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Louisiana

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	4.7% 21.7%	O Housing instability	1.7% 2.6%
R Crowded housing	11.4% 15.5%	G Unsafe neighborhoods	6.8% 4.9%
G Family resilience	83.3% 85.3%	R One adverse childhood experience	20.6% 20.7%
R Two or more adverse childhood experiences	9.0% 7.7%	Infant/toddler maltreatment rate†	19.5 16.4
W Out of home placements†	27.1% 18.7%	Permanency Achieved: Reunified†	44.2% 48.1%
R Potential home visiting beneficiaries served	1.6% 2.0%	Permanency Achieved: Relative†	9.5% 7.8%
Infants/toddlers exiting foster care to permanency†	99.2% 98.8%	Permanency Achieved: Guardian†	8.4% 8.3%
Removed from home†	4.9 7.1	Permanency Achieved: Adoption†	37.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Louisiana's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Louisiana scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Louisiana is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

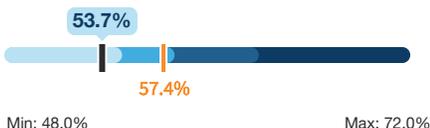
Key Indicators of Positive Early Learning Experiences

● Louisiana ● National Avg

Parent reads to baby every day



Parent sings to baby every day



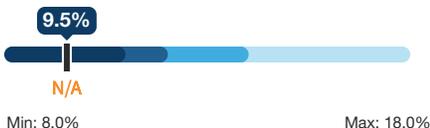
Percentage of income-eligible infants/toddlers with Early Head Start access



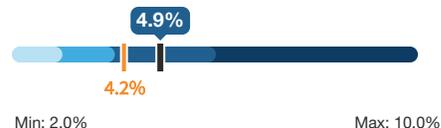
Cost of care, as % of income single parents



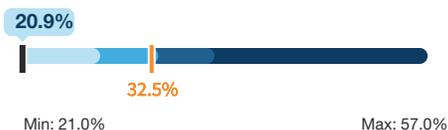
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Louisiana

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	No	✗
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Louisiana

● State Indicator

● National Avg

<p>G Parent reads to baby every day 31.8% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 6.0% 11.0%</p> <p>R Cost of care, as % of income single parents 42.0% N/A</p> <p>G Developmental screening received 20.9% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 5.5% 6.8%</p>	<p>G Parent sings to baby every day 53.7% 57.4%</p> <p>W Cost of care, as % of income married families 9.5% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 4.9% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>W Timeliness of Part C services† 99.9% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Maine's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

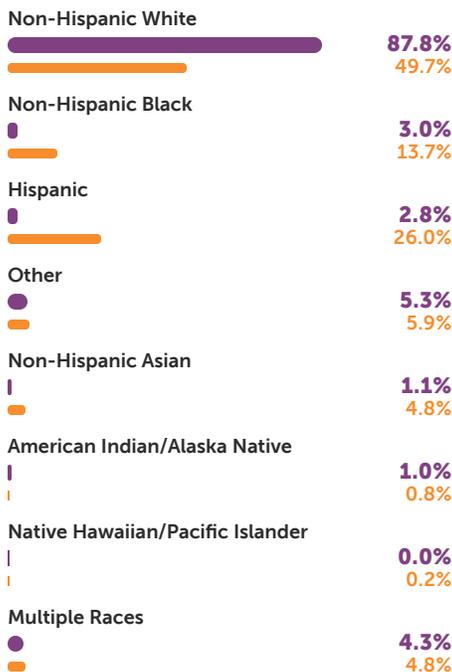
● Maine ● National Average

Infants and toddlers in Maine

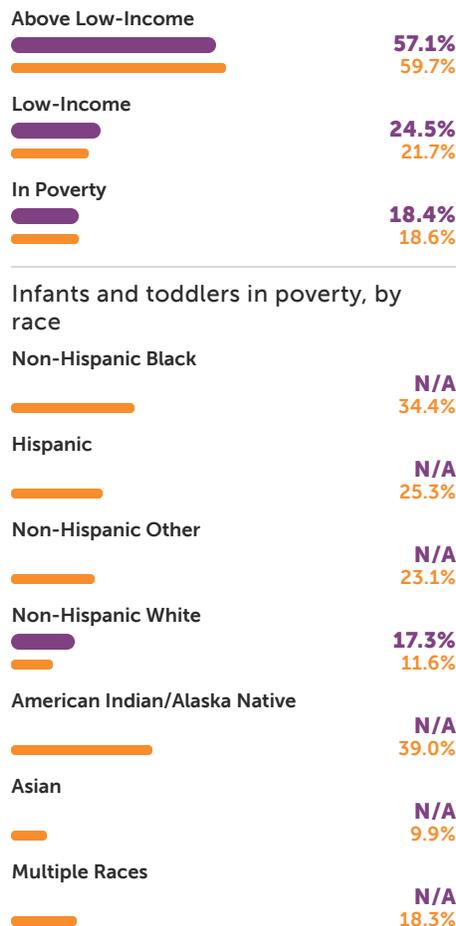
Maine is home to 37,101 babies, representing 2.8 percent of the state's population. As many as 42.9 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

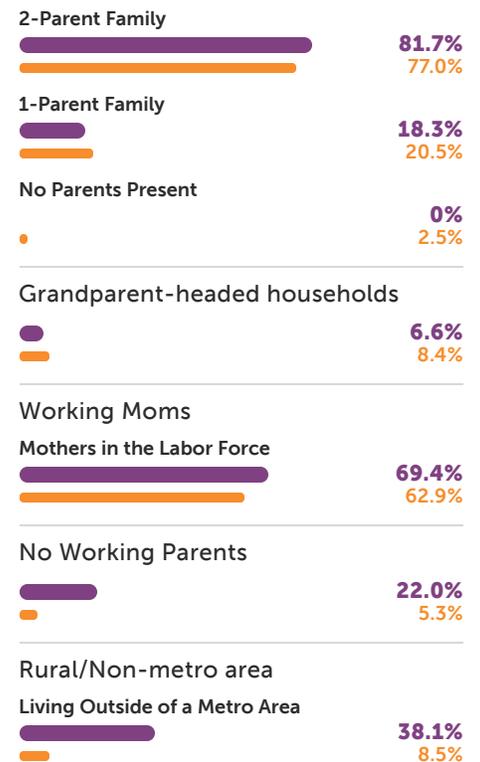
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Maine's babies faring in Good Health?

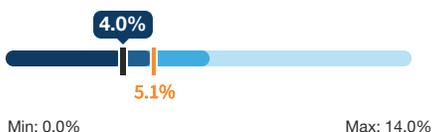
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Maine falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Maine performs better than national averages on key indicators, such as the percentages of babies breastfed at 6 months and babies receiving preventive medical care. The state is performing worse than national averages on indicators such as the percentage of mothers reporting less than favorable mental health and babies receiving preventive dental care.

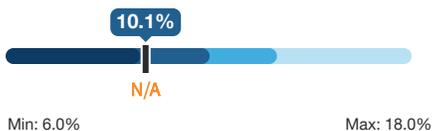
Key Indicators of Good Health

● Maine ● National Avg

Uninsured low-income infants/toddlers



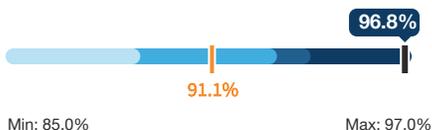
High weight-for-length[†]



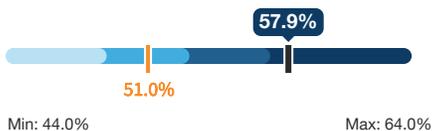
Infant mortality rate (deaths per 1,000 live births)



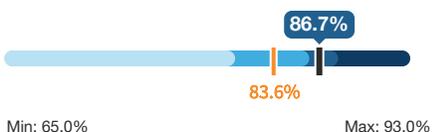
Preventative medical care received



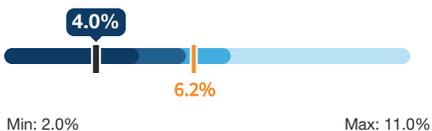
Medical home[†]



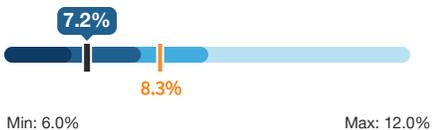
Ever breastfed



Late or no prenatal care received



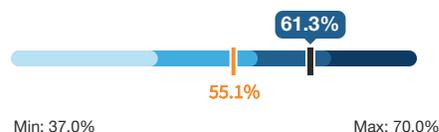
Babies with low birthweight



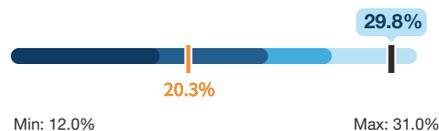
Preventative dental care received



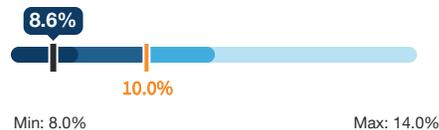
Infants breastfed at 6 months



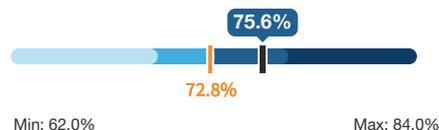
Mothers reporting less than optimal mental health



Preterm births[†]



Received recommended vaccines



Good Health Policy in Maine

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	All employees covered (private and state)	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Maine

● State Indicator

● National Avg

Eligibility limit (% FPL) for pregnant women in Medicaid	214 200	Uninsured low-income infants/toddlers	4.0% 5.1%
Low or very low food security	N/A 13.7%	Infants ever breastfed	86.7% 83.6%
Infants breastfed at 6 months	61.3% 55.1%	WIC coverage†	67.0% 79.3%
High weight-for-length†	10.1% N/A	Late or no prenatal care received	4.0% 6.2%
Mothers reporting less than optimal mental health	29.8% 20.3%	Infant mortality rate (deaths per 1,000 live births)†	5.4 5.7
Babies with low birthweight	7.2% 8.3%	Preterm births†	8.6% 10.0%
Preventive medical care received	96.8% 91.1%	Preventive dental care received	32.6% 33.0%
Received recommended vaccines	75.6% 72.8%	Medical home†	57.9% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Maine's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Maine falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who have had one adverse experience. Maine is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times).

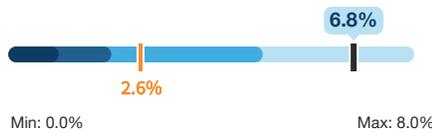
Key Indicators of Strong Families

● Maine ● National Avg

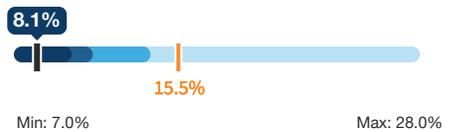
TANF benefits receipt among families in poverty



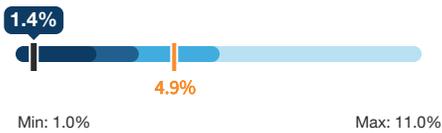
Housing instability



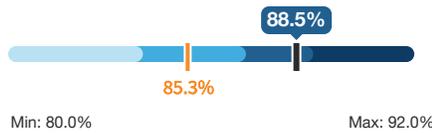
Crowded housing



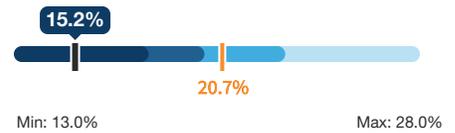
Unsafe neighborhoods



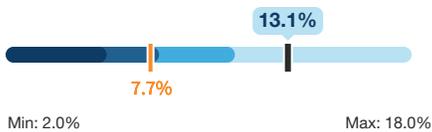
Family resilience



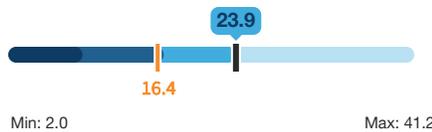
1 adverse childhood experience



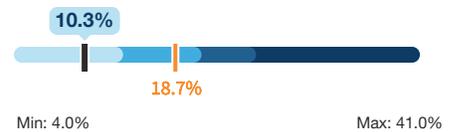
2+ adverse childhood experiences



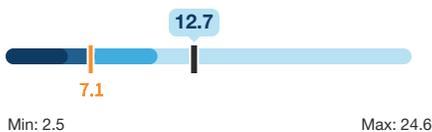
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Maine

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Maine

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	14.8% 21.7%	G Housing instability	6.8% 2.6%
W Crowded housing	8.1% 15.5%	W Unsafe neighborhoods	1.4% 4.9%
O Family resilience	88.5% 85.3%	W One adverse childhood experience	15.2% 20.7%
G Two or more adverse childhood experiences	13.1% 7.7%	Infant/toddler maltreatment rate†	23.9% 16.4%
G Out of home placements†	10.3% 18.7%	Permanency Achieved: Reunified†	54.6% 48.1%
W Potential home visiting beneficiaries served	5.5% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	100.0% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	12.7% 7.1%	Permanency Achieved: Adoption†	41.0% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Maine's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Maine scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Maine is doing worse than the national average on indicators such as the lower percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

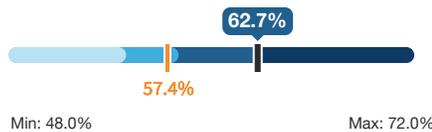
Key Indicators of Positive Early Learning Experiences

● Maine ● National Avg

Parent reads to baby every day



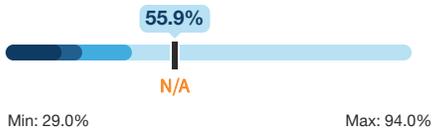
Parent sings to baby every day



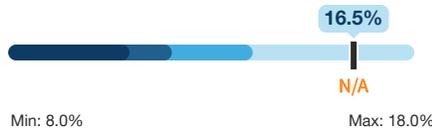
Percentage of income-eligible infants/toddlers with Early Head Start access



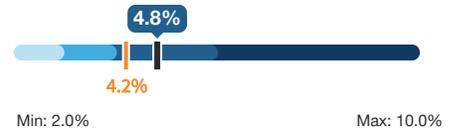
Cost of care, as % of income single parents



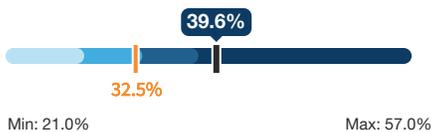
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Maine

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	No	✗
Group size requirements meet or exceed EHS standards†	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	1 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	Yes	✓
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Maine

● State Indicator

● National Avg

<p>W Parent reads to baby every day 50.4% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 24.0% 11.0%</p> <p>G Cost of care, as % of income single parents 55.9% N/A</p> <p>W Developmental screening received 39.6% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 4.6% 6.8%</p>	<p>O Parent sings to baby every day 62.7% 57.4%</p> <p>G Cost of care, as % of income married families 16.5% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 4.8% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.0% 1.1%</p> <p>G Timeliness of Part C services† 91.2% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

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The State of Maryland's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

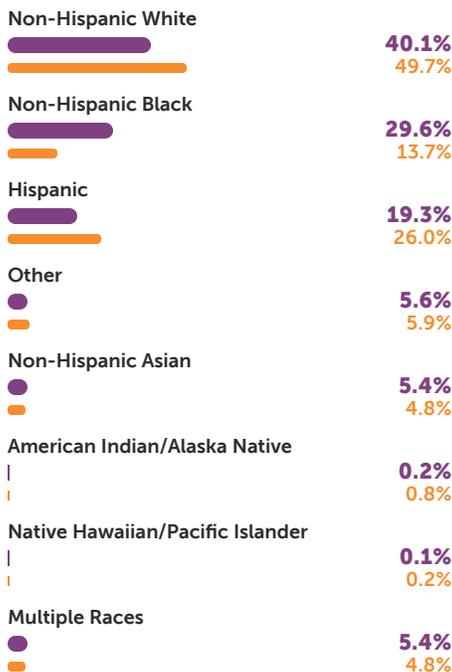
 Maryland  National Average

Infants and toddlers in Maryland

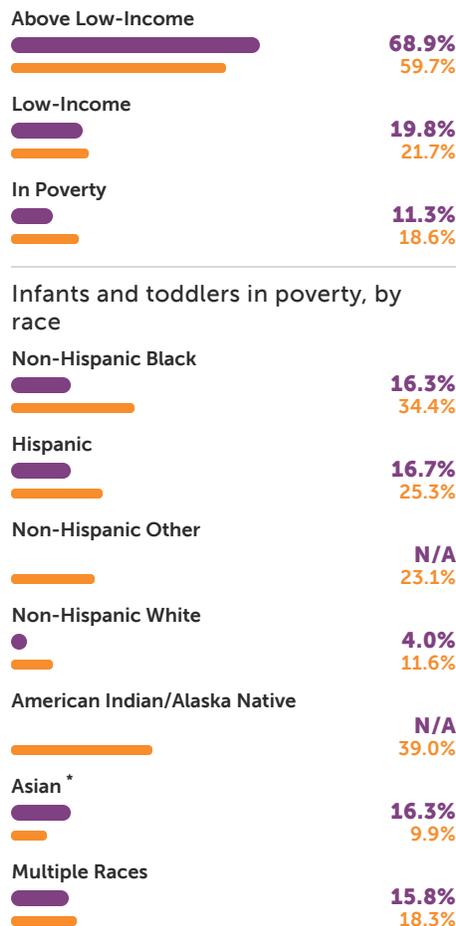
Maryland is home to 213,893 babies, representing 3.5 percent of the state's population. As many as 31.1 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

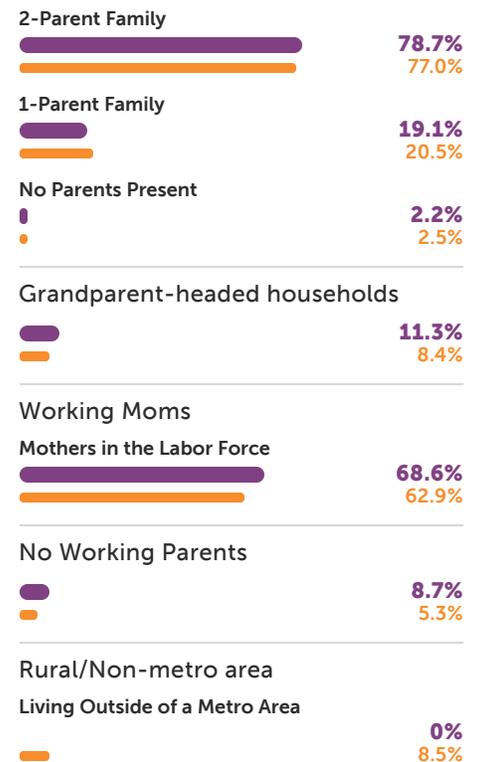
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Maryland's babies faring in Good Health?

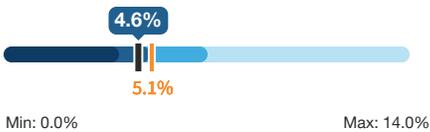
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Maryland falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Maryland performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of babies experiencing food insecurity and mothers reporting less than favorable mental health.

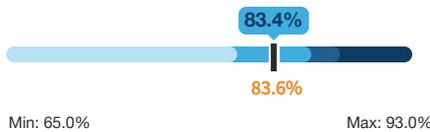
Key Indicators of Good Health

● Maryland ● National Avg

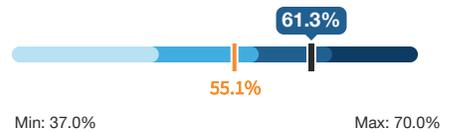
Uninsured low-income infants/toddlers



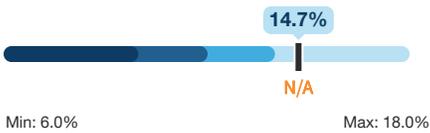
Ever breastfed



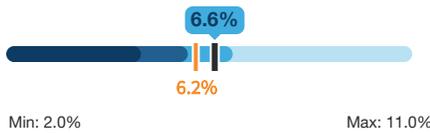
Infants breastfed at 6 months



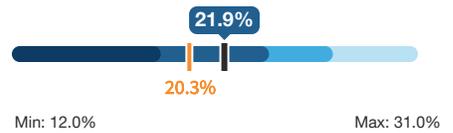
High weight-for-length[†]



Late or no prenatal care received



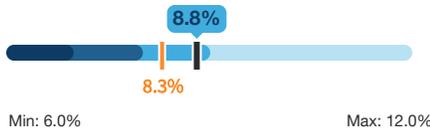
Mothers reporting less than optimal mental health



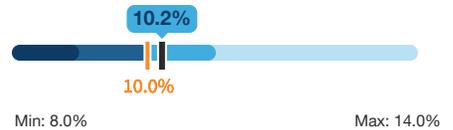
Infant mortality rate (deaths per 1,000 live births)



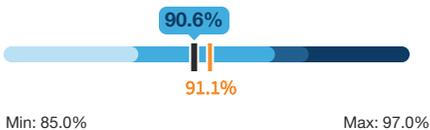
Babies with low birthweight



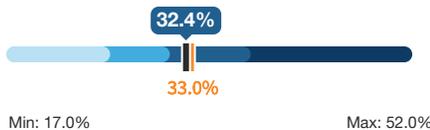
Preterm births[†]



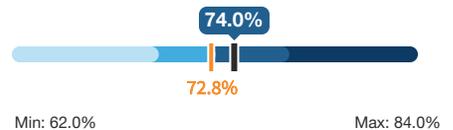
Preventative medical care received



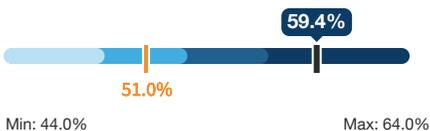
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Maryland

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Maryland

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	264 200	R Uninsured low-income infants/toddlers	4.6% 5.1%
G Low or very low food security	21.5% 13.7%	R Infants ever breastfed	83.4% 83.6%
O Infants breastfed at 6 months	61.3% 55.1%	W WIC coverage†	100.0% 79.3%
G High weight-for-length†	14.7% N/A	R Late or no prenatal care received	6.6% 6.2%
O Mothers reporting less than optimal mental health	21.9% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	6.1 5.7
R Babies with low birthweight	8.8% 8.3%	R Preterm births†	10.2% 10.0%
R Preventive medical care received	90.6% 91.1%	O Preventive dental care received	32.4% 33.0%
O Received recommended vaccines	74.0% 72.8%	W Medical home†	59.4% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Maryland's babies faring in Strong Families?

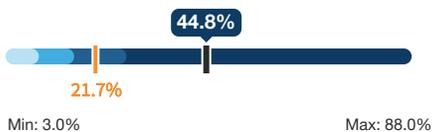
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Maryland falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as percentages of babies who have had one or two or more adverse experiences. Maryland is doing worse than the national average on indicators such as the percentages of parents who report being resilient and babies who could benefit from home visiting receiving those services.

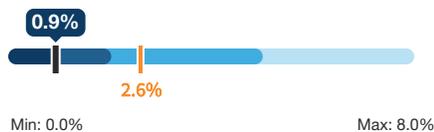
Key Indicators of Strong Families

● Maryland ● National Avg

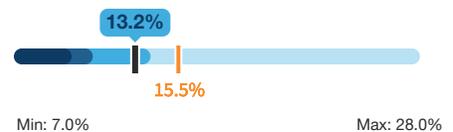
TANF benefits receipt among families in poverty



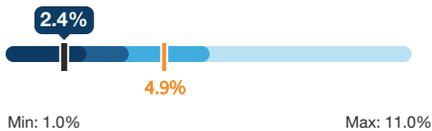
Housing instability



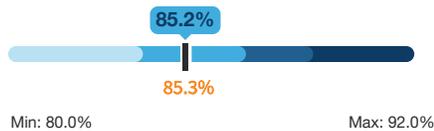
Crowded housing



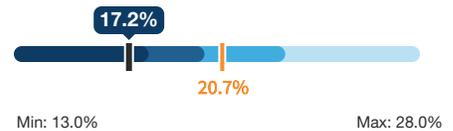
Unsafe neighborhoods



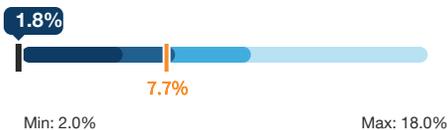
Family resilience



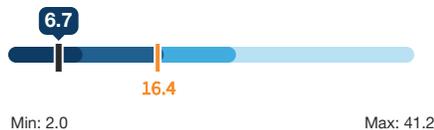
1 adverse childhood experience



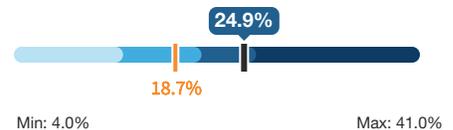
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Maryland

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	Yes	✓
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Maryland

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	44.8% 21.7%	W Housing instability	0.9% 2.6%
R Crowded housing	13.2% 15.5%	W Unsafe neighborhoods	2.4% 4.9%
R Family resilience	85.2% 85.3%	W One adverse childhood experience	17.2% 20.7%
W Two or more adverse childhood experiences	1.8% 7.7%	Infant/toddler maltreatment rate†	6.7 16.4
O Out of home placements†	24.9% 18.7%	Permanency Achieved: Reunified†	55.4% 48.1%
G Potential home visiting beneficiaries served	1.2% 2.0%	Permanency Achieved: Relative†	18.9% 7.8%
Infants/toddlers exiting foster care to permanency†	98.4% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	2.8 7.1	Permanency Achieved: Adoption†	23.0% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Maryland's babies faring in Positive Early Learning Experiences?

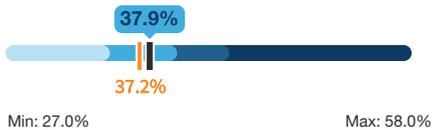
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Maryland scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Maryland is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

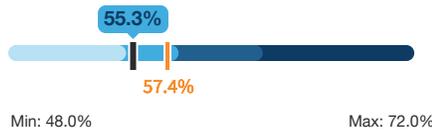
Key Indicators of Positive Early Learning Experiences

● Maryland ● National Avg

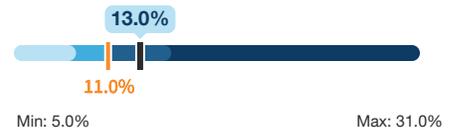
Parent reads to baby every day



Parent sings to baby every day



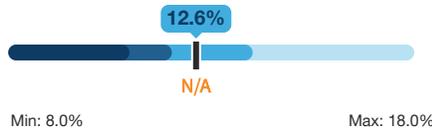
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



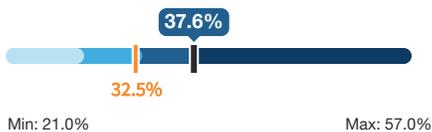
Cost of care, as % of income married families



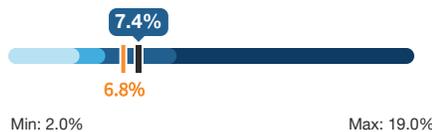
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Maryland

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	Yes	✓
Group size requirements meet or exceed EHS standards†	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	2 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Maryland

● State Indicator ● National Avg

<p>R Parent reads to baby every day 37.9% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 13.0% 11.0%</p> <p>O Cost of care, as % of income single parents 39.5% N/A</p> <p>O Developmental screening received 37.6% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 7.4% 6.8%</p>	<p>G Parent sings to baby every day 55.3% 57.4%</p> <p>R Cost of care, as % of income married families 12.6% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 2.4% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>R Timeliness of Part C services† 97.2% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Massachusetts's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

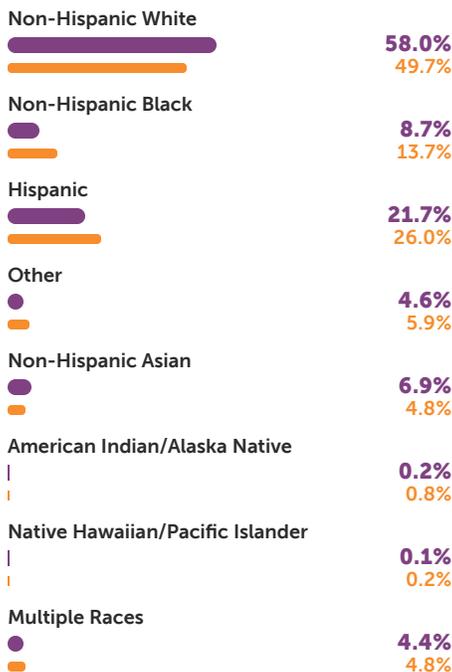
 Massachusetts  National Average

Infants and toddlers in Massachusetts

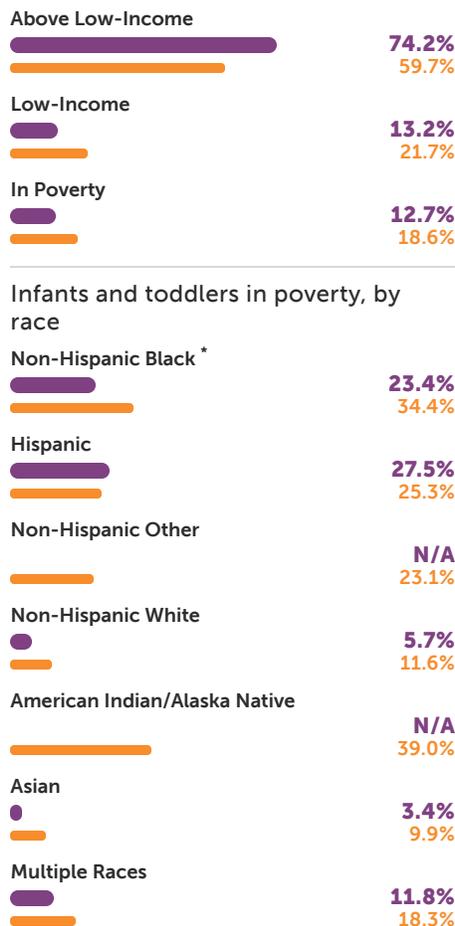
Massachusetts is home to 212,910 babies, representing 3.1 percent of the state's population. As many as 25.8 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

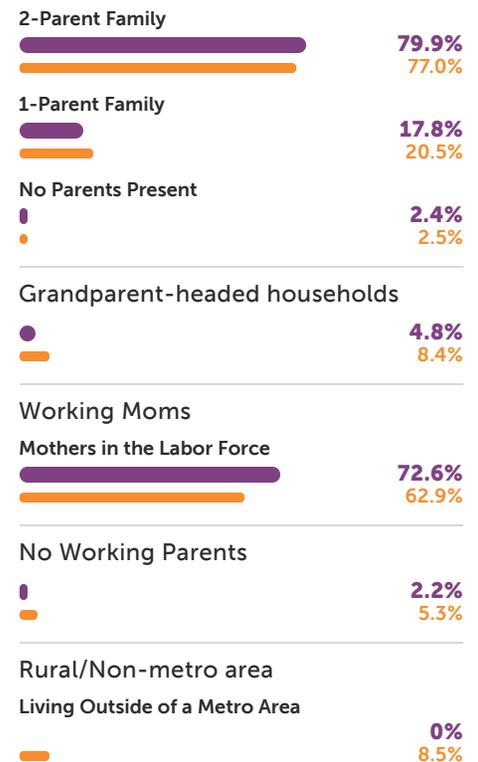
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

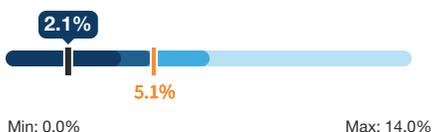
How are Massachusetts's babies faring in Good Health?

Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

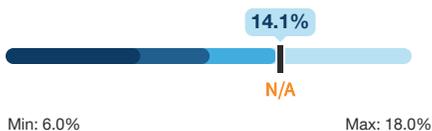
Massachusetts falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Massachusetts performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies experiencing food insecurity. The state is performing worse than the national average on the percentage of mothers reporting less than favorable mental health.

Key Indicators of Good Health

Uninsured low-income infants/toddlers



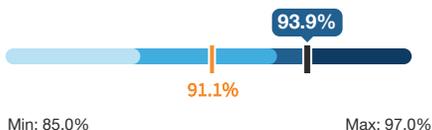
High weight-for-length[†]



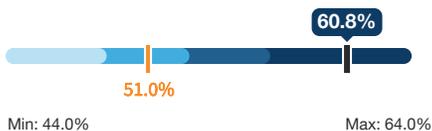
Infant mortality rate (deaths per 1,000 live births)



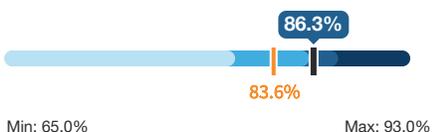
Preventative medical care received



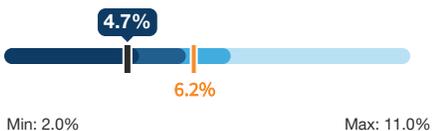
Medical home[†]



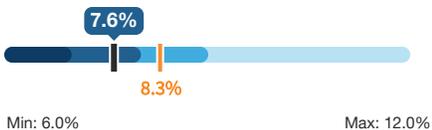
Ever breastfed



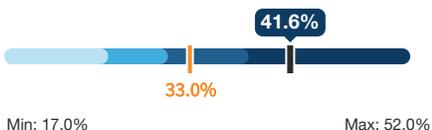
Late or no prenatal care received



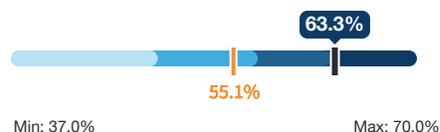
Babies with low birthweight



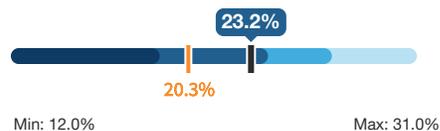
Preventative dental care received



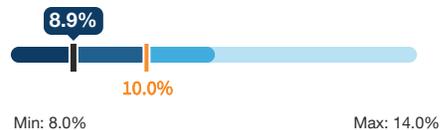
Infants breastfed at 6 months



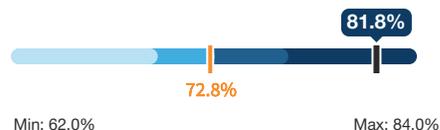
Mothers reporting less than optimal mental health



Preterm births[†]



Received recommended vaccines



● Massachusetts ● National Avg

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 in early childhood education settings	No	✗
Pregnant workers protection [†]	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage [†]	No law beyond mandatory 60 days	

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Massachusetts

● State Indicator ● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	205 200	W Uninsured low-income infants/toddlers	2.1% 5.1%
W Low or very low food security	4.3% 13.7%	O Infants ever breastfed	86.3% 83.6%
O Infants breastfed at 6 months	63.3% 55.1%	R WIC coverage [†]	74.8% 79.3%
G High weight-for-length [†]	14.1% N/A	O Late or no prenatal care received	4.7% 6.2%
O Mothers reporting less than optimal mental health	23.2% 20.3%	W Infant mortality rate (deaths per 1,000 live births) [†]	4.2 5.7
O Babies with low birthweight	7.6% 8.3%	W Preterm births [†]	8.9% 10.0%
O Preventive medical care received	93.9% 91.1%	W Preventive dental care received	41.6% 33.0%
W Received recommended vaccines	81.8% 72.8%	W Medical home [†]	60.8% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Massachusetts's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

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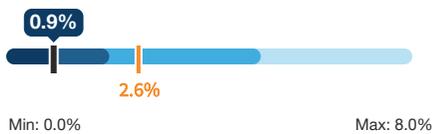
Key Indicators of Strong Families

● Massachusetts ● National Avg

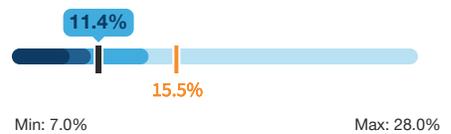
TANF benefits receipt among families in poverty



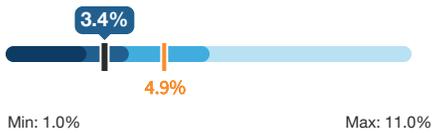
Housing instability



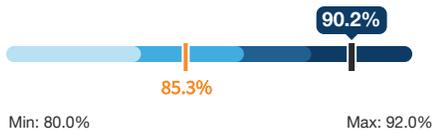
Crowded housing



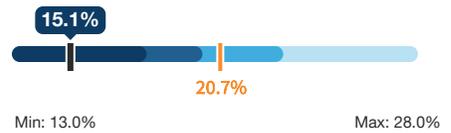
Unsafe neighborhoods



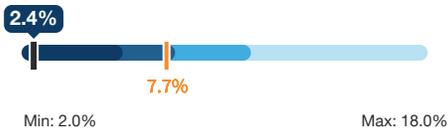
Family resilience



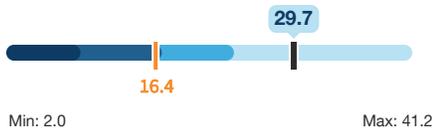
1 adverse childhood experience



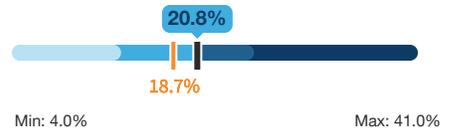
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Massachusetts

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Massachusetts

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	65.5% 21.7%	W Housing instability	0.9% 2.6%
R Crowded housing	11.4% 15.5%	O Unsafe neighborhoods	3.4% 4.9%
W Family resilience	90.2% 85.3%	W One adverse childhood experience	15.1% 20.7%
W Two or more adverse childhood experiences	2.4% 7.7%	Infant/toddler maltreatment rate†	29.7 16.4
O Out of home placements†	20.8% 18.7%	Permanency Achieved: Reunified†	66.7% 48.1%
G Potential home visiting beneficiaries served	1.2% 2.0%	Permanency Achieved: Relative†	2.3% 7.8%
Infants/toddlers exiting foster care to permanency†	99.6% 98.8%	Permanency Achieved: Guardian†	5.8% 8.3%
Removed from home†	6.7 7.1	Permanency Achieved: Adoption†	24.8% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Massachusetts's babies faring in Positive Early Learning Experiences?

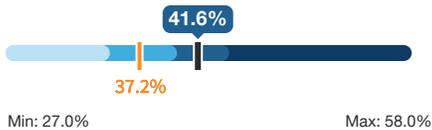
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Massachusetts scores in the Improving Outcomes (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. Massachusetts is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

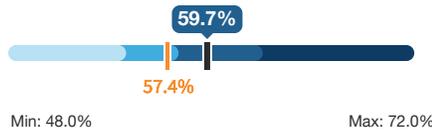
Key Indicators of Positive Early Learning Experiences

● Massachusetts ● National Avg

Parent reads to baby every day



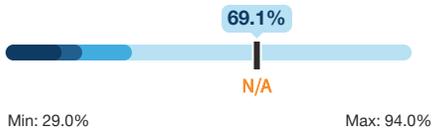
Parent sings to baby every day



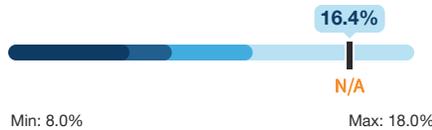
Percentage of income-eligible infants/toddlers with Early Head Start access



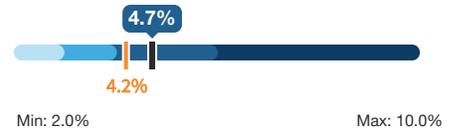
Cost of care, as % of income single parents



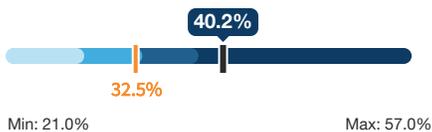
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Massachusetts

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	No	✗
Group size requirements meet or exceed EHS standards†	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	3 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Massachusetts

● State Indicator

● National Avg

O Parent reads to baby every day	41.6% 37.2%	O Parent sings to baby every day	59.7% 57.4%
G Percentage of income-eligible infants/toddlers with Early Head Start access	9.0% 11.0%	G Cost of care, as % of income married families	16.4% N/A
G Cost of care, as % of income single parents	69.1% N/A	O Low/moderate income infants/toddlers in CCDF funded-care	4.7% 4.2%
W Developmental screening received	40.2% 32.5%	Infants/toddlers with developmental delay†	0.6% 1.1%
W Percentage of infants/toddlers receiving IDEA Part C services	19.2% 6.8%	W Timeliness of Part C services†	99.7% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Michigan's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

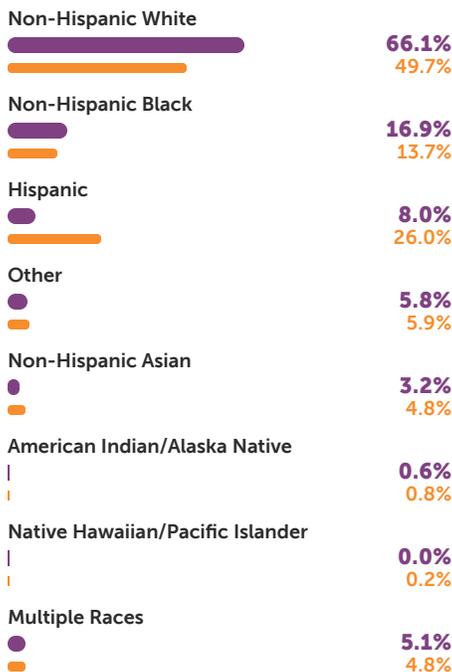
● Michigan ● National Average

Infants and toddlers in Michigan

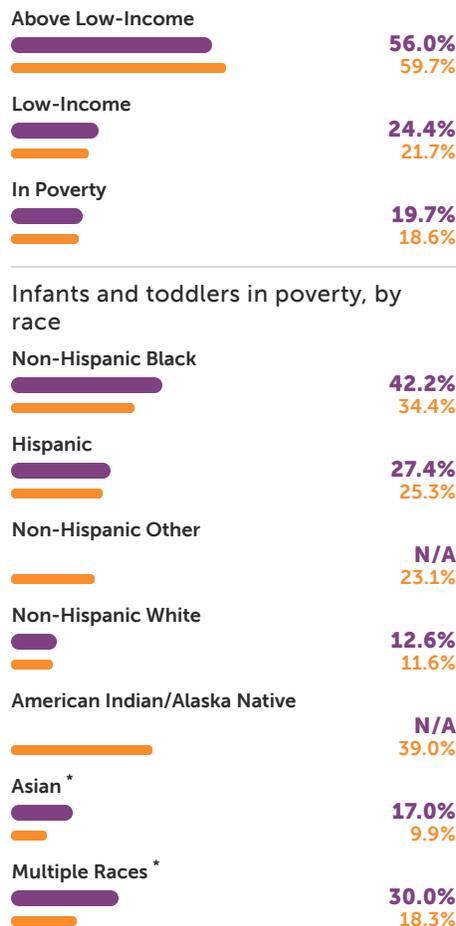
Michigan is home to 333,798 babies, representing 3.3 percent of the state's population. As many as 44.0 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

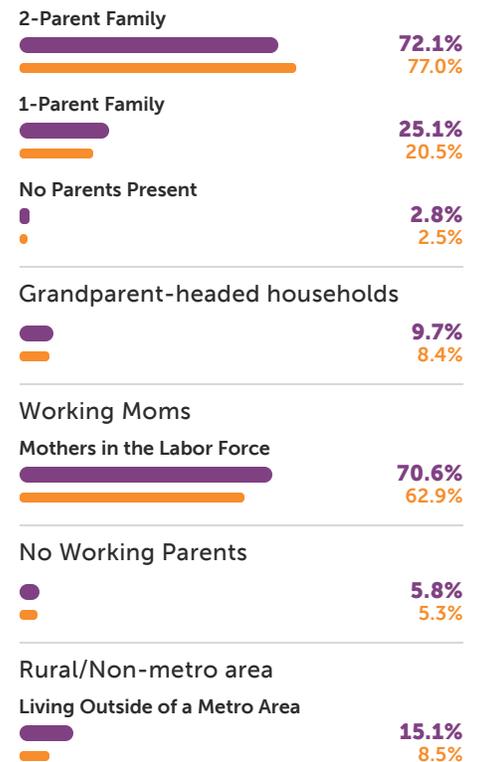
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Michigan's babies faring in Good Health?

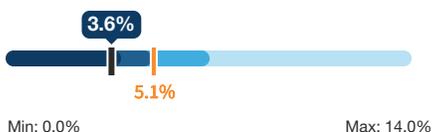
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Michigan falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Michigan performs better than national averages on key indicators, such as the percentages of babies breastfed at 6 months and babies receiving preventive medical care. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive dental care and mothers reporting less than favorable mental health.

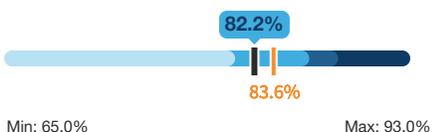
Key Indicators of Good Health

● Michigan ● National Avg

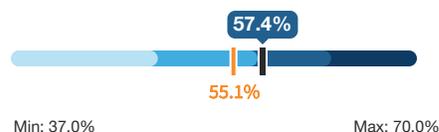
Uninsured low-income infants/toddlers



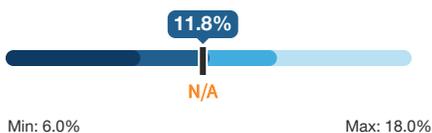
Ever breastfed



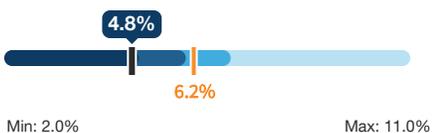
Infants breastfed at 6 months



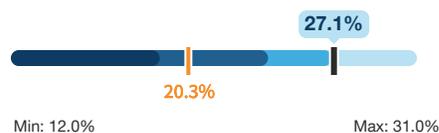
High weight-for-length[†]



Late or no prenatal care received



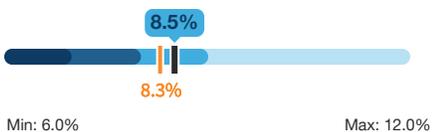
Mothers reporting less than optimal mental health



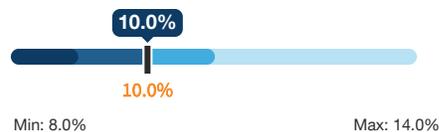
Infant mortality rate (deaths per 1,000 live births)



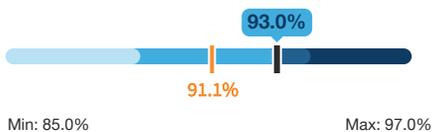
Babies with low birthweight



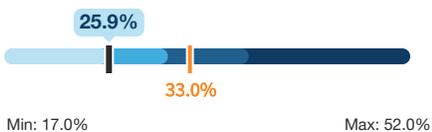
Preterm births[†]



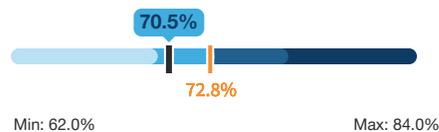
Preventative medical care received



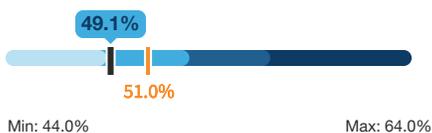
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Michigan

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	No	✗
Medicaid plan covers IECMH services in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Michigan

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	200 200	O Uninsured low-income infants/toddlers	3.6% 5.1%
G Low or very low food security	17.7% 13.7%	R Infants ever breastfed	82.2% 83.6%
O Infants breastfed at 6 months	57.4% 55.1%	W WIC coverage†	90.8% 79.3%
O High weight-for-length†	11.8% N/A	O Late or no prenatal care received	4.8% 6.2%
G Mothers reporting less than optimal mental health	27.1% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	6.2 5.7
R Babies with low birthweight	8.5% 8.3%	R Preterm births†	10.0% 10.0%
R Preventive medical care received	93.0% 91.1%	G Preventive dental care received	25.9% 33.0%
R Received recommended vaccines	70.5% 72.8%	R Medical home†	49.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Michigan's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Michigan falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who have had two or more adverse experiences. Michigan is doing worse than the national average on indicators such as the percentage of parents who report being resilient and the rate of babies experiencing maltreatment.

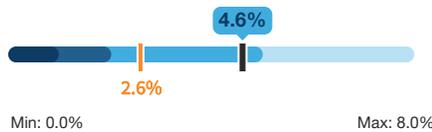
Key Indicators of Strong Families

● Michigan ● National Avg

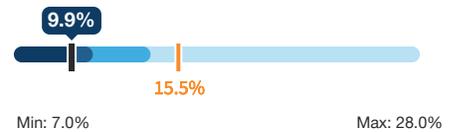
TANF benefits receipt among families in poverty



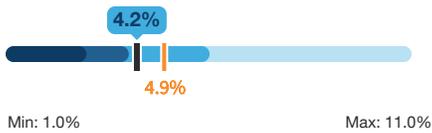
Housing instability



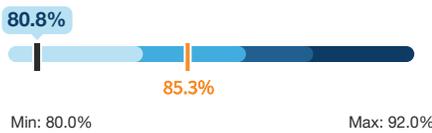
Crowded housing



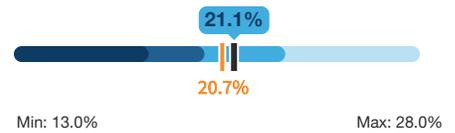
Unsafe neighborhoods



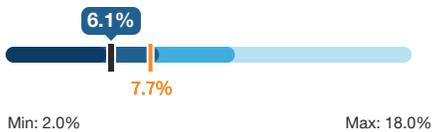
Family resilience



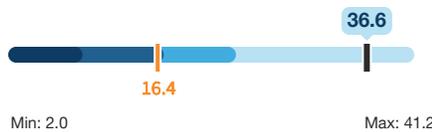
1 adverse childhood experience



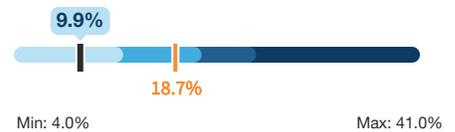
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Michigan

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	No	✗
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Michigan

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	9.7% 21.7%	R Housing instability	4.6% 2.6%
O Crowded housing	9.9% 15.5%	R Unsafe neighborhoods	4.2% 4.9%
G Family resilience	80.8% 85.3%	R One adverse childhood experience	21.1% 20.7%
W Two or more adverse childhood experiences	6.1% 7.7%	Infant/toddler maltreatment rate†	36.6 16.4
G Out of home placements†	9.9% 18.7%	Permanency Achieved: Reunified†	48.5% 48.1%
R Potential home visiting beneficiaries served	2.2% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	98.9% 98.8%	Permanency Achieved: Guardian†	2.8% 8.3%
Removed from home†	6.1 7.1	Permanency Achieved: Adoption†	47.5% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Michigan's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Michigan scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Michigan is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

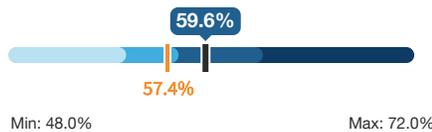
Key Indicators of Positive Early Learning Experiences

● Michigan ● National Avg

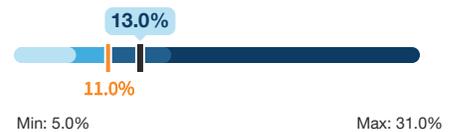
Parent reads to baby every day



Parent sings to baby every day



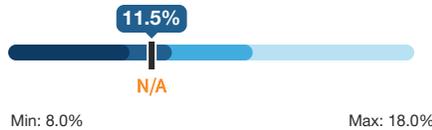
Percentage of income-eligible infants/toddlers with Early Head Start access



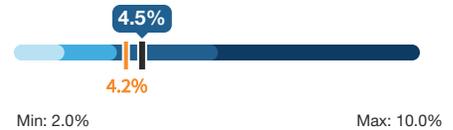
Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Michigan

Infant eligibility level for child care subsidy above 200% of FPL _____	No	✗
Allocated CCDBG funds† _____	No	✗
Group size requirements meet or exceed EHS standards† _____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards† _____	2 of 3 age groups	
Level of teacher qualification required by the state† _____	No credential beyond a high school diploma	
Infant/toddler credential adopted† _____	No	✗
State reimburses center based child care at/above 75th percentile of market rates† _____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children† _____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Michigan

● State Indicator

● National Avg

<ul style="list-style-type: none"> O Parent reads to baby every day 41.9% 37.2% O Percentage of income-eligible infants/toddlers with Early Head Start access 13.0% 11.0% R Cost of care, as % of income single parents 44.3% N/A R Developmental screening received 29.8% 32.5% O Percentage of infants/toddlers receiving IDEA Part C services 6.6% 6.8% 	<ul style="list-style-type: none"> O Parent sings to baby every day 59.6% 57.4% O Cost of care, as % of income married families 11.5% N/A O Low/moderate income infants/toddlers in CCDF funded-care 4.5% 4.2% O Infants/toddlers with developmental delay† 0.7% 1.1% O Timeliness of Part C services† 99.0% N/A
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Minnesota's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

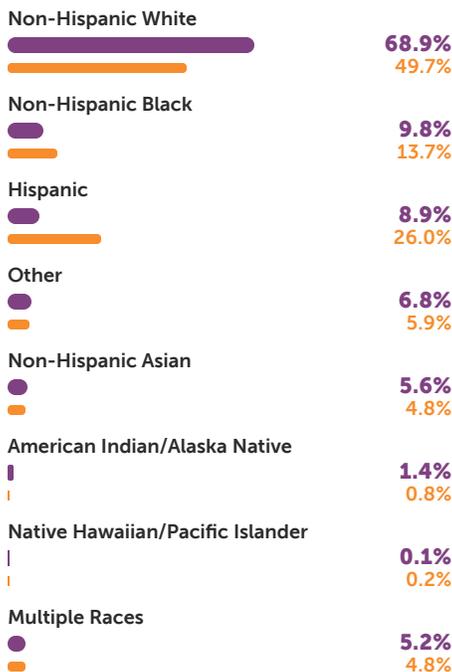
● Minnesota ● National Average

Infants and toddlers in Minnesota

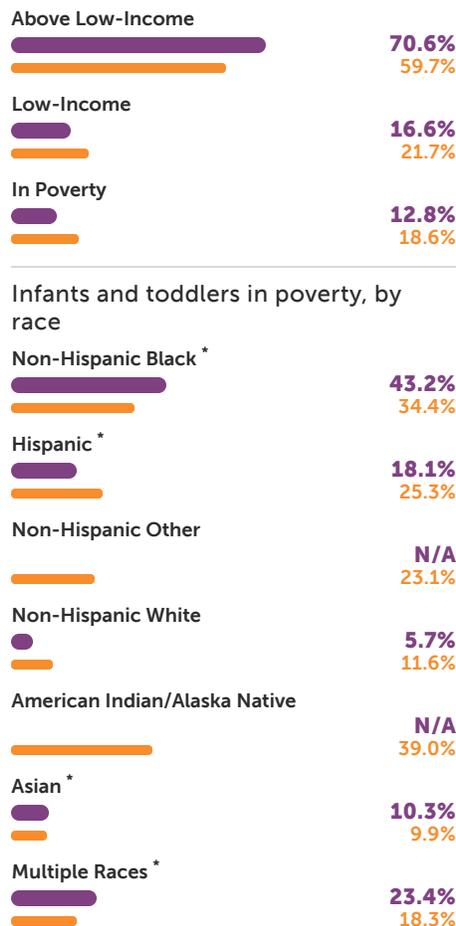
Minnesota is home to 206,911 babies, representing 3.7 percent of the state's population. As many as 29.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

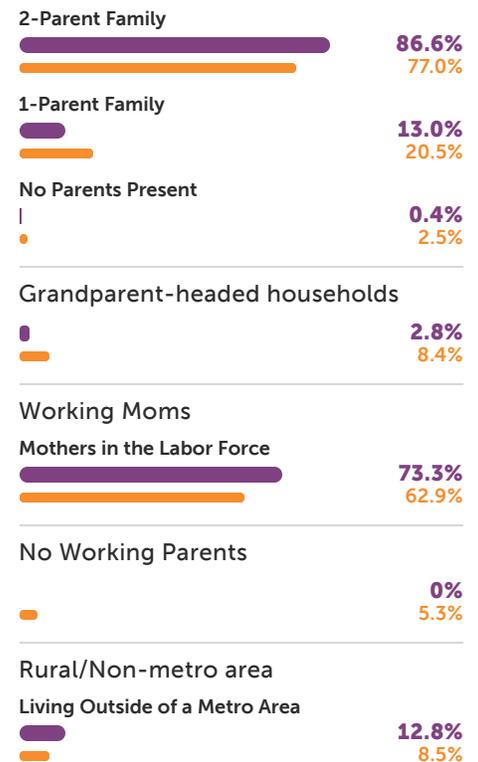
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Minnesota's babies faring in Good Health?

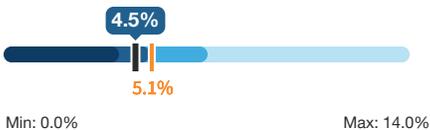
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Minnesota falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Minnesota performs better than national averages on key indicators, such as the percentages of women receiving late or no prenatal care and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and babies receiving preventive dental care.

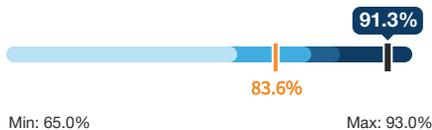
Key Indicators of Good Health

● Minnesota ● National Avg

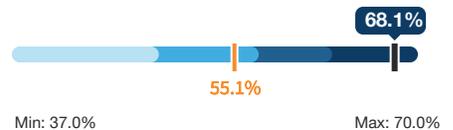
Uninsured low-income infants/toddlers



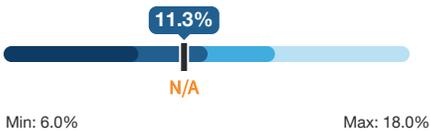
Ever breastfed



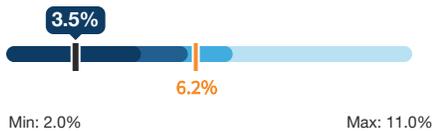
Infants breastfed at 6 months



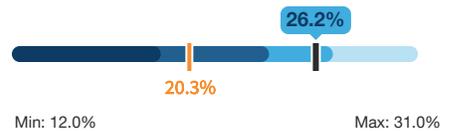
High weight-for-length[†]



Late or no prenatal care received



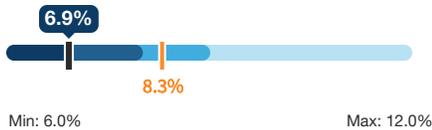
Mothers reporting less than optimal mental health



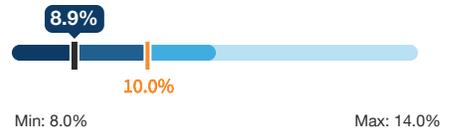
Infant mortality rate (deaths per 1,000 live births)



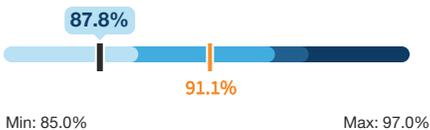
Babies with low birthweight



Preterm births[†]



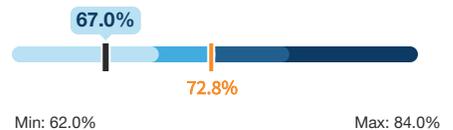
Preventative medical care received



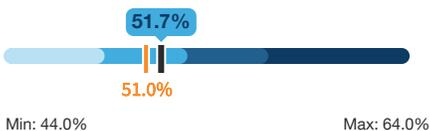
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Minnesota

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	283 200	O Uninsured low-income infants/toddlers	4.5% 5.1%
R Low or very low food security	16.6% 13.7%	W Infants ever breastfed	91.3% 83.6%
W Infants breastfed at 6 months	68.1% 55.1%	W WIC coverage†	85.6% 79.3%
O High weight-for-length†	11.3% N/A	W Late or no prenatal care received	3.5% 6.2%
R Mothers reporting less than optimal mental health	26.2% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.1 5.7
W Babies with low birthweight	6.9% 8.3%	W Preterm births†	8.9% 10.0%
G Preventive medical care received	87.8% 91.1%	G Preventive dental care received	24.9% 33.0%
G Received recommended vaccines	67.0% 72.8%	R Medical home†	51.7% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Minnesota's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Minnesota falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and families who report being resilient. Minnesota is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and babies who have had two or more adverse experiences.

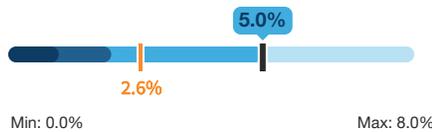
Key Indicators of Strong Families

● Minnesota ● National Avg

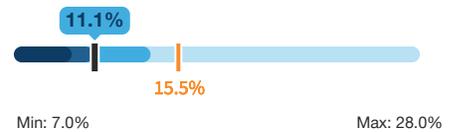
TANF benefits receipt among families in poverty



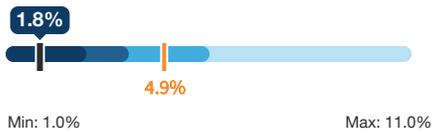
Housing instability



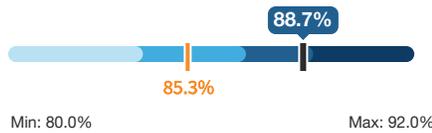
Crowded housing



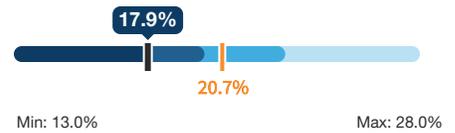
Unsafe neighborhoods



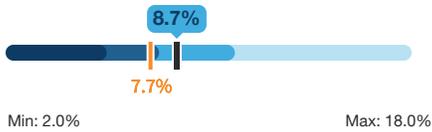
Family resilience



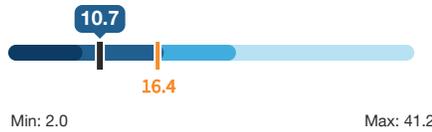
1 adverse childhood experience



2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Minnesota

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Minnesota

● State Indicator

● National Avg

 TANF benefits receipt among families in poverty	27.4% 21.7%	 Housing instability	5.0% 2.6%
 Crowded housing	11.1% 15.5%	 Unsafe neighborhoods	1.8% 4.9%
 Family resilience	88.7% 85.3%	 One adverse childhood experience	17.9% 20.7%
 Two or more adverse childhood experiences	8.7% 7.7%	Infant/toddler maltreatment rate†	10.7 16.4
 Out of home placements†	23.3% 18.7%	Permanency Achieved: Reunified†	53.7% 48.1%
 Potential home visiting beneficiaries served	2.2% 2.0%	Permanency Achieved: Relative†	4.3% 7.8%
Infants/toddlers exiting foster care to permanency†	98.9% 98.8%	Permanency Achieved: Guardian†	9.2% 8.3%
Removed from home†	8.1 7.1	Permanency Achieved: Adoption†	31.8% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Minnesota's babies faring in Positive Early Learning Experiences?

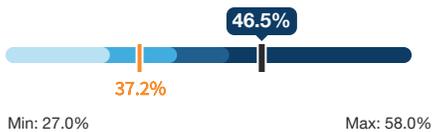
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Minnesota scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Minnesota is doing worse than the national average on indicators such as the lower percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

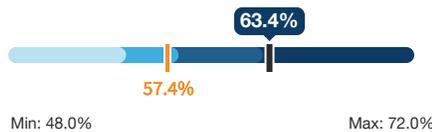
Key Indicators of Positive Early Learning Experiences

● Minnesota ● National Avg

Parent reads to baby every day



Parent sings to baby every day



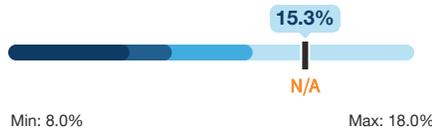
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Minnesota

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Minnesota

● State Indicator

● National Avg

W Parent reads to baby every day	46.5% 37.2%	W Parent sings to baby every day	63.4% 57.4%
R Percentage of income-eligible infants/toddlers with Early Head Start access	11.0% 11.0%	G Cost of care, as % of income married families	15.3% N/A
G Cost of care, as % of income single parents	52.7% N/A	G Low/moderate income infants/toddlers in CCDF funded-care	3.2% 4.2%
W Developmental screening received	56.0% 32.5%	Infants/toddlers with developmental delay†	0.2% 1.1%
R Percentage of infants/toddlers receiving IDEA Part C services	6.2% 6.8%	R Timeliness of Part C services†	96.3% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Mississippi's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

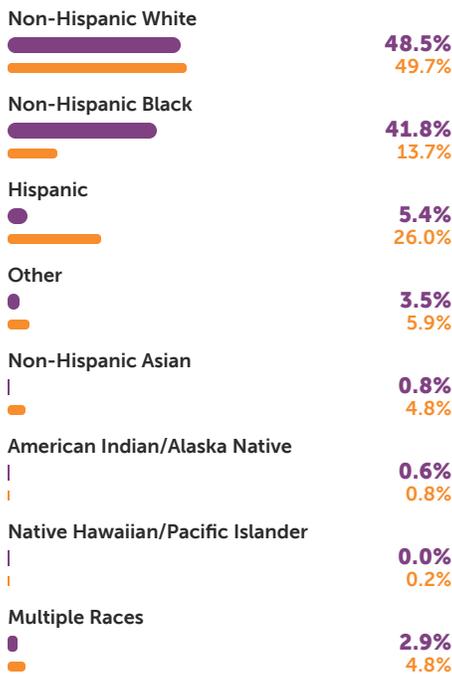
● Mississippi ● National Average

Infants and toddlers in Mississippi

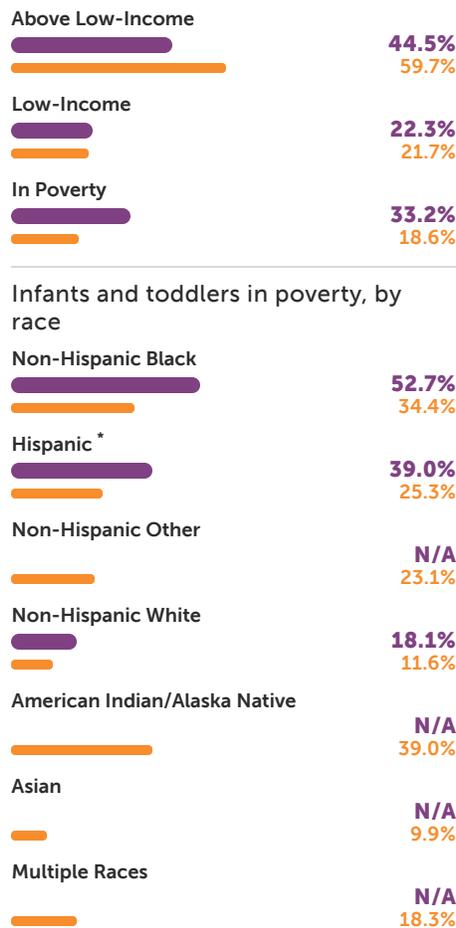
Mississippi is home to 108,721 babies, representing 3.7 percent of the state's population. As many as 55.6 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

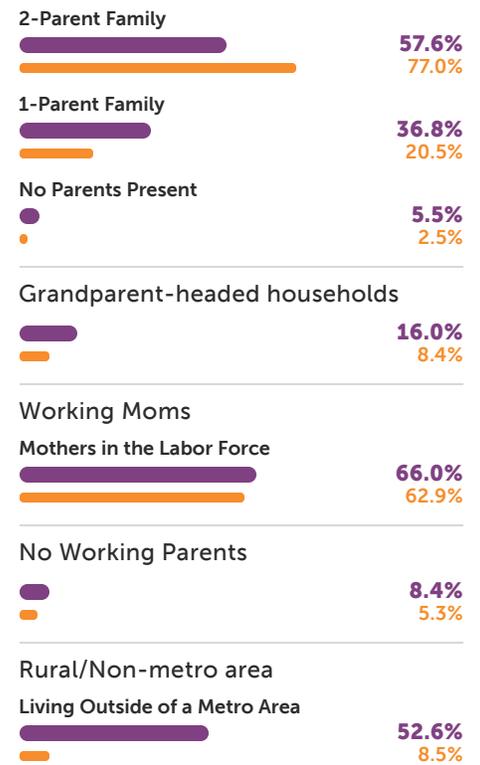
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Mississippi's babies faring in Good Health?

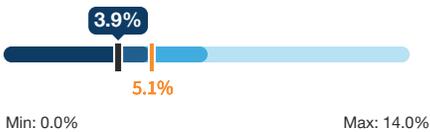
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Mississippi falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Mississippi performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and women receiving late or no prenatal care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

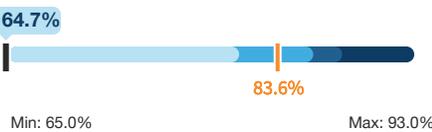
Key Indicators of Good Health

● Mississippi ● National Avg

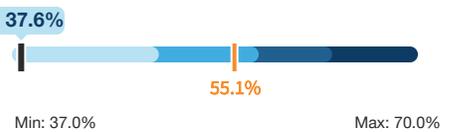
Uninsured low-income infants/toddlers



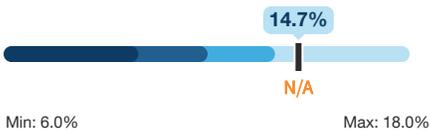
Ever breastfed



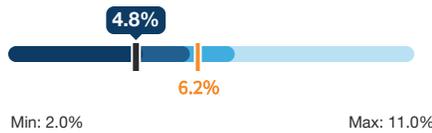
Infants breastfed at 6 months



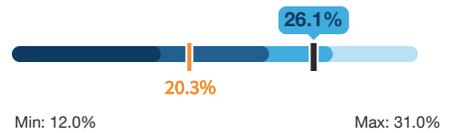
High weight-for-length†



Late or no prenatal care received



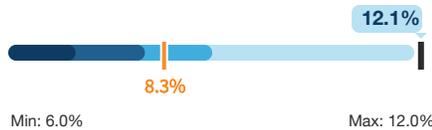
Mothers reporting less than optimal mental health



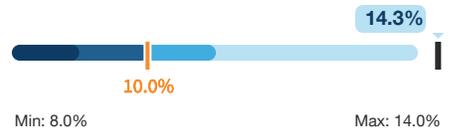
Infant mortality rate (deaths per 1,000 live births)



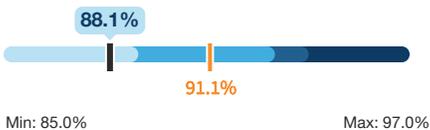
Babies with low birthweight



Preterm births†



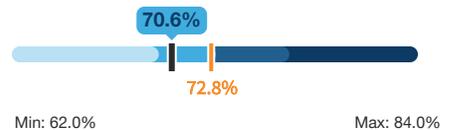
Preventative medical care received



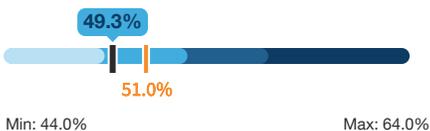
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Mississippi

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	199 200	O Uninsured low-income infants/toddlers	3.9% 5.1%
R Low or very low food security	16.4% 13.7%	G Infants ever breastfed	64.7% 83.6%
G Infants breastfed at 6 months	37.6% 55.1%	W WIC coverage†	100.0% 79.3%
G High weight-for-length†	14.7% N/A	O Late or no prenatal care received	4.8% 6.2%
R Mothers reporting less than optimal mental health	26.1% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	8.3 5.7
G Babies with low birthweight	12.1% 8.3%	G Preterm births†	14.3% 10.0%
G Preventive medical care received	88.1% 91.1%	R Preventive dental care received	27.4% 33.0%
R Received recommended vaccines	70.6% 72.8%	R Medical home†	49.3% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Mississippi's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Mississippi falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods. Mississippi is doing worse than the national average on indicators such as the percentages of babies who could benefit from home visiting receiving those services and families who report being resilient.

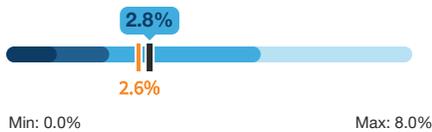
Key Indicators of Strong Families

● Mississippi ● National Avg

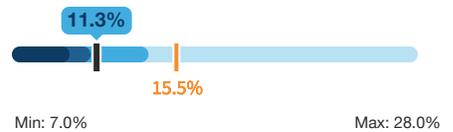
TANF benefits receipt among families in poverty



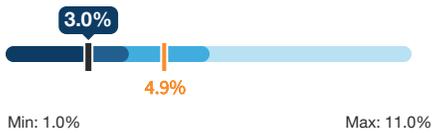
Housing instability



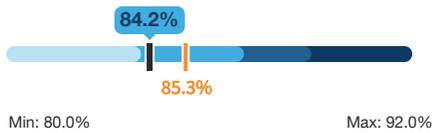
Crowded housing



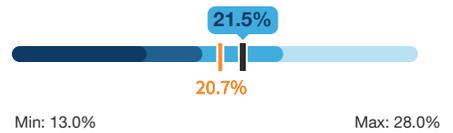
Unsafe neighborhoods



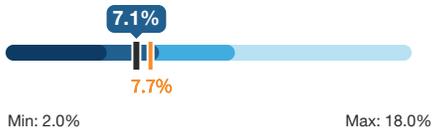
Family resilience



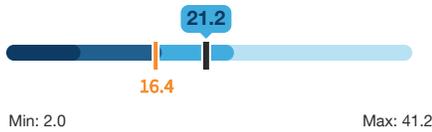
1 adverse childhood experience



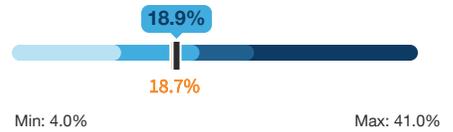
2+ adverse childhood experiences



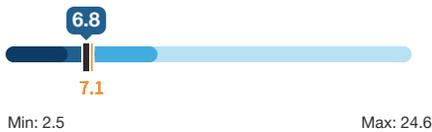
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Mississippi

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Mississippi

● State Indicator ● National Avg

G TANF benefits receipt among families in poverty	8.6% 21.7%	R Housing instability	2.8% 2.6%
R Crowded housing	11.3% 15.5%	O Unsafe neighborhoods	3.0% 4.9%
R Family resilience	84.2% 85.3%	R One adverse childhood experience	21.5% 20.7%
O Two or more adverse childhood experiences	7.1% 7.7%	Infant/toddler maltreatment rate†	21.2 16.4
R Out of home placements†	18.9% 18.7%	Permanency Achieved: Reunified†	51.6% 48.1%
G Potential home visiting beneficiaries served	0.5% 2.0%	Permanency Achieved: Relative†	11.9% 7.8%
Infants/toddlers exiting foster care to permanency†	99.3% 98.8%	Permanency Achieved: Guardian†	10.8% 8.3%
Removed from home†	6.8 7.1	Permanency Achieved: Adoption†	25.0% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Mississippi's babies faring in Positive Early Learning Experiences?

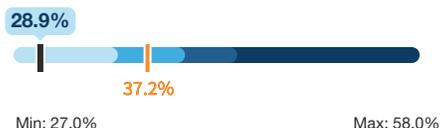
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Mississippi scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Mississippi is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

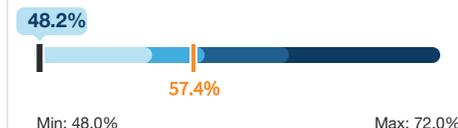
Key Indicators of Positive Early Learning Experiences

● Mississippi ● National Avg

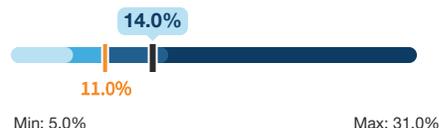
Parent reads to baby every day



Parent sings to baby every day



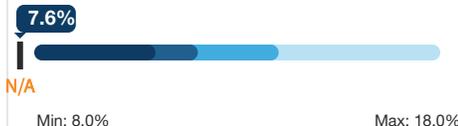
Percentage of income-eligible infants/toddlers with Early Head Start access



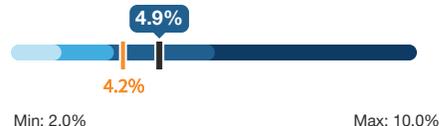
Cost of care, as % of income single parents



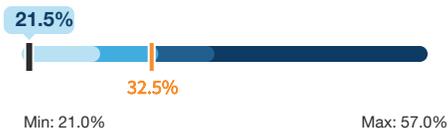
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Mississippi

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	Yes	✓
Group size requirements meet or exceed EHS standards†	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	0 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Mississippi

● State Indicator

● National Avg

G Parent reads to baby every day	28.9% 37.2%	G Parent sings to baby every day	48.2% 57.4%
O Percentage of income-eligible infants/toddlers with Early Head Start access	14.0% 11.0%	W Cost of care, as % of income married families	7.6% N/A
W Cost of care, as % of income single parents	29.3% N/A	O Low/moderate income infants/toddlers in CCDF funded-care	4.9% 4.2%
G Developmental screening received	21.5% 32.5%	Infants/toddlers with developmental delay†	1.9% 1.1%
G Percentage of infants/toddlers receiving IDEA Part C services	3.8% 6.8%	R Timeliness of Part C services†	96.2% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Missouri's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

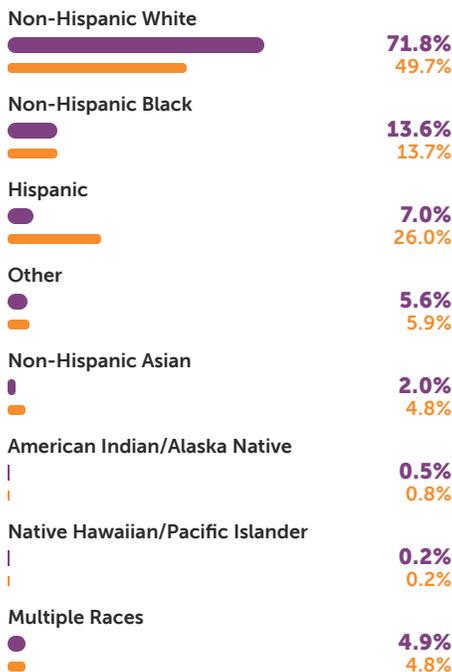
● Missouri ● National Average

Infants and toddlers in Missouri

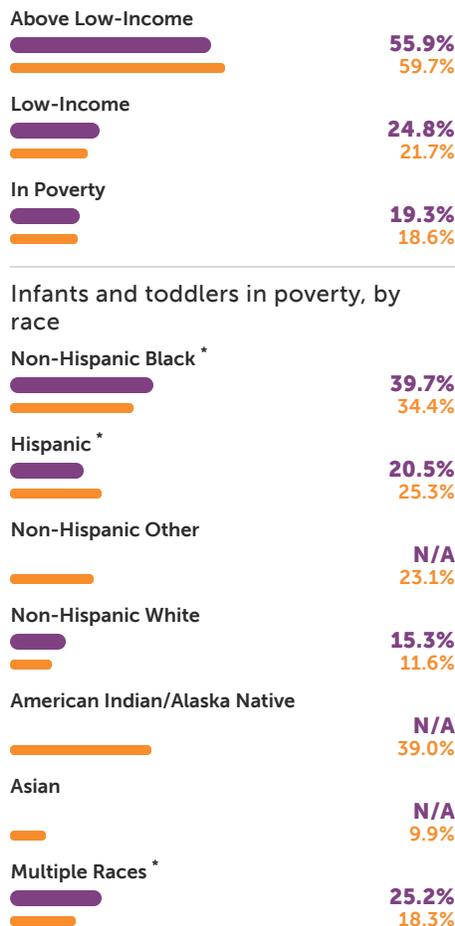
Missouri is home to 217,232 babies, representing 3.5 percent of the state's population. As many as 44.1 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

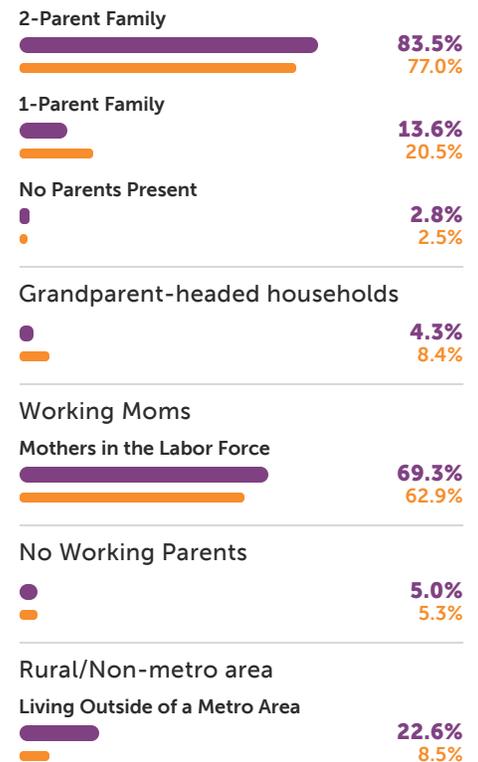
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Missouri's babies faring in Good Health?

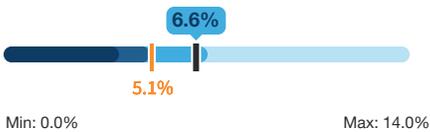
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Missouri falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Missouri performs better than national averages on key indicators, such as the percentages of babies experiencing food insecurity and mothers reporting less than favorable mental health. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive dental care and babies breastfed at 6 months.

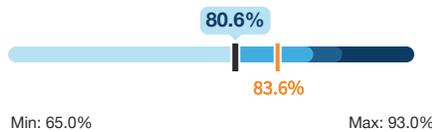
Key Indicators of Good Health

● Missouri ● National Avg

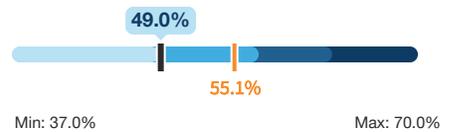
Uninsured low-income infants/toddlers



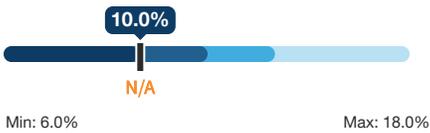
Ever breastfed



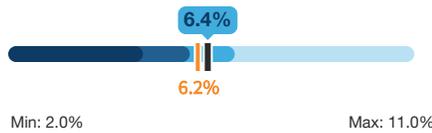
Infants breastfed at 6 months



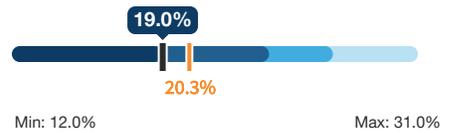
High weight-for-length[†]



Late or no prenatal care received



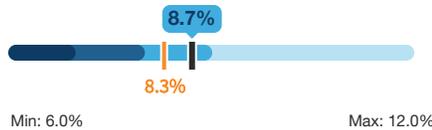
Mothers reporting less than optimal mental health



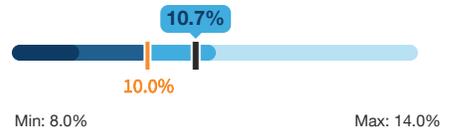
Infant mortality rate (deaths per 1,000 live births)



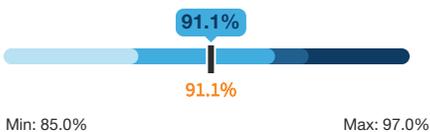
Babies with low birthweight



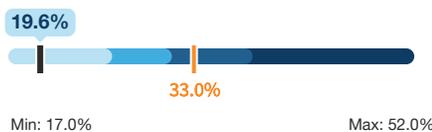
Preterm births[†]



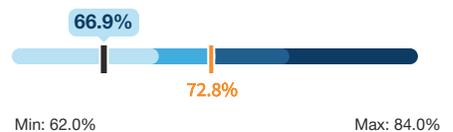
Preventative medical care received



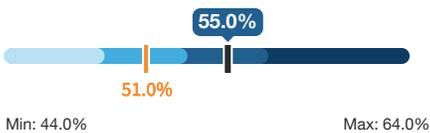
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Missouri

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	Law covering either some women but not all, or all women but for less than 1 year	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Missouri

● State Indicator

● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	201 200	G Uninsured low-income infants/toddlers	6.6% 5.1%
W Low or very low food security	7.7% 13.7%	G Infants ever breastfed	80.6% 83.6%
G Infants breastfed at 6 months	49.0% 55.1%	O WIC coverage†	80.3% 79.3%
W High weight-for-length†	10.0% N/A	R Late or no prenatal care received	6.4% 6.2%
O Mothers reporting less than optimal mental health	19.0% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	6.3 5.7
R Babies with low birthweight	8.7% 8.3%	G Preterm births†	10.7% 10.0%
R Preventive medical care received	91.1% 91.1%	G Preventive dental care received	19.6% 33.0%
G Received recommended vaccines	66.9% 72.8%	O Medical home†	55.0% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Missouri's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Missouri falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who have had one adverse experience. Missouri is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and babies who have had two or more adverse experiences.

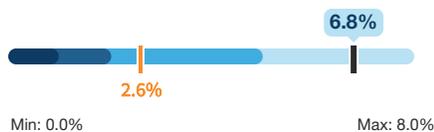
Key Indicators of Strong Families

● Missouri ● National Avg

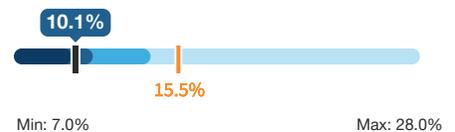
TANF benefits receipt among families in poverty



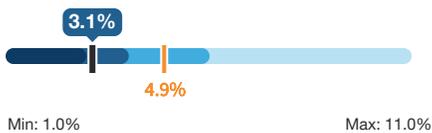
Housing instability



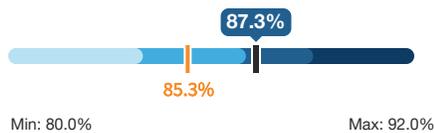
Crowded housing



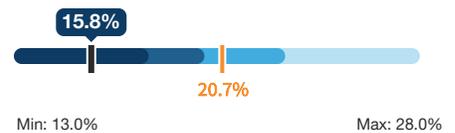
Unsafe neighborhoods



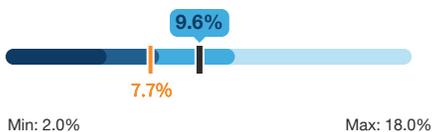
Family resilience



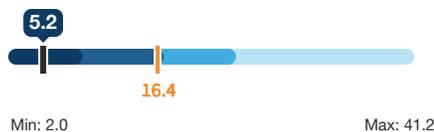
1 adverse childhood experience



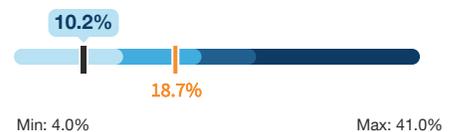
2+ adverse childhood experiences



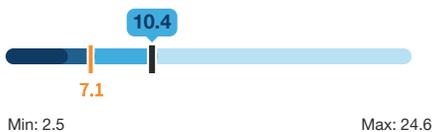
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Missouri

Paid family leave	_____	No
Paid sick time that covers care for child	_____	No
TANF Work Exemption†	_____	No
State Child Tax Credit†	_____	No
State Earned Income Tax Credit (EITC)†	_____	No

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Missouri

State Indicator

National Avg

TANF benefits receipt among families in poverty	16.1% 21.7%	Housing instability	6.8% 2.6%
Crowded housing	10.1% 15.5%	Unsafe neighborhoods	3.1% 4.9%
Family resilience	87.3% 85.3%	One adverse childhood experience	15.8% 20.7%
Two or more adverse childhood experiences	9.6% 7.7%	Infant/toddler maltreatment rate†	5.2 16.4
Out of home placements†	10.2% 18.7%	Permanency Achieved: Reunified†	44.5% 48.1%
Potential home visiting beneficiaries served	5.4% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	98.6% 98.8%	Permanency Achieved: Guardian†	14.7% 8.3%
Removed from home†	10.4 7.1	Permanency Achieved: Adoption†	38.8% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Missouri's babies faring in Positive Early Learning Experiences?

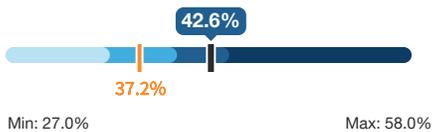
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Missouri scores in the Working Effectively (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Missouri is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

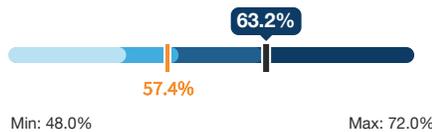
Key Indicators of Positive Early Learning Experiences

● Missouri ● National Avg

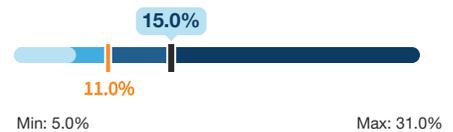
Parent reads to baby every day



Parent sings to baby every day



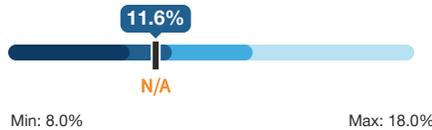
Percentage of income-eligible infants/toddlers with Early Head Start access



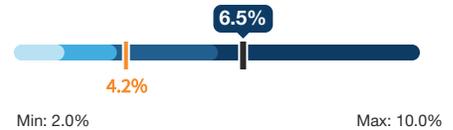
Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Missouri

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Missouri

● State Indicator

● National Avg

<p>O Parent reads to baby every day</p> <p>42.6% 37.2%</p>	<p>O Parent sings to baby every day</p> <p>63.2% 57.4%</p>
<p>O Percentage of income-eligible infants/toddlers with Early Head Start access</p> <p>15.0% 11.0%</p>	<p>O Cost of care, as % of income married families</p> <p>11.6% N/A</p>
<p>O Cost of care, as % of income single parents</p> <p>40.0% N/A</p>	<p>W Low/moderate income infants/toddlers in CCDF funded-care</p> <p>6.5% 4.2%</p>
<p>R Developmental screening received</p> <p>29.5% 32.5%</p>	<p>Infants/toddlers with developmental delay†</p> <p>0.2% 1.1%</p>
<p>G Percentage of infants/toddlers receiving IDEA Part C services</p> <p>5.4% 6.8%</p>	<p>R Timeliness of Part C services†</p> <p>98.3% N/A</p>

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Montana's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

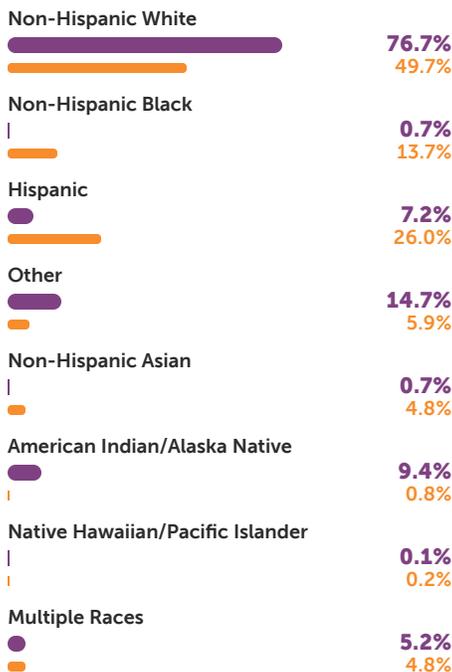
● Montana ● National Average

Infants and toddlers in Montana

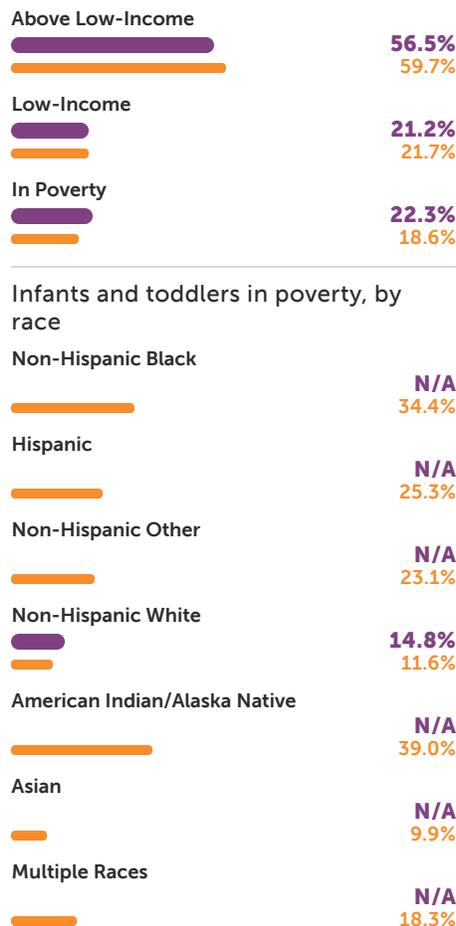
Montana is home to 35,545 babies, representing 3.3 percent of the state's population. As many as 43.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

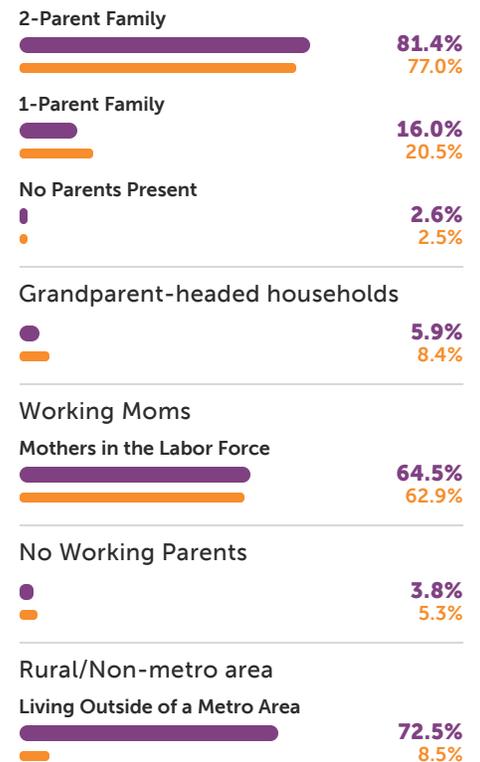
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Montana's babies faring in Good Health?

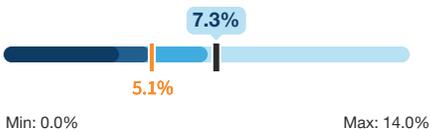
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Montana falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Montana performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of babies receiving recommended vaccinations and mothers reporting less than favorable mental health.

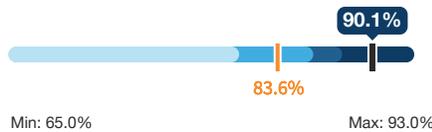
Key Indicators of Good Health

● Montana ● National Avg

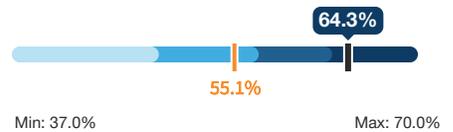
Uninsured low-income infants/toddlers



Ever breastfed



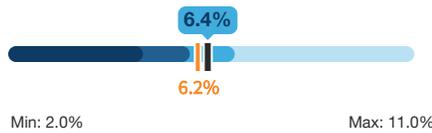
Infants breastfed at 6 months



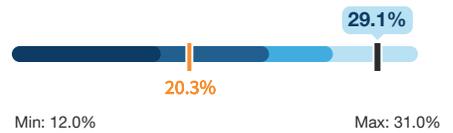
High weight-for-length[†]



Late or no prenatal care received



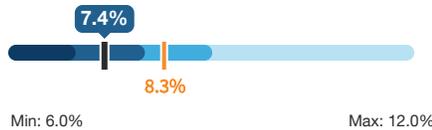
Mothers reporting less than optimal mental health



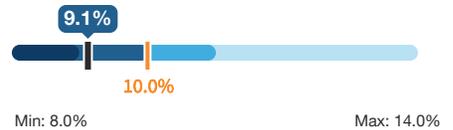
Infant mortality rate (deaths per 1,000 live births)



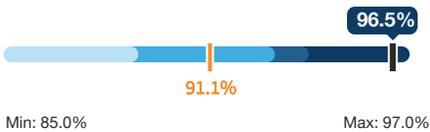
Babies with low birthweight



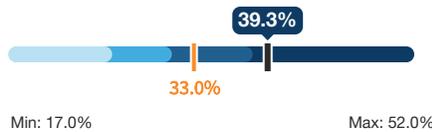
Preterm births[†]



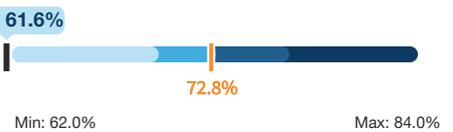
Preventative medical care received



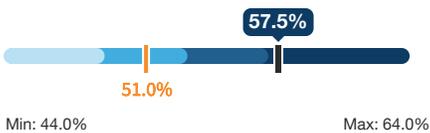
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Montana

● State Indicator ● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	162 200	G Uninsured low-income infants/toddlers	7.3% 5.1%
O Low or very low food security	13.7% 13.7%	W Infants ever breastfed	90.1% 83.6%
W Infants breastfed at 6 months	64.3% 55.1%	G WIC coverage†	56.7% 79.3%
W High weight-for-length†	9.4% N/A	R Late or no prenatal care received	6.4% 6.2%
G Mothers reporting less than optimal mental health	29.1% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	4.8 5.7
O Babies with low birthweight	7.4% 8.3%	W Preterm births†	9.1% 10.0%
W Preventive medical care received	96.5% 91.1%	W Preventive dental care received	39.3% 33.0%
G Received recommended vaccines	61.6% 72.8%	W Medical home†	57.5% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Montana's babies faring in Strong Families?

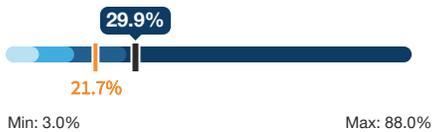
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Montana falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who could benefit from home visiting receiving those services. Montana is doing worse than the national average on indicators such as the percentage of babies who have had one adverse experience and the rate of babies experiencing maltreatment.

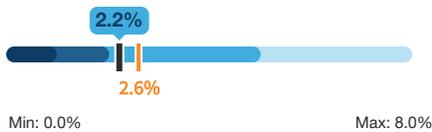
Key Indicators of Strong Families

● Montana ● National Avg

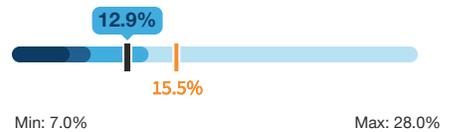
TANF benefits receipt among families in poverty



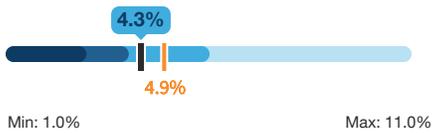
Housing instability



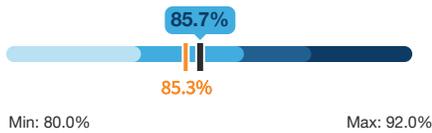
Crowded housing



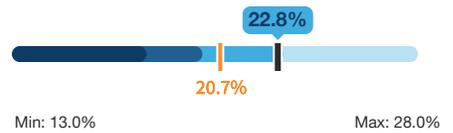
Unsafe neighborhoods



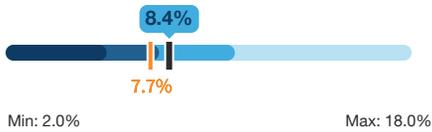
Family resilience



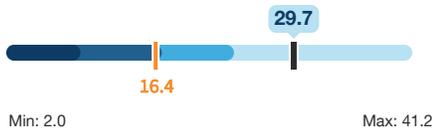
1 adverse childhood experience



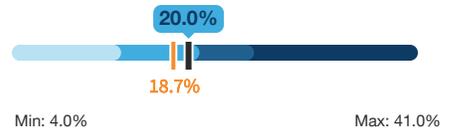
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Montana

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Strong Families Indicators for Montana

● State Indicator ● National Avg

W TANF benefits receipt among families in poverty	29.9% 21.7%	R Housing instability	2.2% 2.6%
R Crowded housing	12.9% 15.5%	R Unsafe neighborhoods	4.3% 4.9%
R Family resilience	85.7% 85.3%	G One adverse childhood experience	22.8% 20.7%
R Two or more adverse childhood experiences	8.4% 7.7%	Infant/toddler maltreatment rate†	29.7 16.4
R Out of home placements†	20.0% 18.7%	Permanency Achieved: Reunified†	68.1% 48.1%
W Potential home visiting beneficiaries served	3.2% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	98.3% 98.8%	Permanency Achieved: Guardian†	4.9% 8.3%
Removed from home†	19.9 7.1	Permanency Achieved: Adoption†	23.5% 34.6%

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Montana's babies faring in Positive Early Learning Experiences?

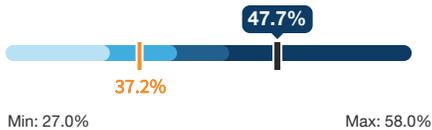
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Montana scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Montana is doing worse than the national average on indicators such as the lower percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services.

Key Indicators of Positive Early Learning Experiences

● Montana ● National Avg

Parent reads to baby every day



Parent sings to baby every day



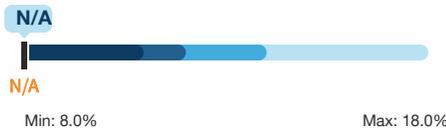
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



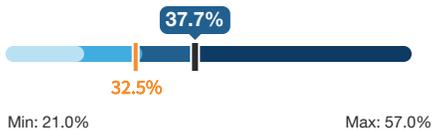
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Montana

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	No	✗
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Montana

● State Indicator

● National Avg

<p>W Parent reads to baby every day 47.7% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 28.0% 11.0%</p> <p>Cost of care, as % of income single parents 0.0% N/A</p> <p>O Developmental screening received 37.7% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 3.4% 6.8%</p>	<p>O Parent sings to baby every day 60.4% 57.4%</p> <p>Cost of care, as % of income married families 0.0% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 4.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.4% 1.1%</p> <p>O Timeliness of Part C services† 99.5% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Nebraska's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

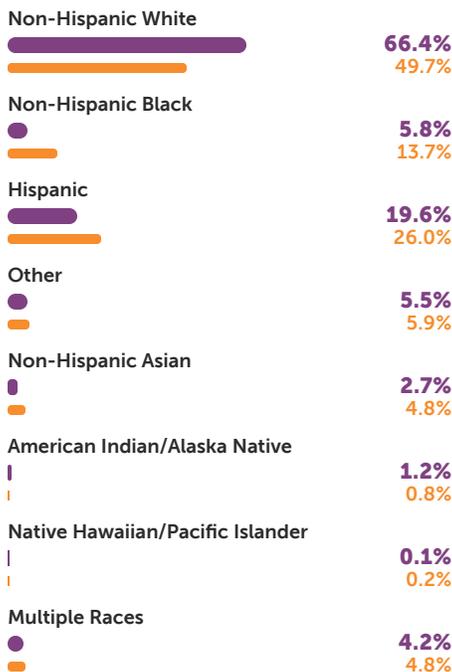
● Nebraska ● National Average

Infants and toddlers in Nebraska

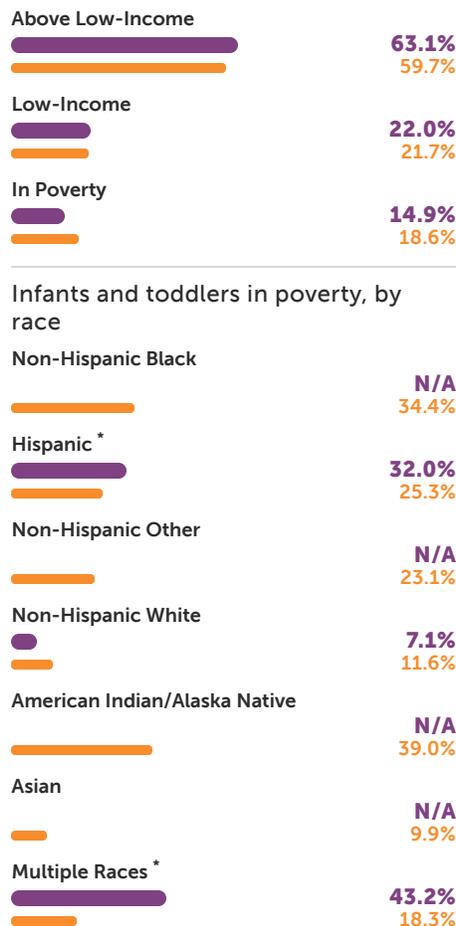
Nebraska is home to 76,974 babies, representing 4.0 percent of the state's population. As many as 36.9 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

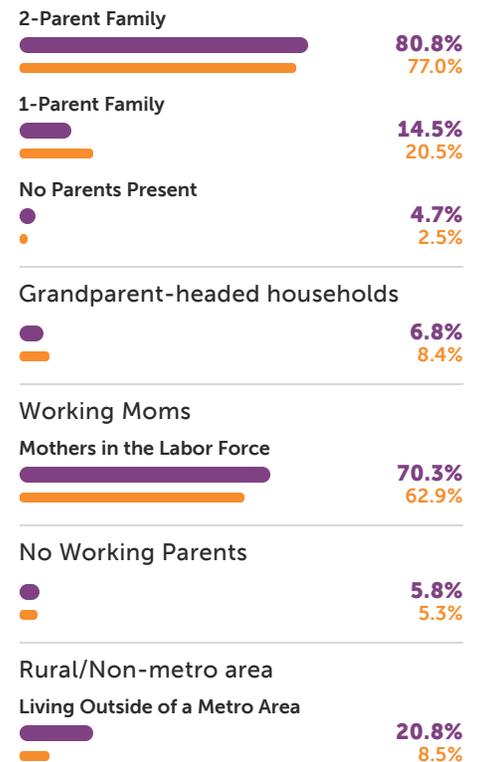
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Nebraska's babies faring in Good Health?

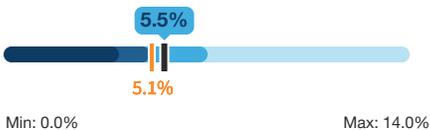
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Nebraska falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Nebraska performs better than national averages on key indicators, such as the percentages of babies experiencing food insecurity and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive medical and dental care.

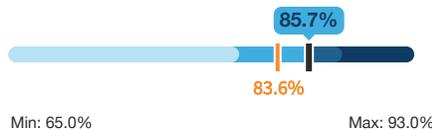
Key Indicators of Good Health

● Nebraska ● National Avg

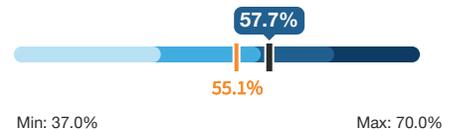
Uninsured low-income infants/toddlers



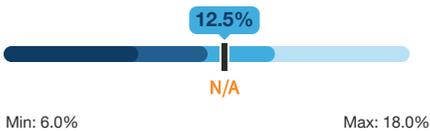
Ever breastfed



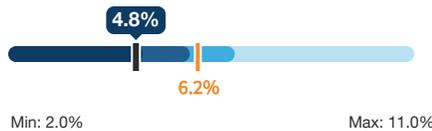
Infants breastfed at 6 months



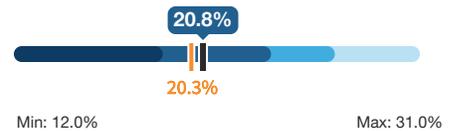
High weight-for-length[†]



Late or no prenatal care received



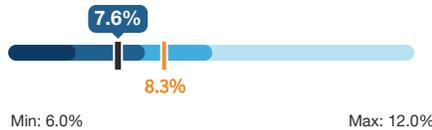
Mothers reporting less than optimal mental health



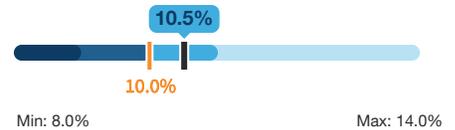
Infant mortality rate (deaths per 1,000 live births)



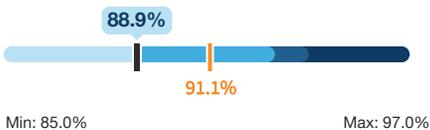
Babies with low birthweight



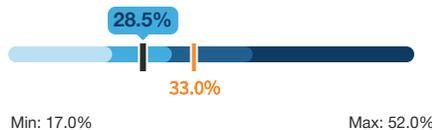
Preterm births[†]



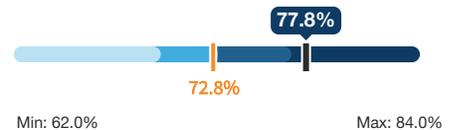
Preventative medical care received



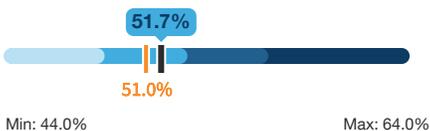
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Nebraska

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 in early childhood education settings	No	✗
Pregnant workers protection [†]	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage [†]	No law beyond mandatory 60 days	

[†]This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Nebraska

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	199 200	R Uninsured low-income infants/toddlers	5.5% 5.1%
W Low or very low food security	2.5% 13.7%	R Infants ever breastfed	85.7% 83.6%
O Infants breastfed at 6 months	57.7% 55.1%	R WIC coverage [†]	75.7% 79.3%
R High weight-for-length [†]	12.5% N/A	O Late or no prenatal care received	4.8% 6.2%
O Mothers reporting less than optimal mental health	20.8% 20.3%	O Infant mortality rate (deaths per 1,000 live births) [†]	5.8 5.7
O Babies with low birthweight	7.6% 8.3%	R Preterm births [†]	10.5% 10.0%
G Preventive medical care received	88.9% 91.1%	R Preventive dental care received	28.5% 33.0%
W Received recommended vaccines	77.8% 72.8%	R Medical home [†]	51.7% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Nebraska's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Nebraska falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Nebraska is doing worse than the national average on indicators such as the percentages of babies who have had one adverse experience and babies who could benefit from home visiting receiving those services.

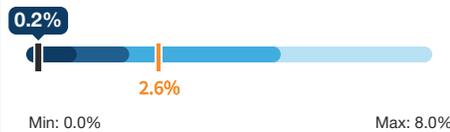
Key Indicators of Strong Families

● Nebraska ● National Avg

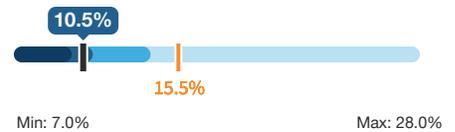
TANF benefits receipt among families in poverty



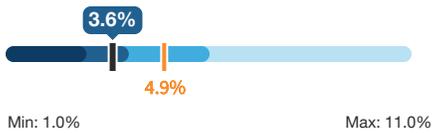
Housing instability



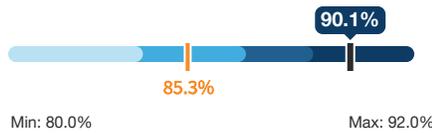
Crowded housing



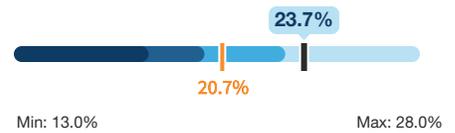
Unsafe neighborhoods



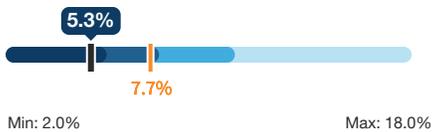
Family resilience



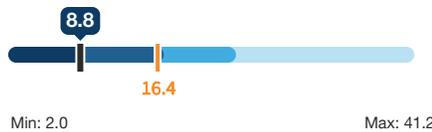
1 adverse childhood experience



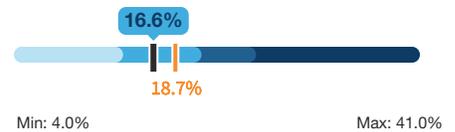
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Nebraska

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Nebraska

● State Indicator ● National Avg

<ul style="list-style-type: none"> TANF benefits receipt among families in poverty 20.4% 21.7% Crowded housing 10.5% 15.5% Family resilience 90.1% 85.3% Two or more adverse childhood experiences 5.3% 7.7% Out of home placements† 16.6% 18.7% Potential home visiting beneficiaries served 1.1% 2.0% Infants/toddlers exiting foster care to permanency† 97.9% 98.8% Removed from home† 7.8% 7.1% 	<ul style="list-style-type: none"> Housing instability 0.2% 2.6% Unsafe neighborhoods 3.6% 4.9% One adverse childhood experience 23.7% 20.7% Infant/toddler maltreatment rate† 8.8% 16.4% Permanency Achieved: Reunified† 57.8% 48.1% Permanency Achieved: Relative† N/A 7.8% Permanency Achieved: Guardian† 2.7% 8.3% Permanency Achieved: Adoption† 37.4% 34.6%
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Nebraska's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Nebraska scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Nebraska is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

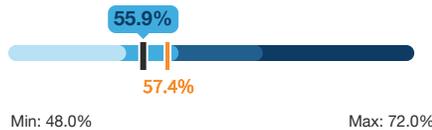
Key Indicators of Positive Early Learning Experiences

● Nebraska ● National Avg

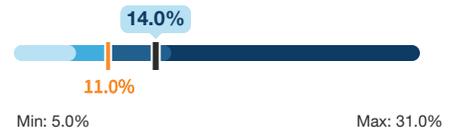
Parent reads to baby every day



Parent sings to baby every day



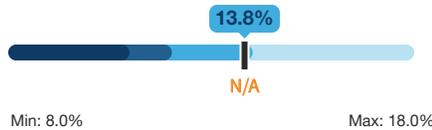
Percentage of income-eligible infants/toddlers with Early Head Start access



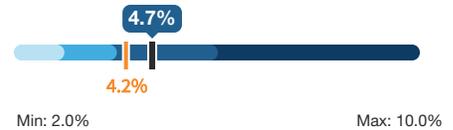
Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Nebraska

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Nebraska

● State Indicator

● National Avg

<p>G Parent reads to baby every day 34.7% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 14.0% 11.0%</p> <p>R Cost of care, as % of income single parents 46.1% N/A</p> <p>R Developmental screening received 27.9% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 5.0% 6.8%</p>	<p>R Parent sings to baby every day 55.9% 57.4%</p> <p>R Cost of care, as % of income married families 13.8% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 4.7% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.9% 1.1%</p> <p>R Timeliness of Part C services† 97.2% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Nevada's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

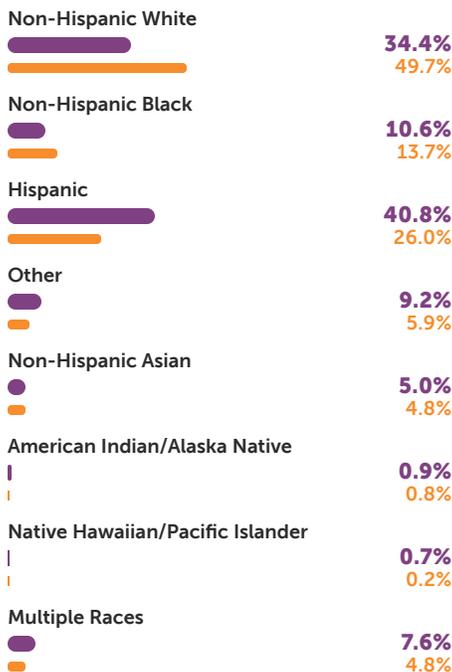
● Nevada ● National Average

Infants and toddlers in Nevada

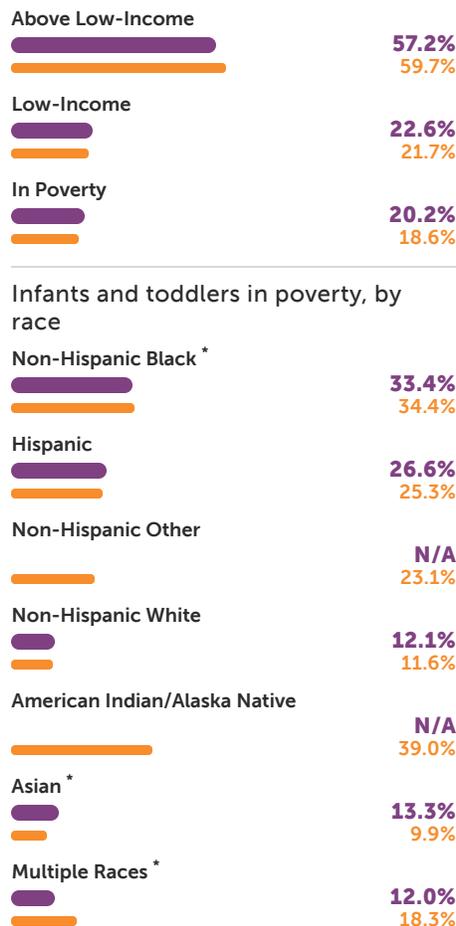
Nevada is home to 108,839 babies, representing 3.5 percent of the state's population. As many as 42.8 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

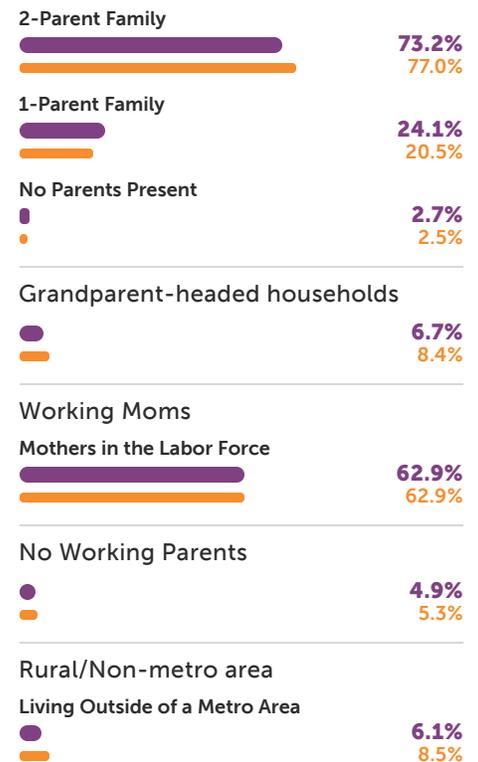
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Nevada's babies faring in Good Health?

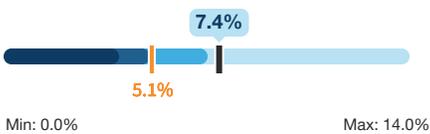
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Nevada falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Nevada performs better than the national average on the percentage of babies receiving preventive medical care. The state is performing worse than national averages on indicators such as the percentages of babies receiving recommended vaccinations and mothers reporting less than favorable mental health.

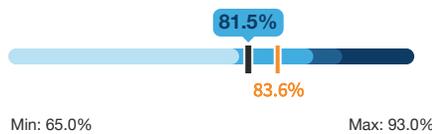
Key Indicators of Good Health

● Nevada ● National Avg

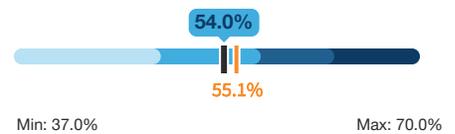
Uninsured low-income infants/toddlers



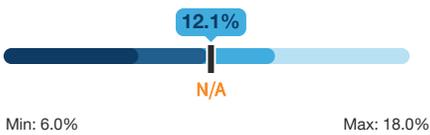
Ever breastfed



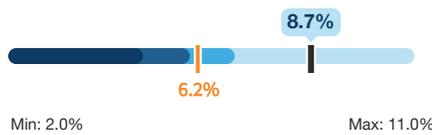
Infants breastfed at 6 months



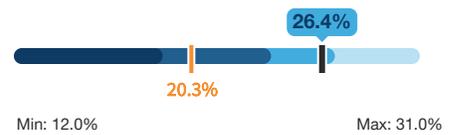
High weight-for-length†



Late or no prenatal care received



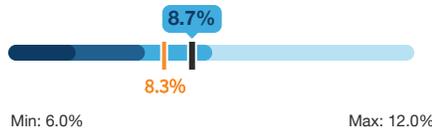
Mothers reporting less than optimal mental health



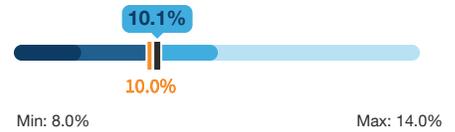
Infant mortality rate (deaths per 1,000 live births)



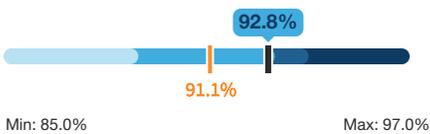
Babies with low birthweight



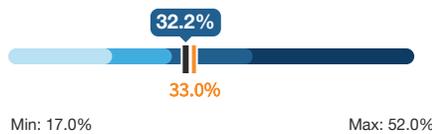
Preterm births†



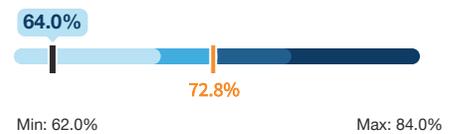
Preventative medical care received



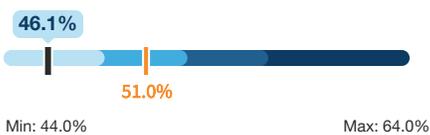
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	No	✗
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Nevada

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	165 200	G Uninsured low-income infants/toddlers	7.4% 5.1%
R Low or very low food security	16.4% 13.7%	R Infants ever breastfed	81.5% 83.6%
R Infants breastfed at 6 months	54.0% 55.1%	R WIC coverage†	73.0% 79.3%
R High weight-for-length†	12.1% N/A	G Late or no prenatal care received	8.7% 6.2%
R Mothers reporting less than optimal mental health	26.4% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	6.1 5.7
R Babies with low birthweight	8.7% 8.3%	R Preterm births†	10.1% 10.0%
R Preventive medical care received	92.8% 91.1%	O Preventive dental care received	32.2% 33.0%
G Received recommended vaccines	64.0% 72.8%	G Medical home†	46.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Nevada's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Nevada falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of parents who report being resilient and babies who have had one adverse experience. Nevada is doing worse than the national average on indicators such as the percentages of parents who report living in unsafe neighborhoods and babies who have had two or more adverse experiences.

Key Indicators of Strong Families

● Nevada ● National Avg

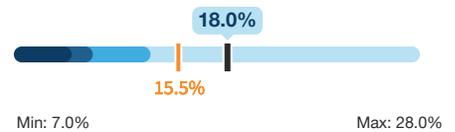
TANF benefits receipt among families in poverty



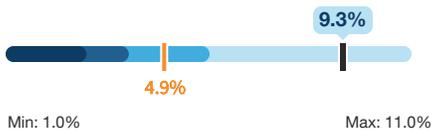
Housing instability



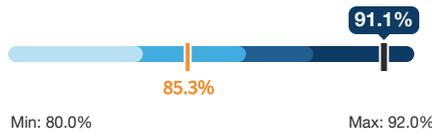
Crowded housing



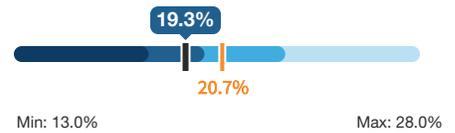
Unsafe neighborhoods



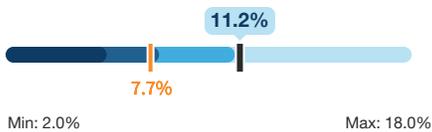
Family resilience



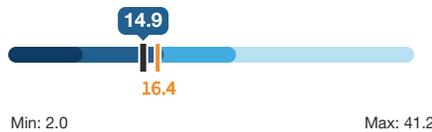
1 adverse childhood experience



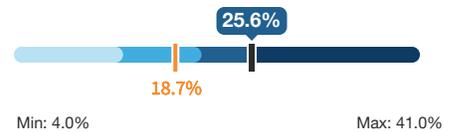
2+ adverse childhood experiences



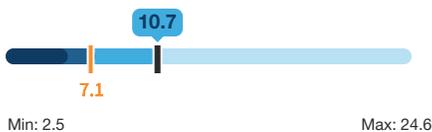
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Nevada

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Nevada

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	16.3% 21.7%	G Housing instability	5.3% 2.6%
G Crowded housing	18.0% 15.5%	G Unsafe neighborhoods	9.3% 4.9%
W Family resilience	91.1% 85.3%	O One adverse childhood experience	19.3% 20.7%
G Two or more adverse childhood experiences	11.2% 7.7%	Infant/toddler maltreatment rate†	14.9% 16.4%
W Out of home placements†	25.6% 18.7%	Permanency Achieved: Reunified†	57.5% 48.1%
G Potential home visiting beneficiaries served	0.2% 2.0%	Permanency Achieved: Relative†	2.2% 7.8%
Infants/toddlers exiting foster care to permanency†	97.3% 98.8%	Permanency Achieved: Guardian†	5.9% 8.3%
Removed from home†	10.7% 7.1%	Permanency Achieved: Adoption†	31.7% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Nevada's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Nevada scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Nevada is doing worse than the national average on indicators such as the lower percentage of parents who read to their child every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

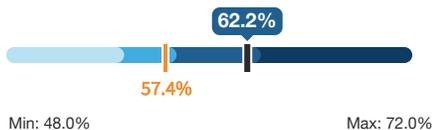
Key Indicators of Positive Early Learning Experiences

● Nevada ● National Avg

Parent reads to baby every day



Parent sings to baby every day



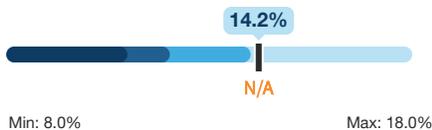
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Nevada

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✘
Allocated CCDBG funds†	_____	No	✘
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✘
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✘
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✘

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Nevada

● State Indicator

● National Avg

<p>G Parent reads to baby every day 31.1% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 5.0% 11.0%</p> <p>O Cost of care, as % of income single parents 37.7% N/A</p> <p>R Developmental screening received 28.8% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 5.9% 6.8%</p>	<p>O Parent sings to baby every day 62.2% 57.4%</p> <p>G Cost of care, as % of income married families 14.2% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 3.1% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.4% 1.1%</p> <p>W Timeliness of Part C services† 99.8% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of New Hampshire's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

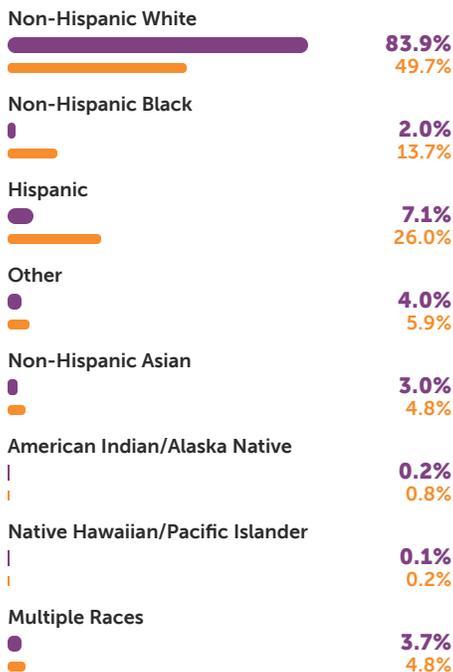
 New Hampshire  National Average

Infants and toddlers in New Hampshire

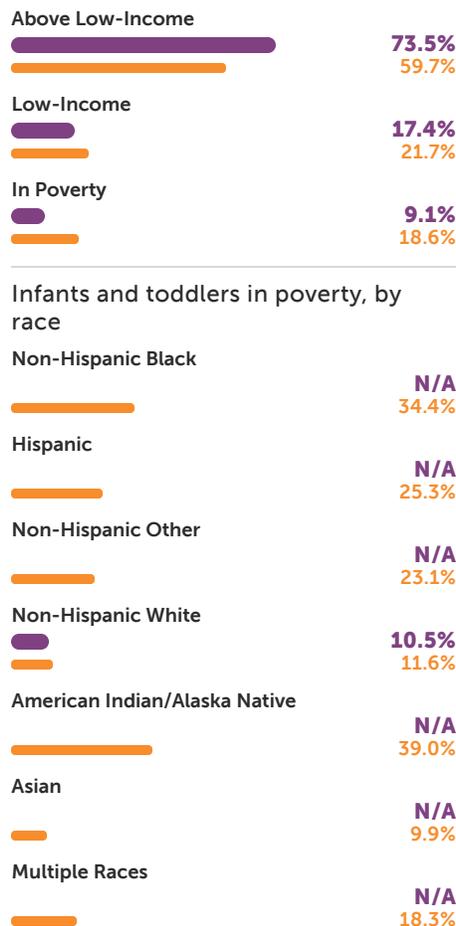
New Hampshire is home to 37,205 babies, representing 2.7 percent of the state's population. As many as 26.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

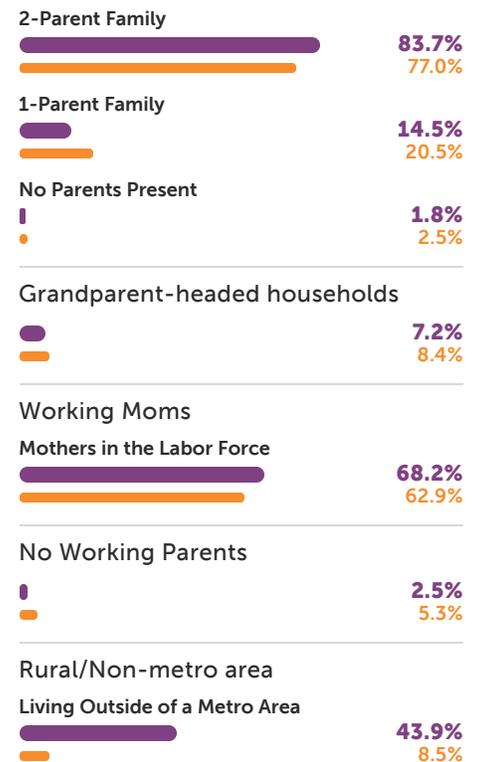
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are New Hampshire's babies faring in Good Health?

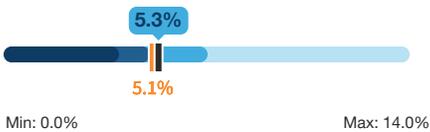
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

New Hampshire falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. New Hampshire performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies experiencing food insecurity. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and babies receiving preventive dental care.

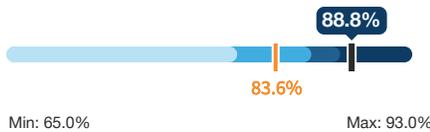
Key Indicators of Good Health

● New Hampshire ● National Avg

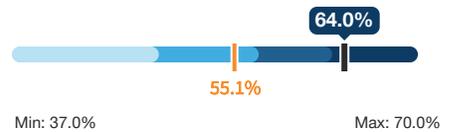
Uninsured low-income infants/toddlers



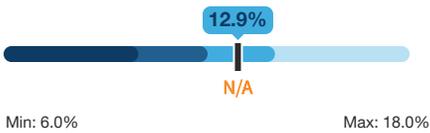
Ever breastfed



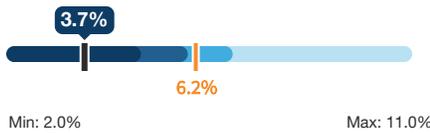
Infants breastfed at 6 months



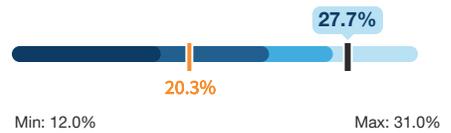
High weight-for-length[†]



Late or no prenatal care received



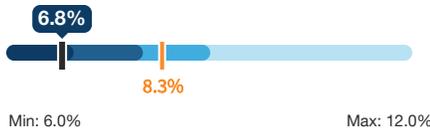
Mothers reporting less than optimal mental health



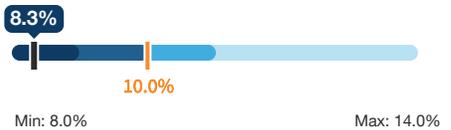
Infant mortality rate (deaths per 1,000 live births)



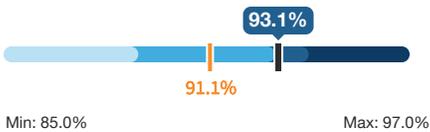
Babies with low birthweight



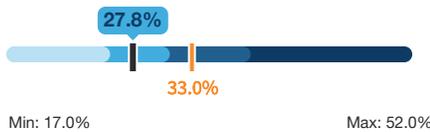
Preterm births[†]



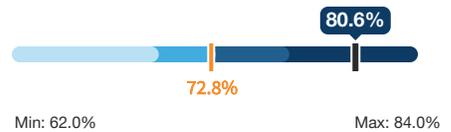
Preventative medical care received



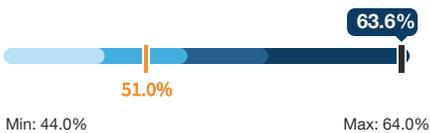
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for New Hampshire

● State Indicator

● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	201 200	R Uninsured low-income infants/toddlers	5.3% 5.1%
W Low or very low food security	2.8% 13.7%	W Infants ever breastfed	88.8% 83.6%
W Infants breastfed at 6 months	64.0% 55.1%	G WIC coverage†	44.6% 79.3%
R High weight-for-length†	12.9% N/A	W Late or no prenatal care received	3.7% 6.2%
G Mothers reporting less than optimal mental health	27.7% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	3.6 5.7
W Babies with low birthweight	6.8% 8.3%	W Preterm births†	8.3% 10.0%
O Preventive medical care received	93.1% 91.1%	R Preventive dental care received	27.8% 33.0%
W Received recommended vaccines	80.6% 72.8%	W Medical home†	63.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are New Hampshire's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

New Hampshire falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods. New Hampshire is doing worse than the national average on indicators such as the percentages of babies who have had one adverse experience and babies who could benefit from home visiting receiving those services.

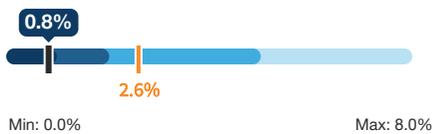
Key Indicators of Strong Families

● New Hampshire ● National Avg

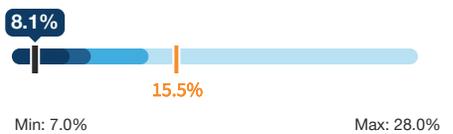
TANF benefits receipt among families in poverty



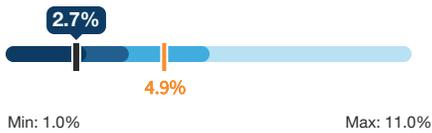
Housing instability



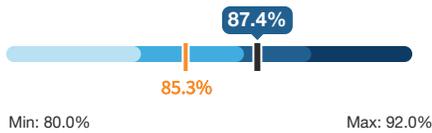
Crowded housing



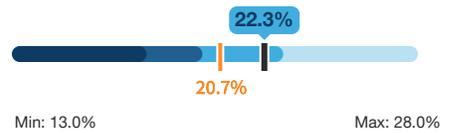
Unsafe neighborhoods



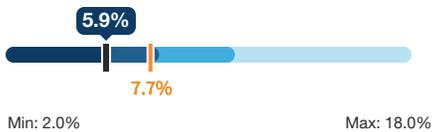
Family resilience



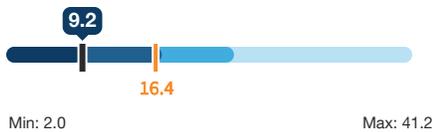
1 adverse childhood experience



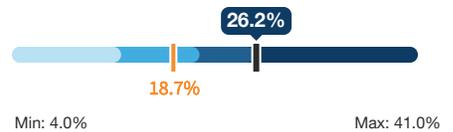
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in New Hampshire

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for New Hampshire

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	40.9% 21.7%	W Housing instability	0.8% 2.6%
W Crowded housing	8.1% 15.5%	O Unsafe neighborhoods	2.7% 4.9%
O Family resilience	87.4% 85.3%	R One adverse childhood experience	22.3% 20.7%
W Two or more adverse childhood experiences	5.9% 7.7%	Infant/toddler maltreatment rate†	9.2 16.4
W Out of home placements†	26.2% 18.7%	Permanency Achieved: Reunified†	50.0% 48.1%
G Potential home visiting beneficiaries served	1.1% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	100.0% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	5.5 7.1	Permanency Achieved: Adoption†	47.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are New Hampshire's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

New Hampshire scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. New Hampshire is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

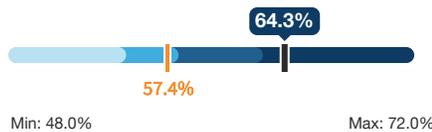
Key Indicators of Positive Early Learning Experiences

● New Hampshire ● National Avg

Parent reads to baby every day



Parent sings to baby every day



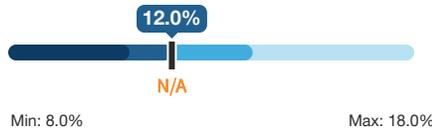
Percentage of income-eligible infants/toddlers with Early Head Start access



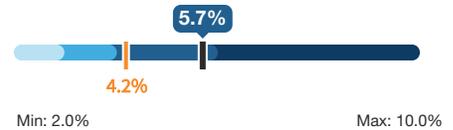
Cost of care, as % of income single parents



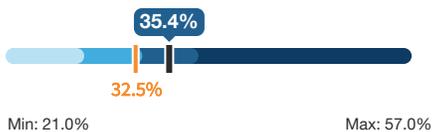
Cost of care, as % of income married families



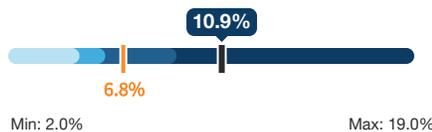
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in New Hampshire



Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	No	✗
Group size requirements meet or exceed EHS standards†	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	1 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	Yes	✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for New Hampshire

● State Indicator ● National Avg

<p>O Parent reads to baby every day 42.0% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 9.0% 11.0%</p> <p>O Cost of care, as % of income single parents 40.6% N/A</p> <p>O Developmental screening received 35.4% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 10.9% 6.8%</p>	<p>W Parent sings to baby every day 64.3% 57.4%</p> <p>R Cost of care, as % of income married families 12.0% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 5.7% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.2% 1.1%</p> <p>W Timeliness of Part C services† 100.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of New Jersey's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

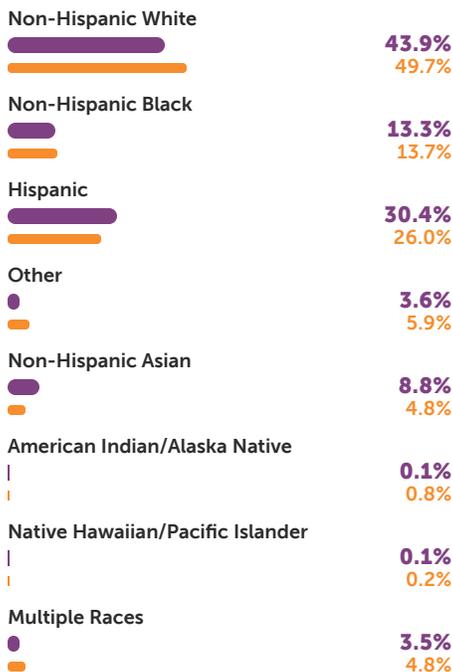
New Jersey National Average

Infants and toddlers in New Jersey

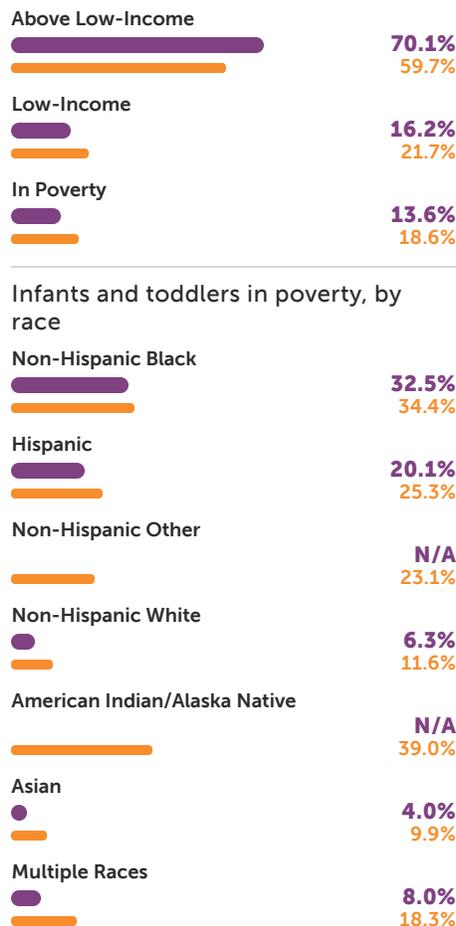
New Jersey is home to 304,425 babies, representing 3.4 percent of the state's population. As many as 29.9 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

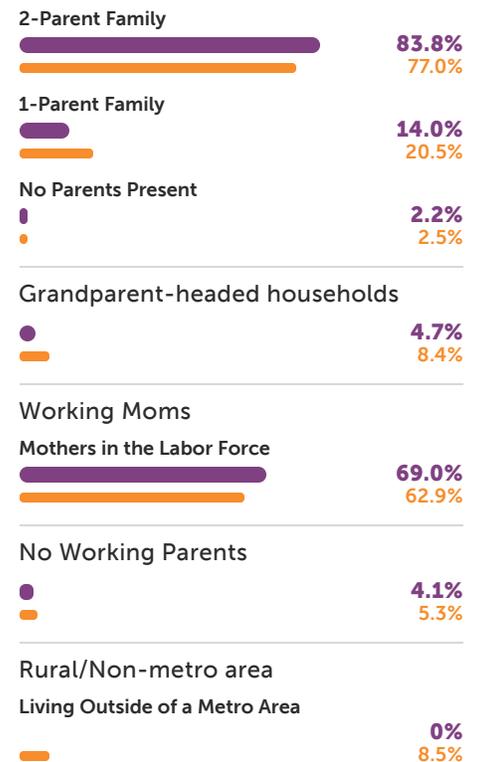
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are New Jersey's babies faring in Good Health?

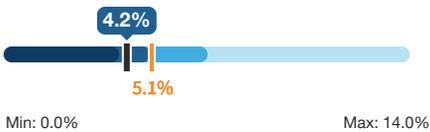
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

New Jersey falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. New Jersey performs better than national averages on key indicators, such as the infant mortality rate and the percentage of mothers reporting less than favorable mental health. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive dental care and babies receiving recommended vaccinations.

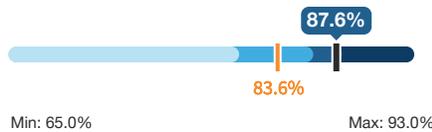
Key Indicators of Good Health

● New Jersey ● National Avg

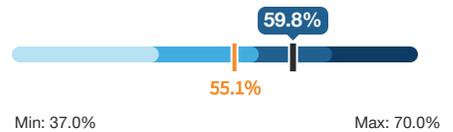
Uninsured low-income infants/toddlers



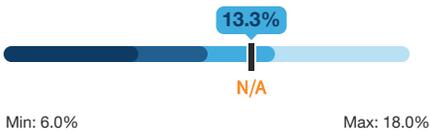
Ever breastfed



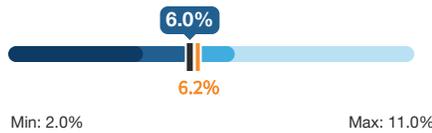
Infants breastfed at 6 months



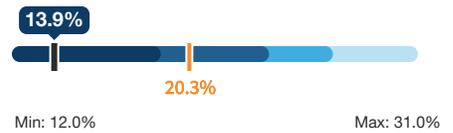
High weight-for-length[†]



Late or no prenatal care received



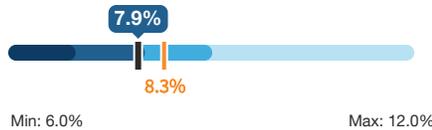
Mothers reporting less than optimal mental health



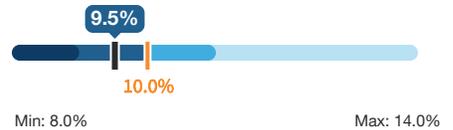
Infant mortality rate (deaths per 1,000 live births)



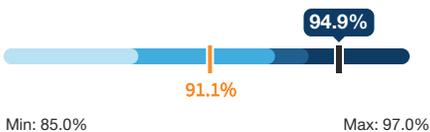
Babies with low birthweight



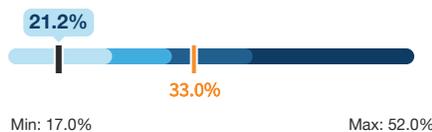
Preterm births[†]



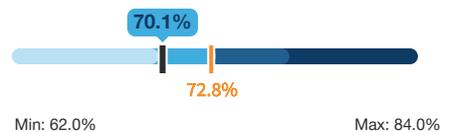
Preventative medical care received



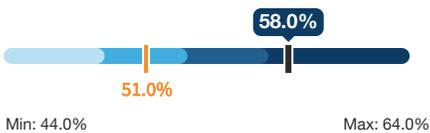
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	No	✗
Pregnant workers protection†	All employees covered (private and state)	
Postpartum extension of Medicaid coverage†	Law covering either some women but not all, or all women but for less than 1 year	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for New Jersey

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	199 200	O Uninsured low-income infants/toddlers	4.2% 5.1%
R Low or very low food security	14.7% 13.7%	O Infants ever breastfed	87.6% 83.6%
O Infants breastfed at 6 months	59.8% 55.1%	O WIC coverage†	79.4% 79.3%
R High weight-for-length†	13.3% N/A	R Late or no prenatal care received	6.0% 6.2%
W Mothers reporting less than optimal mental health	13.9% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	3.9 5.7
O Babies with low birthweight	7.9% 8.3%	O Preterm births†	9.5% 10.0%
W Preventive medical care received	94.9% 91.1%	G Preventive dental care received	21.2% 33.0%
R Received recommended vaccines	70.1% 72.8%	W Medical home†	58.0% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are New Jersey's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

New Jersey falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies who have had one adverse experience and families who report being resilient. New Jersey is doing worse than the national average on indicators such as the percentages of parents who report living in unsafe neighborhoods and babies living in crowded housing.

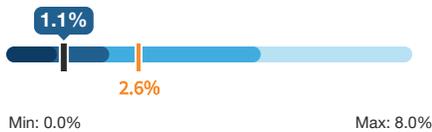
Key Indicators of Strong Families

● New Jersey ● National Avg

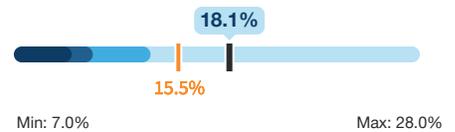
TANF benefits receipt among families in poverty



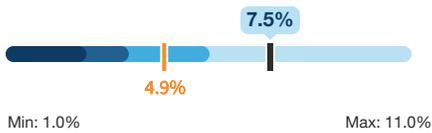
Housing instability



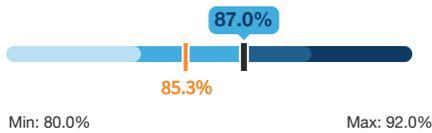
Crowded housing



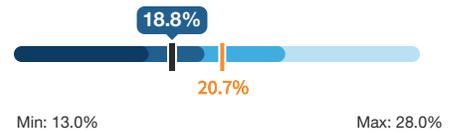
Unsafe neighborhoods



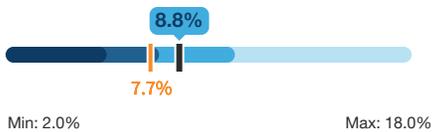
Family resilience



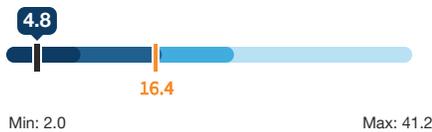
1 adverse childhood experience



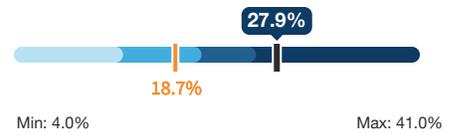
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in New Jersey

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	No	✗
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for New Jersey

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	13.2% 21.7%	W Housing instability	1.1% 2.6%
G Crowded housing	18.1% 15.5%	G Unsafe neighborhoods	7.5% 4.9%
R Family resilience	87.0% 85.3%	O One adverse childhood experience	18.8% 20.7%
R Two or more adverse childhood experiences	8.8% 7.7%	Infant/toddler maltreatment rate†	4.8 16.4
W Out of home placements†	27.9% 18.7%	Permanency Achieved: Reunified†	57.4% 48.1%
O Potential home visiting beneficiaries served	2.5% 2.0%	Permanency Achieved: Relative†	7.1% 7.8%
Infants/toddlers exiting foster care to permanency†	99.3% 98.8%	Permanency Achieved: Guardian†	1.6% 8.3%
Removed from home†	3.4 7.1	Permanency Achieved: Adoption†	33.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are New Jersey's babies faring in Positive Early Learning Experiences?

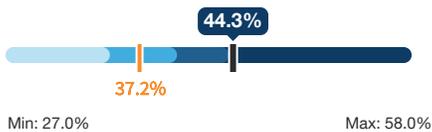
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

New Jersey scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. New Jersey has no indicators on which it ranks worse than the national average. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

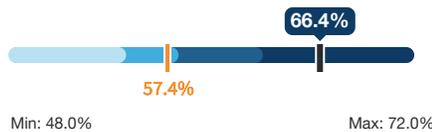
Key Indicators of Positive Early Learning Experiences

● New Jersey ● National Avg

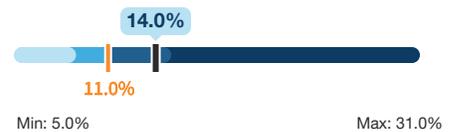
Parent reads to baby every day



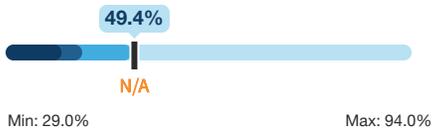
Parent sings to baby every day



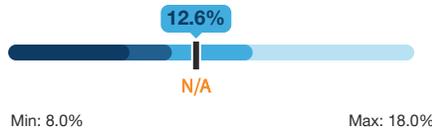
Percentage of income-eligible infants/toddlers with Early Head Start access



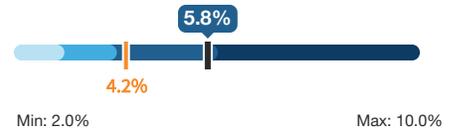
Cost of care, as % of income single parents



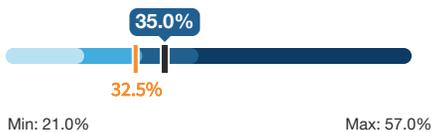
Cost of care, as % of income married families



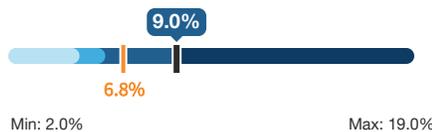
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in New Jersey



Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for New Jersey

● State Indicator ● National Avg

<table border="0"> <tr> <td>O Parent reads to baby every day</td> <td>44.3% 37.2%</td> </tr> <tr> <td>O Percentage of income-eligible infants/toddlers with Early Head Start access</td> <td>14.0% 11.0%</td> </tr> <tr> <td>G Cost of care, as % of income single parents</td> <td>49.4% N/A</td> </tr> <tr> <td>O Developmental screening received</td> <td>35.0% 32.5%</td> </tr> <tr> <td>O Percentage of infants/toddlers receiving IDEA Part C services</td> <td>9.0% 6.8%</td> </tr> </table>	O Parent reads to baby every day	44.3% 37.2%	O Percentage of income-eligible infants/toddlers with Early Head Start access	14.0% 11.0%	G Cost of care, as % of income single parents	49.4% N/A	O Developmental screening received	35.0% 32.5%	O Percentage of infants/toddlers receiving IDEA Part C services	9.0% 6.8%	<table border="0"> <tr> <td>W Parent sings to baby every day</td> <td>66.4% 57.4%</td> </tr> <tr> <td>R Cost of care, as % of income married families</td> <td>12.6% N/A</td> </tr> <tr> <td>O Low/moderate income infants/toddlers in CCDF funded-care</td> <td>5.8% 4.2%</td> </tr> <tr> <td>Infants/toddlers with developmental delay†</td> <td>1.2% 1.1%</td> </tr> <tr> <td>W Timeliness of Part C services†</td> <td>99.7% N/A</td> </tr> </table>	W Parent sings to baby every day	66.4% 57.4%	R Cost of care, as % of income married families	12.6% N/A	O Low/moderate income infants/toddlers in CCDF funded-care	5.8% 4.2%	Infants/toddlers with developmental delay†	1.2% 1.1%	W Timeliness of Part C services†	99.7% N/A
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of New Mexico's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

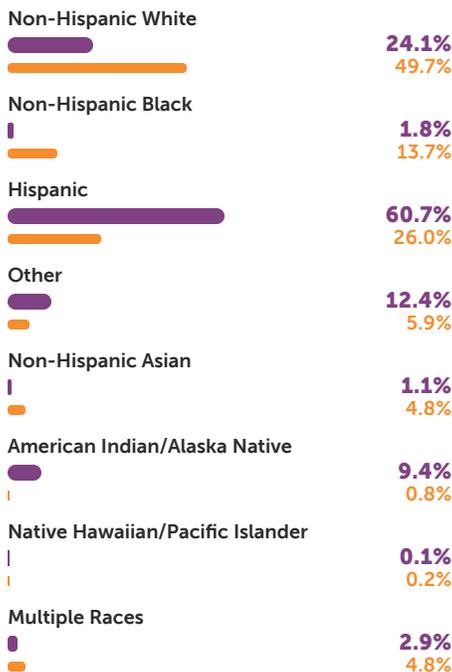
● New Mexico ● National Average

Infants and toddlers in New Mexico

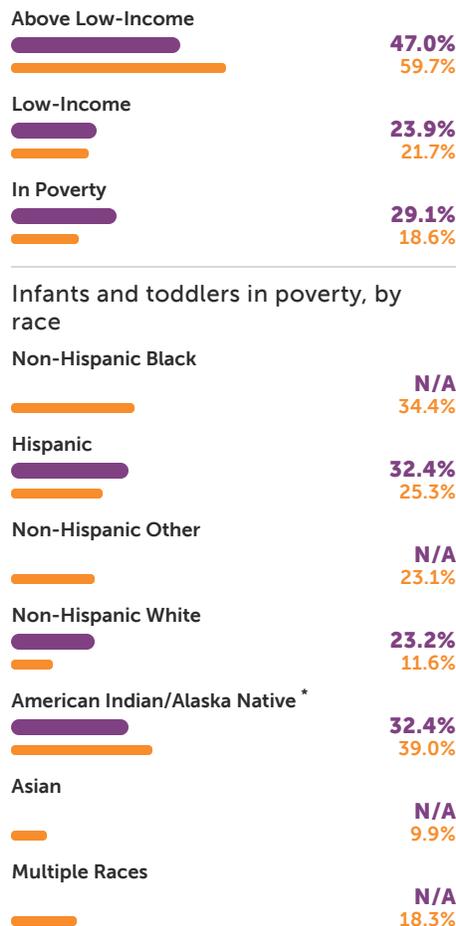
New Mexico is home to 70,297 babies, representing 3.4 percent of the state's population. As many as 53.0 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

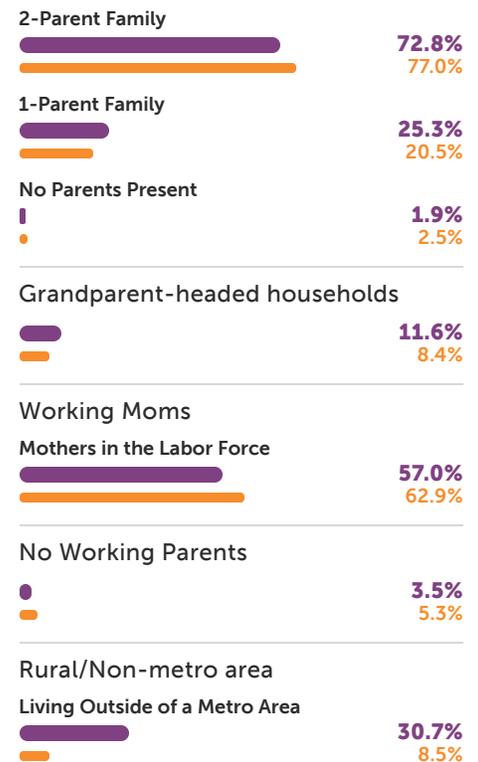
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are New Mexico's babies faring in Good Health?

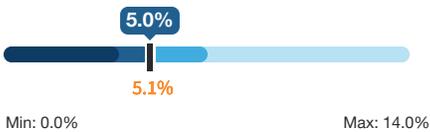
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

New Mexico falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. New Mexico performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the percentages of babies experiencing food insecurity and mothers reporting less than favorable mental health.

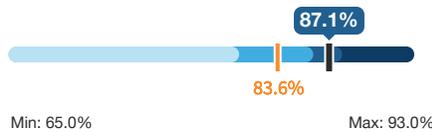
Key Indicators of Good Health

● New Mexico ● National Avg

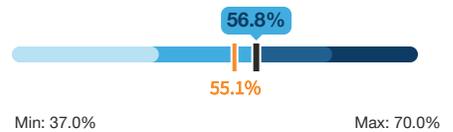
Uninsured low-income infants/toddlers



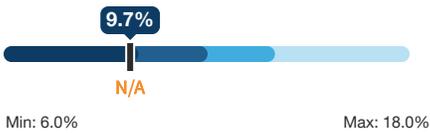
Ever breastfed



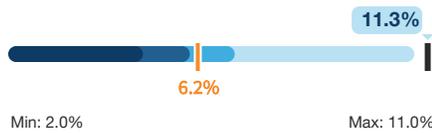
Infants breastfed at 6 months



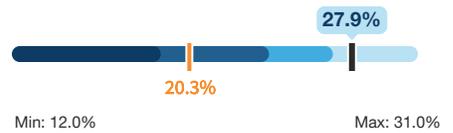
High weight-for-length†



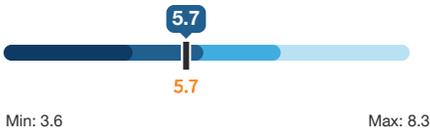
Late or no prenatal care received



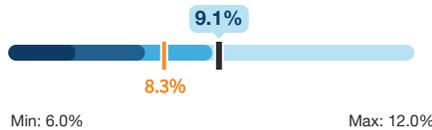
Mothers reporting less than optimal mental health



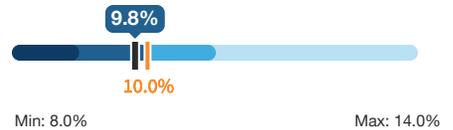
Infant mortality rate (deaths per 1,000 live births)



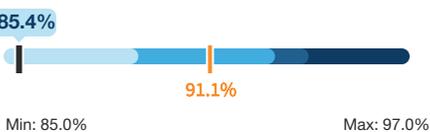
Babies with low birthweight



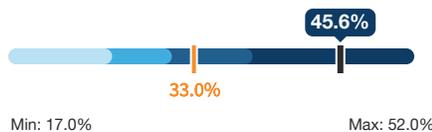
Preterm births†



Preventative medical care received



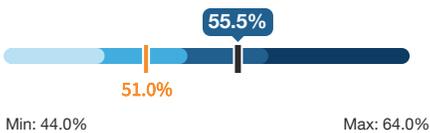
Preventative dental care received



Received recommended vaccines



Medical home†



Good Health Policy in New Mexico

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for New Mexico

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	255 200	R Uninsured low-income infants/toddlers	5.0% 5.1%
G Low or very low food security	25.9% 13.7%	O Infants ever breastfed	87.1% 83.6%
R Infants breastfed at 6 months	56.8% 55.1%	G WIC coverage†	63.7% 79.3%
W High weight-for-length†	9.7% N/A	G Late or no prenatal care received	11.3% 6.2%
G Mothers reporting less than optimal mental health	27.9% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.7 5.7
G Babies with low birthweight	9.1% 8.3%	O Preterm births†	9.8% 10.0%
G Preventive medical care received	85.4% 91.1%	W Preventive dental care received	45.6% 33.0%
O Received recommended vaccines	76.7% 72.8%	O Medical home†	55.5% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

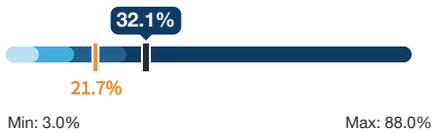
How are New Mexico's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

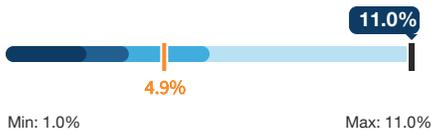
New Mexico falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects the indicator on which it is performing better than the national average, the percentage of babies exiting foster care who are reunified with the parent. New Mexico is doing worse than the national average on indicators such as the percentages of parents who report living in unsafe neighborhoods and babies experiencing housing insecurity (moved 3 or more times).

Key Indicators of Strong Families

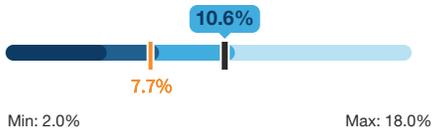
TANF benefits receipt among families in poverty



Unsafe neighborhoods



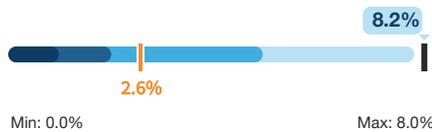
2+ adverse childhood experiences



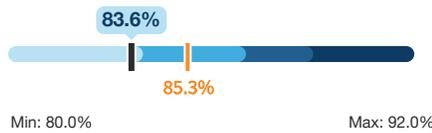
Removed from home (per 1,000 infants/toddlers)[†]



Housing instability



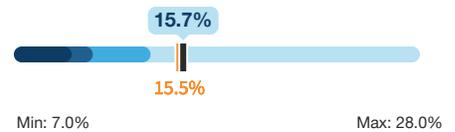
Family resilience



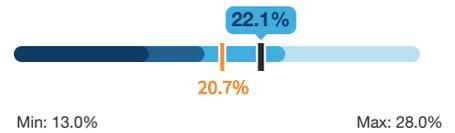
Infant/toddler maltreatment rate[†]



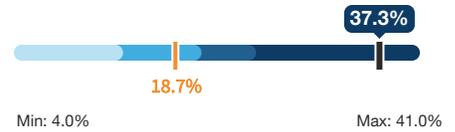
Crowded housing



1 adverse childhood experience



Time in out-of-home placement[†]



● New Mexico ● National Avg

Strong Families

Strong Families Policy in New Mexico

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	No	✗
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for New Mexico

● State Indicator ● National Avg

W TANF benefits receipt among families in poverty	32.1% 21.7%	G Housing instability	8.2% 2.6%
G Crowded housing	15.7% 15.5%	G Unsafe neighborhoods	11.0% 4.9%
G Family resilience	83.6% 85.3%	R One adverse childhood experience	22.1% 20.7%
G Two or more adverse childhood experiences	10.6% 7.7%	Infant/toddler maltreatment rate†	28.6% 16.4%
W Out of home placements†	37.3% 18.7%	Permanency Achieved: Reunified†	71.2% 48.1%
R Potential home visiting beneficiaries served	1.8% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	99.7% 98.8%	Permanency Achieved: Guardian†	4.1% 8.3%
Removed from home†	6.4% 7.1%	Permanency Achieved: Adoption†	23.5% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are New Mexico's babies faring in Positive Early Learning Experiences?

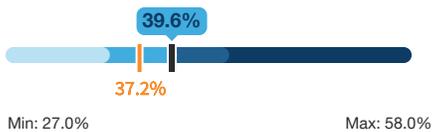
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

New Mexico scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. New Mexico is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

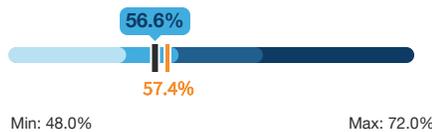
Key Indicators of Positive Early Learning Experiences

● New Mexico ● National Avg

Parent reads to baby every day



Parent sings to baby every day



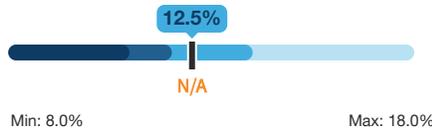
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



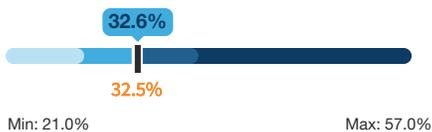
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in New Mexico



Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	No	✗
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for New Mexico

● State Indicator ● National Avg

<p>R Parent reads to baby every day 39.6% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 9.0% 11.0%</p> <p>R Cost of care, as % of income single parents 41.1% N/A</p> <p>R Developmental screening received 32.6% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 16.6% 6.8%</p>	<p>R Parent sings to baby every day 56.6% 57.4%</p> <p>R Cost of care, as % of income married families 12.5% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 9.6% 4.2%</p> <p>Infants/toddlers with developmental delay† 3.2% 1.1%</p> <p>G Timeliness of Part C services† 93.7% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of New York's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

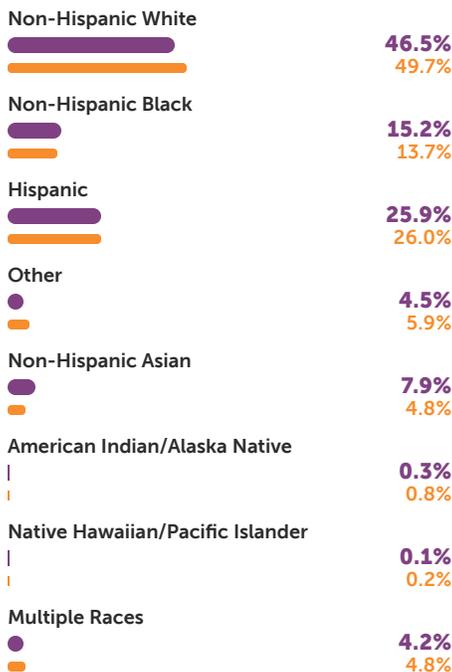
● New York ● National Average

Infants and toddlers in New York

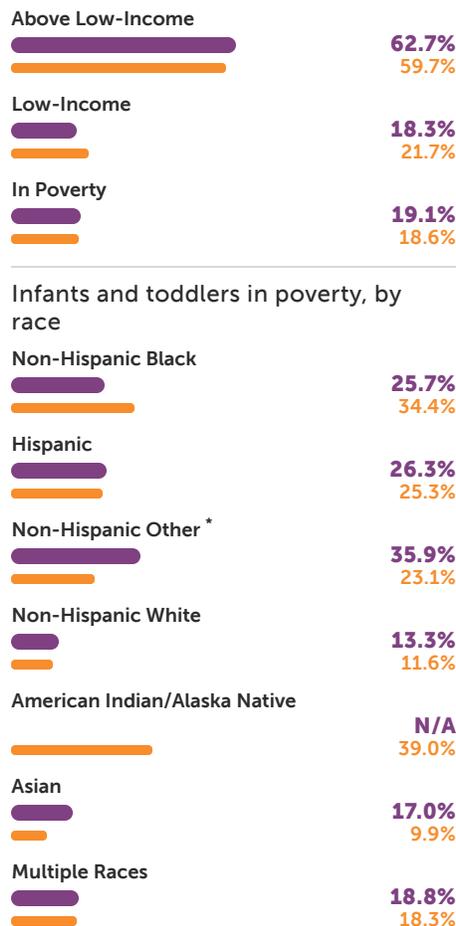
New York is home to 673,026 babies, representing 3.5 percent of the state's population. As many as 37.3 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

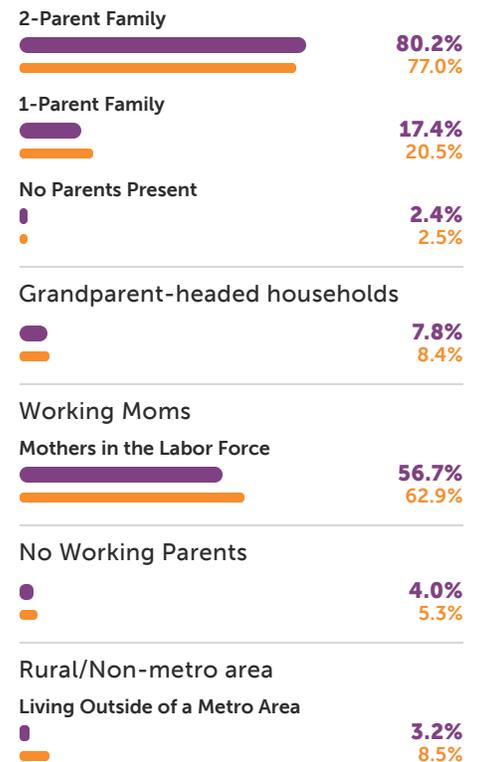
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are New York's babies faring in Good Health?

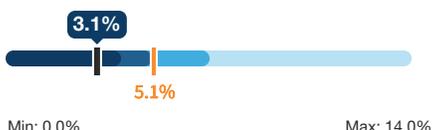
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

New York falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. New York performs better than national averages on key indicators, such as the infant mortality rate and the percentage of mothers reporting less than favorable mental health. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive medical and dental care.

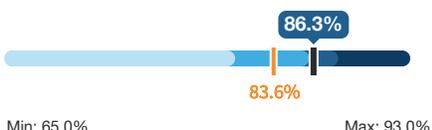
Key Indicators of Good Health

● New York ● National Avg

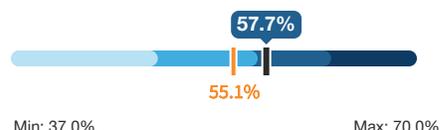
Uninsured low-income infants/toddlers



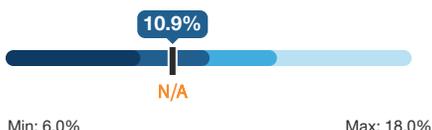
Ever breastfed



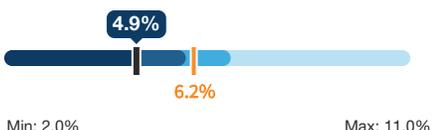
Infants breastfed at 6 months



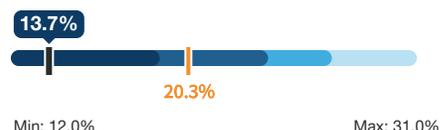
High weight-for-length[†]



Late or no prenatal care received



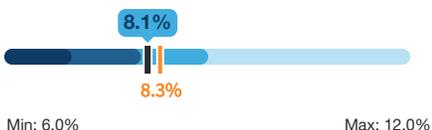
Mothers reporting less than optimal mental health



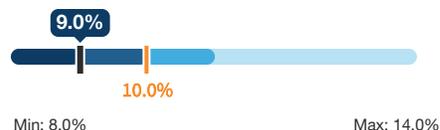
Infant mortality rate (deaths per 1,000 live births)



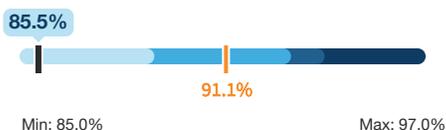
Babies with low birthweight



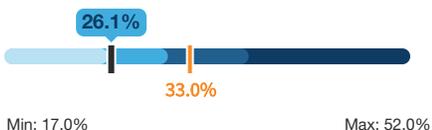
Preterm births[†]



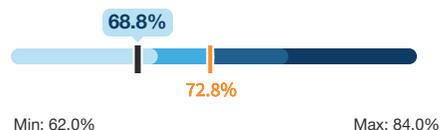
Preventative medical care received



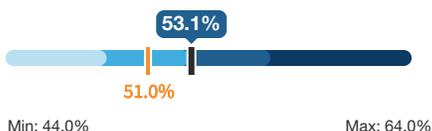
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for New York

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	223 200	W Uninsured low-income infants/toddlers	3.1% 5.1%
R Low or very low food security	14.2% 13.7%	O Infants ever breastfed	86.3% 83.6%
O Infants breastfed at 6 months	57.7% 55.1%	R WIC coverage†	78.2% 79.3%
O High weight-for-length†	10.9% N/A	O Late or no prenatal care received	4.9% 6.2%
W Mothers reporting less than optimal mental health	13.7% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	4.3 5.7
O Babies with low birthweight	8.1% 8.3%	W Preterm births†	9.0% 10.0%
G Preventive medical care received	85.5% 91.1%	G Preventive dental care received	26.1% 33.0%
G Received recommended vaccines	68.8% 72.8%	O Medical home†	53.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are New York's babies faring in Strong Families?

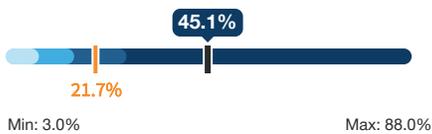
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

New York falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects the indicator on which it is performing better than the national average, the percentage of babies experiencing housing insecurity (moved 3 or more times). New York is doing worse than the national average on indicators such as the percentages of babies living in crowded housing and families who report being resilient.

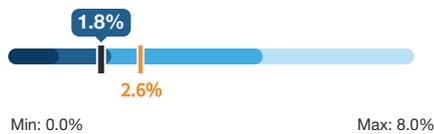
Key Indicators of Strong Families

● New York ● National Avg

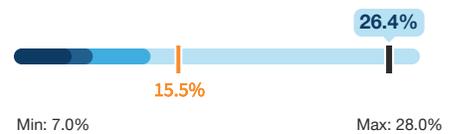
TANF benefits receipt among families in poverty



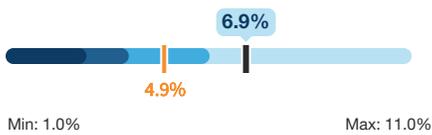
Housing instability



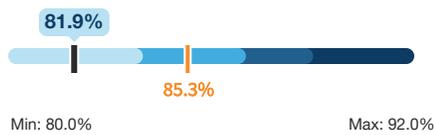
Crowded housing



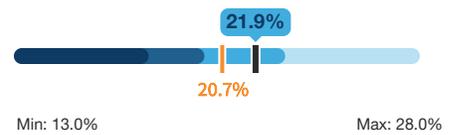
Unsafe neighborhoods



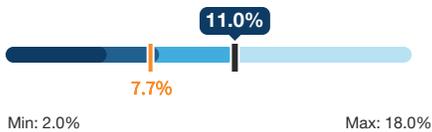
Family resilience



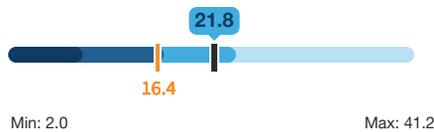
1 adverse childhood experience



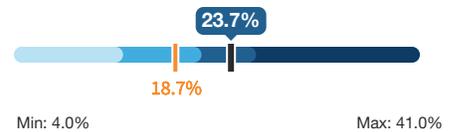
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in New York

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	No	✗
State Child Tax Credit†	Yes	✓
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for New York

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	45.1% 21.7%	O Housing instability	1.8% 2.6%
G Crowded housing	26.4% 15.5%	G Unsafe neighborhoods	6.9% 4.9%
G Family resilience	81.9% 85.3%	R One adverse childhood experience	21.9% 20.7%
G Two or more adverse childhood experiences	11.0% 7.7%	Infant/toddler maltreatment rate†	21.8% 16.4%
O Out of home placements†	23.7% 18.7%	Permanency Achieved: Reunified†	47.0% 48.1%
R Potential home visiting beneficiaries served	1.3% 2.0%	Permanency Achieved: Relative†	22.4% 7.8%
Infants/toddlers exiting foster care to permanency†	99.5% 98.8%	Permanency Achieved: Guardian†	5.9% 8.3%
Removed from home†	3.8% 7.1%	Permanency Achieved: Adoption†	24.2% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are New York's babies faring in Positive Early Learning Experiences?

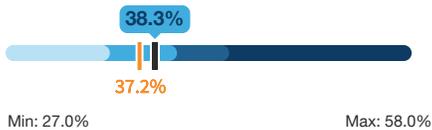
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

New York scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. New York is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

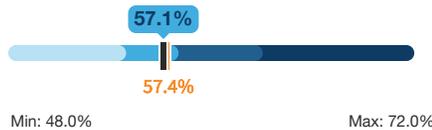
Key Indicators of Positive Early Learning Experiences

● New York ● National Avg

Parent reads to baby every day



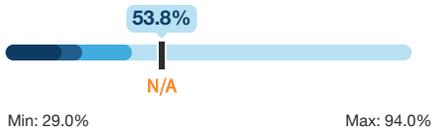
Parent sings to baby every day



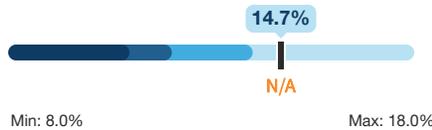
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



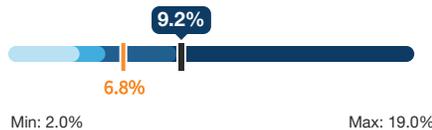
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in New York

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for New York

● State Indicator

● National Avg

<p>R Parent reads to baby every day 38.3% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 10.0% 11.0%</p> <p>G Cost of care, as % of income single parents 53.8% N/A</p> <p>G Developmental screening received 23.7% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 9.2% 6.8%</p>	<p>R Parent sings to baby every day 57.1% 57.4%</p> <p>G Cost of care, as % of income married families 14.7% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 5.8% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.9% 1.1%</p> <p>R Timeliness of Part C services† 96.4% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of North Carolina's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

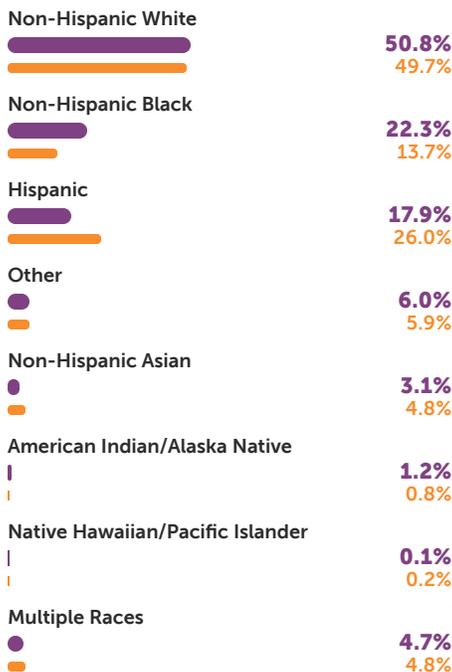
● North Carolina ● National Average

Infants and toddlers in North Carolina

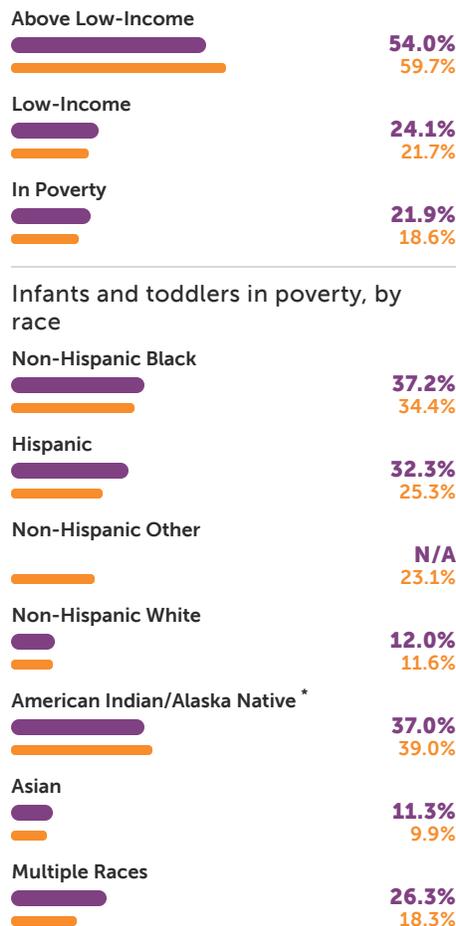
North Carolina is home to 361,132 babies, representing 3.4 percent of the state's population. As many as 46.0 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

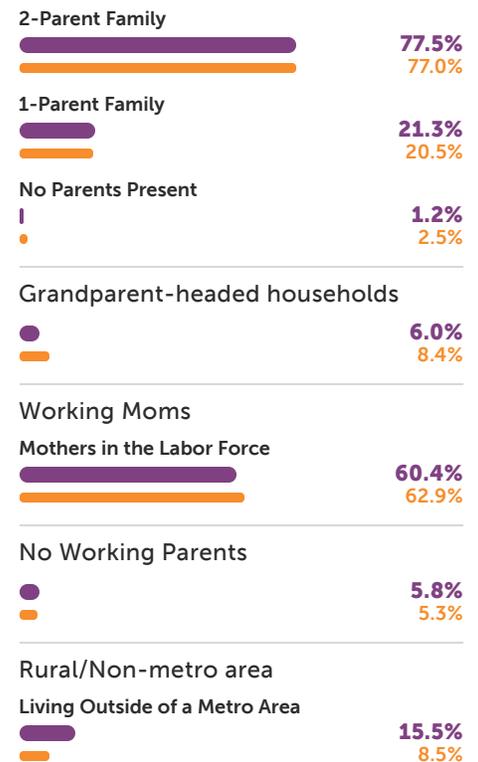
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are North Carolina's babies faring in Good Health?

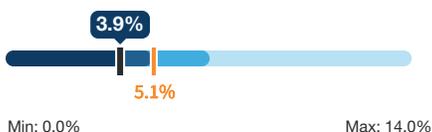
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

North Carolina falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. North Carolina performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies experiencing food insecurity.

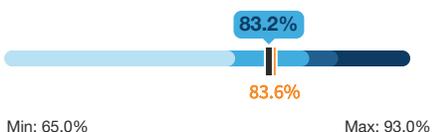
Key Indicators of Good Health

● North Carolina ● National Avg

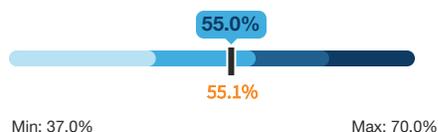
Uninsured low-income infants/toddlers



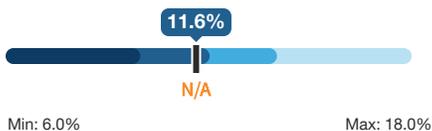
Ever breastfed



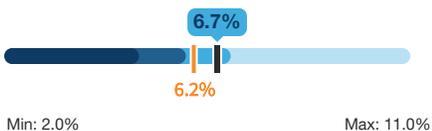
Infants breastfed at 6 months



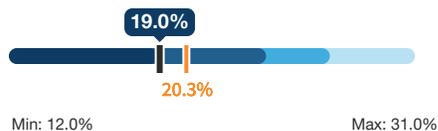
High weight-for-length[†]



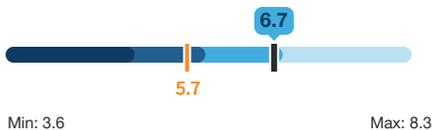
Late or no prenatal care received



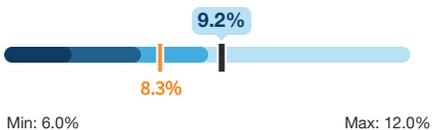
Mothers reporting less than optimal mental health



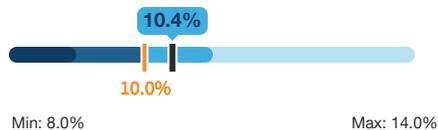
Infant mortality rate (deaths per 1,000 live births)



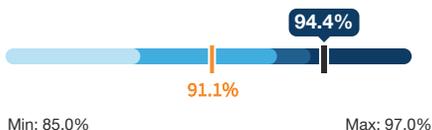
Babies with low birthweight



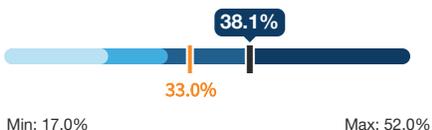
Preterm births[†]



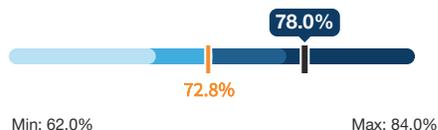
Preventative medical care received



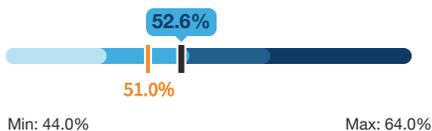
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	_____	Yes ✓
Pregnant workers protection [†]	_____	State employees only
Postpartum extension of Medicaid coverage [†]	_____	No law beyond mandatory 60 days

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for North Carolina

● State Indicator ● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	201 200	O Uninsured low-income infants/toddlers	3.9% 5.1%
G Low or very low food security	26.2% 13.7%	R Infants ever breastfed	83.2% 83.6%
R Infants breastfed at 6 months	55.0% 55.1%	O WIC coverage [†]	81.6% 79.3%
O High weight-for-length [†]	11.6% N/A	R Late or no prenatal care received	6.7% 6.2%
O Mothers reporting less than optimal mental health	19.0% 20.3%	R Infant mortality rate (deaths per 1,000 live births) [†]	6.7 5.7
G Babies with low birthweight	9.2% 8.3%	R Preterm births [†]	10.4% 10.0%
O Preventive medical care received	94.4% 91.1%	O Preventive dental care received	38.1% 33.0%
W Received recommended vaccines	78.0% 72.8%	R Medical home [†]	52.6% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are North Carolina's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

North Carolina falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods. North Carolina is doing worse than the national average on indicators such as the percentages of babies who have had one or two or more adverse experiences.

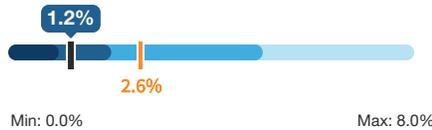
Key Indicators of Strong Families

● North Carolina ● National Avg

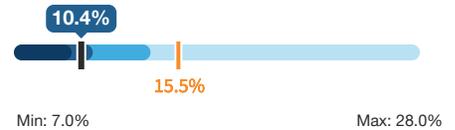
TANF benefits receipt among families in poverty



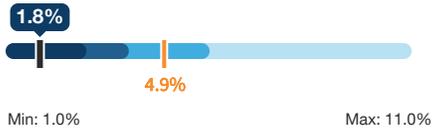
Housing instability



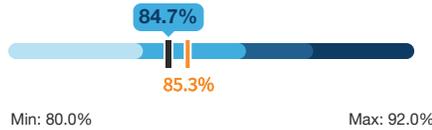
Crowded housing



Unsafe neighborhoods



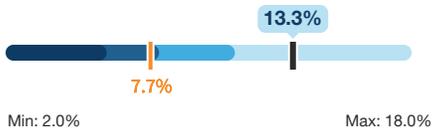
Family resilience



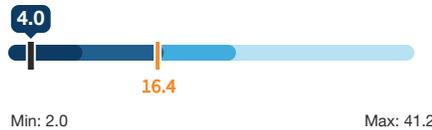
1 adverse childhood experience



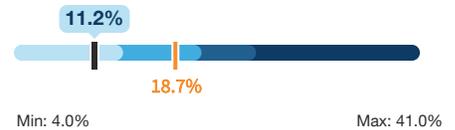
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in North Carolina

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	Yes	✓
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for North Carolina

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	4.7% 21.7%	O Housing instability	1.2% 2.6%
O Crowded housing	10.4% 15.5%	W Unsafe neighborhoods	1.8% 4.9%
R Family resilience	84.7% 85.3%	G One adverse childhood experience	23.5% 20.7%
G Two or more adverse childhood experiences	13.3% 7.7%	Infant/toddler maltreatment rate†	4 16.4
G Out of home placements†	11.2% 18.7%	Permanency Achieved: Reunified†	37.7% 48.1%
O Potential home visiting beneficiaries served	2.5% 2.0%	Permanency Achieved: Relative†	4.7% 7.8%
Infants/toddlers exiting foster care to permanency†	99.1% 98.8%	Permanency Achieved: Guardian†	22.3% 8.3%
Removed from home†	5.2 7.1	Permanency Achieved: Adoption†	34.4% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are North Carolina's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

North Carolina scores in the Improving Outcomes(O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. North Carolina is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

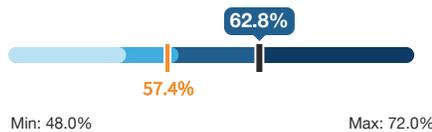
Key Indicators of Positive Early Learning Experiences

● North Carolina ● National Avg

Parent reads to baby every day



Parent sings to baby every day



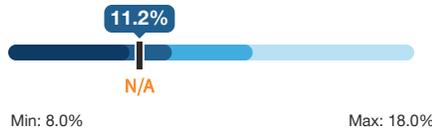
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



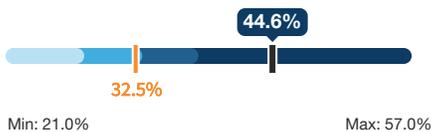
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in North Carolina



Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	No	✗
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	CDA or state equivalent credential	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for North Carolina

● State Indicator ● National Avg

<p>O Parent reads to baby every day 44.2% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 6.0% 11.0%</p> <p>O Cost of care, as % of income single parents 38.4% N/A</p> <p>W Developmental screening received 44.6% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 5.7% 6.8%</p>	<p>O Parent sings to baby every day 62.8% 57.4%</p> <p>O Cost of care, as % of income married families 11.2% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 3.4% 4.2%</p> <p>W Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>W Timeliness of Part C services† 100.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of North Dakota's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

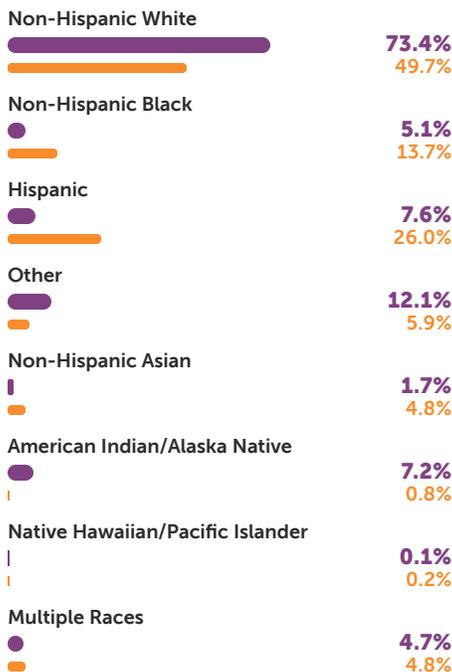
● North Dakota ● National Average

Infants and toddlers in North Dakota

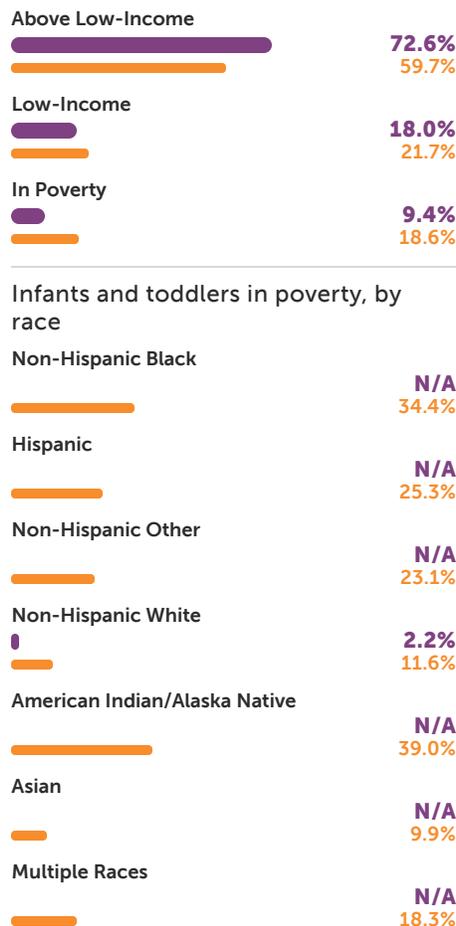
North Dakota is home to 32,084 babies, representing 4.2 percent of the state's population. As many as 27.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

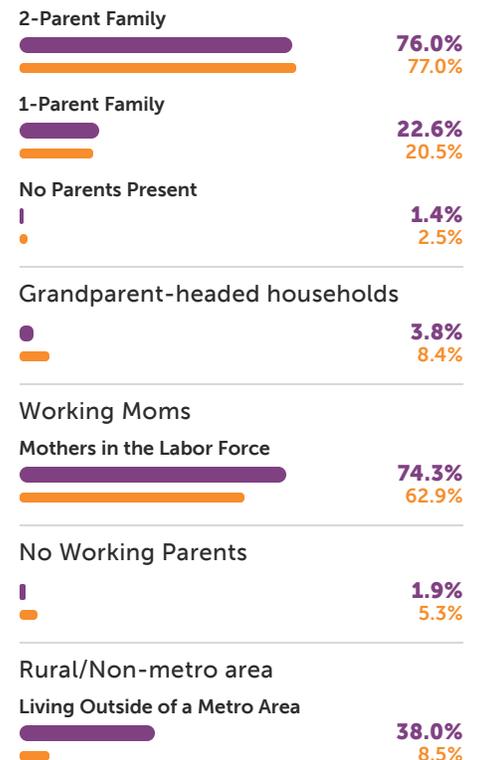
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are North Dakota's babies faring in Good Health?

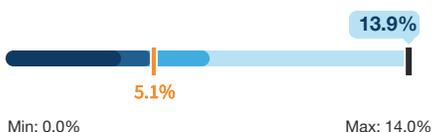
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

North Dakota falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. North Dakota performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and babies receiving preventive dental care.

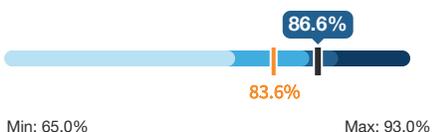
Key Indicators of Good Health

● North Dakota ● National Avg

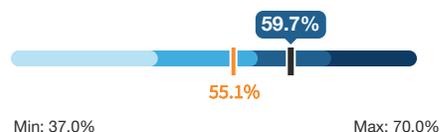
Uninsured low-income infants/toddlers



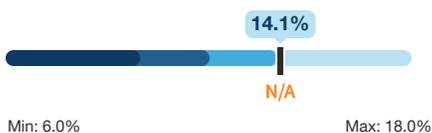
Ever breastfed



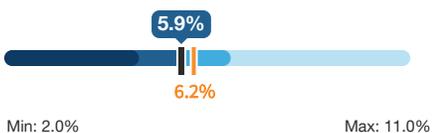
Infants breastfed at 6 months



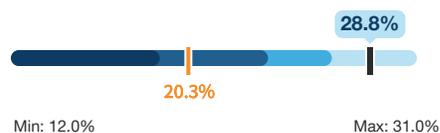
High weight-for-length[†]



Late or no prenatal care received



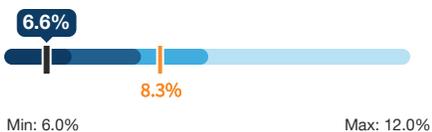
Mothers reporting less than optimal mental health



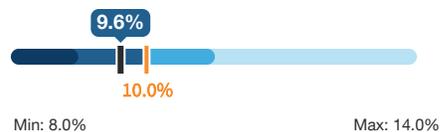
Infant mortality rate (deaths per 1,000 live births)



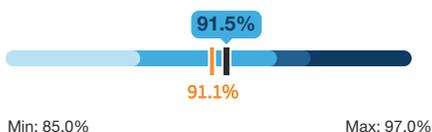
Babies with low birthweight



Preterm births[†]



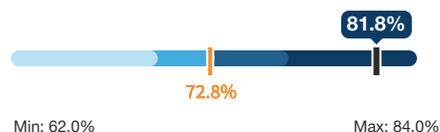
Preventative medical care received



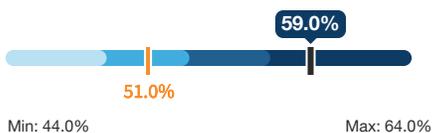
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	All employees covered (private and state)	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for North Dakota

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	162 200	G Uninsured low-income infants/toddlers	13.9% 5.1%
R Low or very low food security	14.9% 13.7%	O Infants ever breastfed	86.6% 83.6%
O Infants breastfed at 6 months	59.7% 55.1%	G WIC coverage†	68.7% 79.3%
G High weight-for-length†	14.1% N/A	O Late or no prenatal care received	5.9% 6.2%
G Mothers reporting less than optimal mental health	28.8% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.5 5.7
W Babies with low birthweight	6.6% 8.3%	O Preterm births†	9.6% 10.0%
R Preventive medical care received	91.5% 91.1%	G Preventive dental care received	17.9% 33.0%
W Received recommended vaccines	81.8% 72.8%	W Medical home†	59.0% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are North Dakota's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

North Dakota falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who have had one adverse experience. North Dakota is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times).

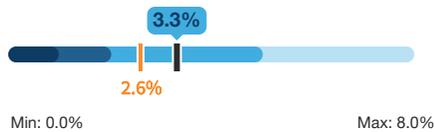
Key Indicators of Strong Families

● North Dakota ● National Avg

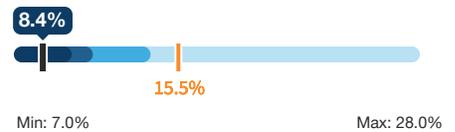
TANF benefits receipt among families in poverty



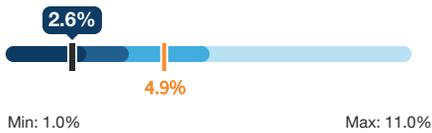
Housing instability



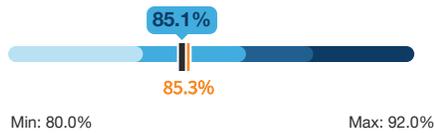
Crowded housing



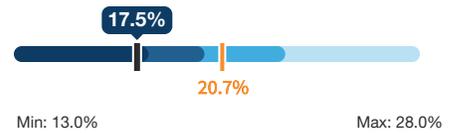
Unsafe neighborhoods



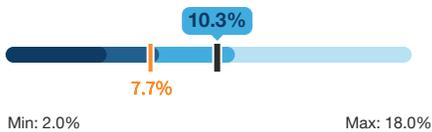
Family resilience



1 adverse childhood experience



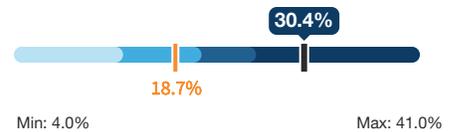
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in North Dakota

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for North Dakota

● State Indicator ● National Avg

R TANF benefits receipt among families in poverty	13.5% 21.7%	R Housing instability	3.3% 2.6%
W Crowded housing	8.4% 15.5%	W Unsafe neighborhoods	2.6% 4.9%
R Family resilience	85.1% 85.3%	O One adverse childhood experience	17.5% 20.7%
R Two or more adverse childhood experiences	10.3% 7.7%	Infant/toddler maltreatment rate†	17.7% 16.4%
W Out of home placements†	30.4% 18.7%	Permanency Achieved: Reunified†	53.4% 48.1%
R Potential home visiting beneficiaries served	1.4% 2.0%	Permanency Achieved: Relative†	10.6% 7.8%
Infants/toddlers exiting foster care to permanency†	91.8% 98.8%	Permanency Achieved: Guardian†	5.8% 8.3%
Removed from home†	8.4% 7.1%	Permanency Achieved: Adoption†	22.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are North Dakota's babies faring in Positive Early Learning Experiences?

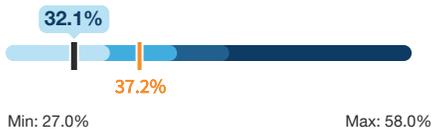
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

North Dakota scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. North Dakota is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

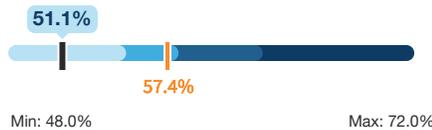
Key Indicators of Positive Early Learning Experiences

● North Dakota ● National Avg

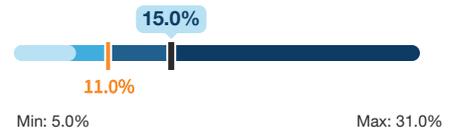
Parent reads to baby every day



Parent sings to baby every day



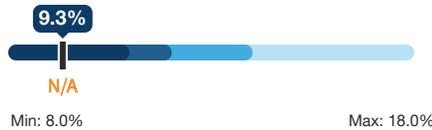
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



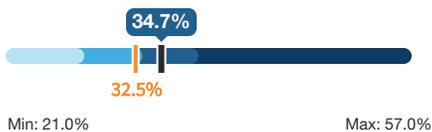
Cost of care, as % of income married families



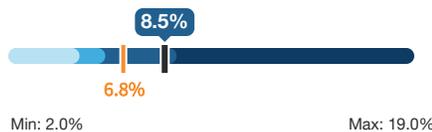
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in North Dakota



Infant eligibility level for child care subsidy above 200% of FPL _____	Yes ✓
Allocated CCDBG funds† _____	No ✗
Group size requirements meet or exceed EHS standards† _____	0 of 3 age groups
Adult/child ratio requirements meet or exceed EHS standards† _____	1 of 3 age groups
Level of teacher qualification required by the state† _____	No credential beyond a high school diploma
Infant/toddler credential adopted† _____	No ✗
State reimburses center based child care at/above 75th percentile of market rates† _____	Yes ✓
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children† _____	No ✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for North Dakota

● State Indicator

● National Avg

<p>G Parent reads to baby every day 32.1% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 15.0% 11.0%</p> <p>W Cost of care, as % of income single parents 33.8% N/A</p> <p>O Developmental screening received 34.7% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 8.5% 6.8%</p>	<p>G Parent sings to baby every day 51.1% 57.4%</p> <p>W Cost of care, as % of income married families 9.3% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.7% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.4% 1.1%</p> <p>R Timeliness of Part C services† 97.8% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Ohio's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

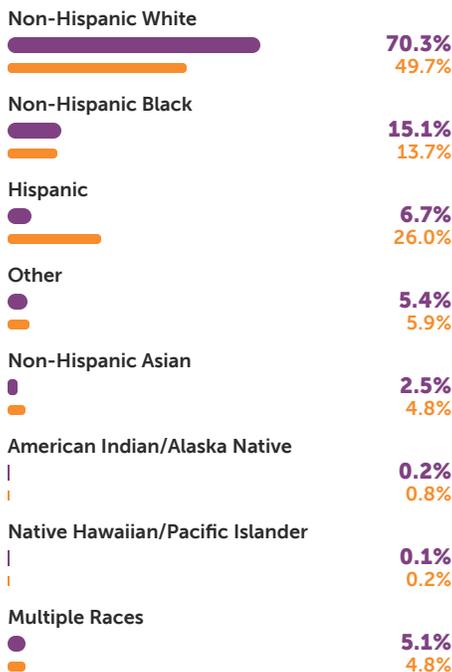
● Ohio ● National Average

Infants and toddlers in Ohio

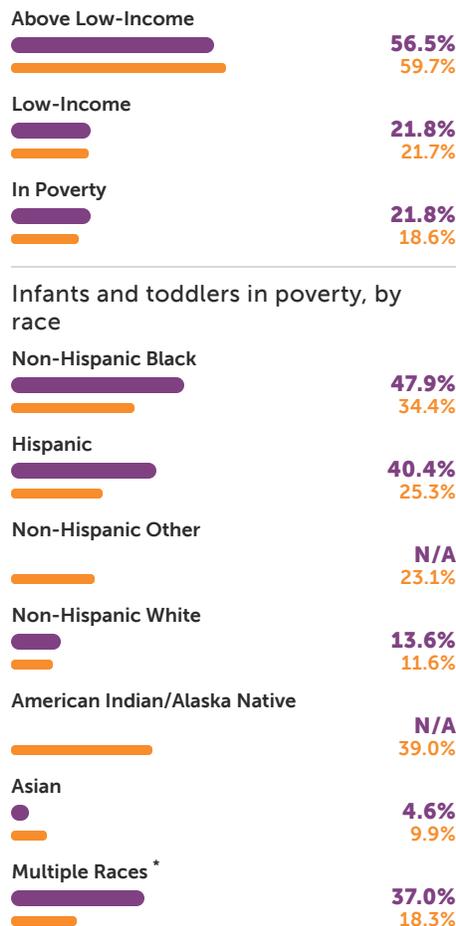
Ohio is home to 407,786 babies, representing 3.5 percent of the state's population. As many as 43.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

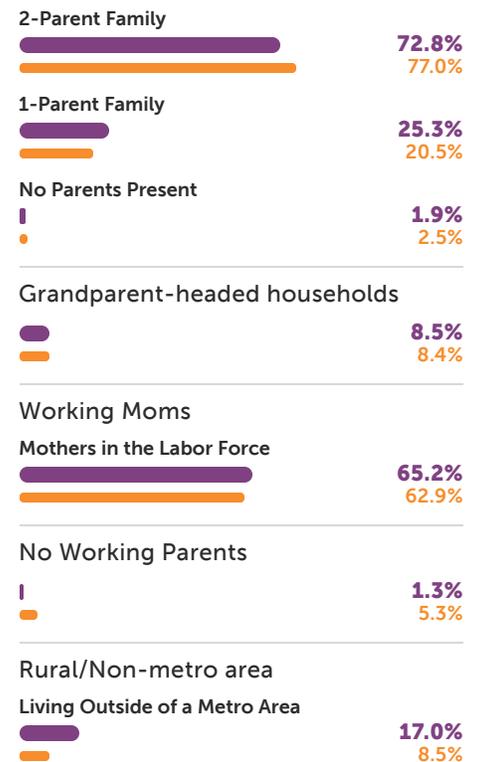
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Ohio's babies faring in Good Health?

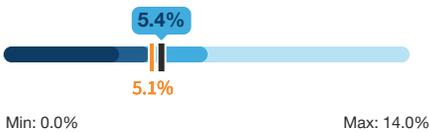
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Ohio falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Ohio performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies receiving preventive medical care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of mothers reporting less than favorable mental health.

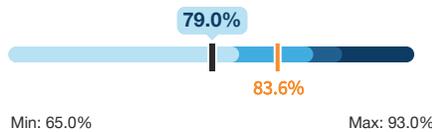
Key Indicators of Good Health

● Ohio ● National Avg

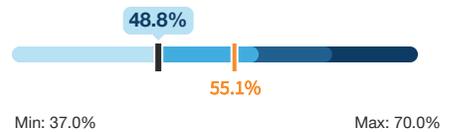
Uninsured low-income infants/toddlers



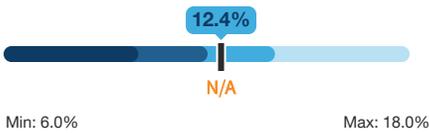
Ever breastfed



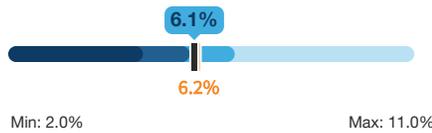
Infants breastfed at 6 months



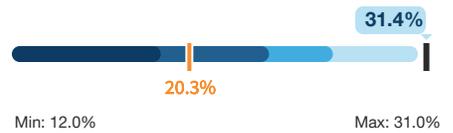
High weight-for-length†



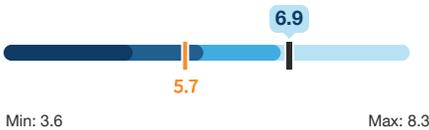
Late or no prenatal care received



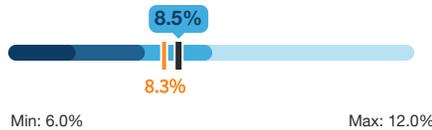
Mothers reporting less than optimal mental health



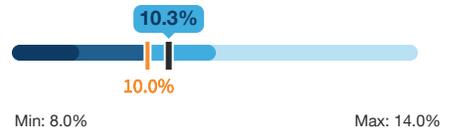
Infant mortality rate (deaths per 1,000 live births)



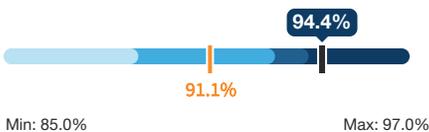
Babies with low birthweight



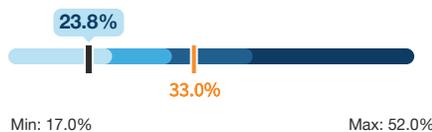
Preterm births†



Preventative medical care received



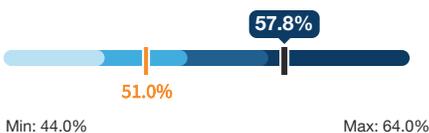
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Ohio

● State Indicator ● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	205 200	R Uninsured low-income infants/toddlers	5.4% 5.1%
G Low or very low food security	23.2% 13.7%	G Infants ever breastfed	79.0% 83.6%
G Infants breastfed at 6 months	48.8% 55.1%	W WIC coverage†	91.5% 79.3%
R High weight-for-length†	12.4% N/A	R Late or no prenatal care received	6.1% 6.2%
G Mothers reporting less than optimal mental health	31.4% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	6.9 5.7
R Babies with low birthweight	8.5% 8.3%	R Preterm births†	10.3% 10.0%
O Preventive medical care received	94.4% 91.1%	G Preventive dental care received	23.8% 33.0%
O Received recommended vaccines	74.7% 72.8%	W Medical home†	57.8% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Ohio's babies faring in Strong Families?

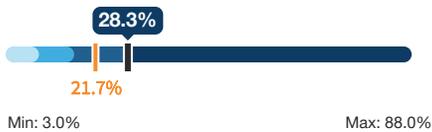
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Ohio falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who have had one adverse experience. Ohio is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and parents who report being resilient.

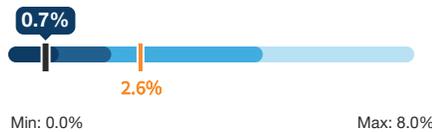
Key Indicators of Strong Families

● Ohio ● National Avg

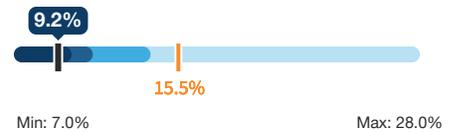
TANF benefits receipt among families in poverty



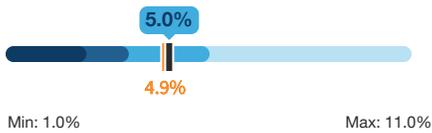
Housing instability



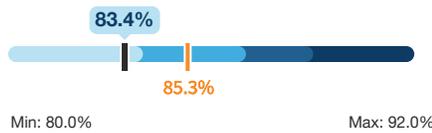
Crowded housing



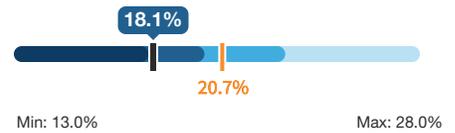
Unsafe neighborhoods



Family resilience



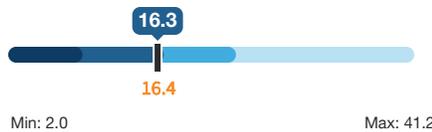
1 adverse childhood experience



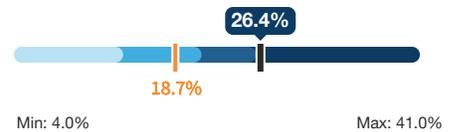
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Ohio

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Ohio

● State Indicator

● National Avg

O TANF benefits receipt among families in poverty	28.3% 21.7%	W Housing instability	0.7% 2.6%
W Crowded housing	9.2% 15.5%	R Unsafe neighborhoods	5.0% 4.9%
G Family resilience	83.4% 85.3%	O One adverse childhood experience	18.1% 20.7%
G Two or more adverse childhood experiences	12.7% 7.7%	Infant/toddler maltreatment rate†	16.3% 16.4%
W Out of home placements†	26.4% 18.7%	Permanency Achieved: Reunified†	39.4% 48.1%
W Potential home visiting beneficiaries served	3.1% 2.0%	Permanency Achieved: Relative†	35.0% 7.8%
Infants/toddlers exiting foster care to permanency†	99.8% 98.8%	Permanency Achieved: Guardian†	5.6% 8.3%
Removed from home†	8.9% 7.1%	Permanency Achieved: Adoption†	19.7% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Ohio's babies faring in Positive Early Learning Experiences?

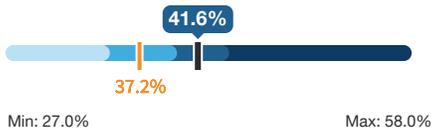
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Ohio scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Ohio is doing worse than the national average on indicators such as the lower percentage of infants and toddlers receiving the Individuals with Disabilities Education Act Part C services. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

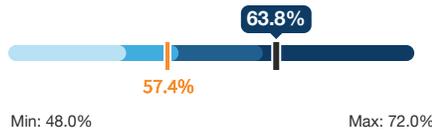
Key Indicators of Positive Early Learning Experiences

● Ohio ● National Avg

Parent reads to baby every day



Parent sings to baby every day



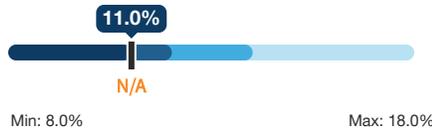
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



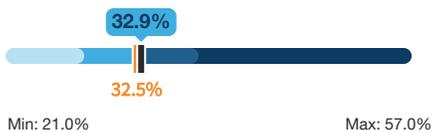
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Ohio

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✘
Allocated CCDBG funds†	_____	No	✘
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✘
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✘
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✘

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Ohio

● State Indicator

● National Avg

<p>O Parent reads to baby every day 41.6% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 12.0% 11.0%</p> <p>R Cost of care, as % of income single parents 43.8% N/A</p> <p>R Developmental screening received 32.9% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 5.5% 6.8%</p>	<p>W Parent sings to baby every day 63.8% 57.4%</p> <p>W Cost of care, as % of income married families 11.0% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 4.5% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.6% 1.1%</p> <p>O Timeliness of Part C services† 99.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Oklahoma's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

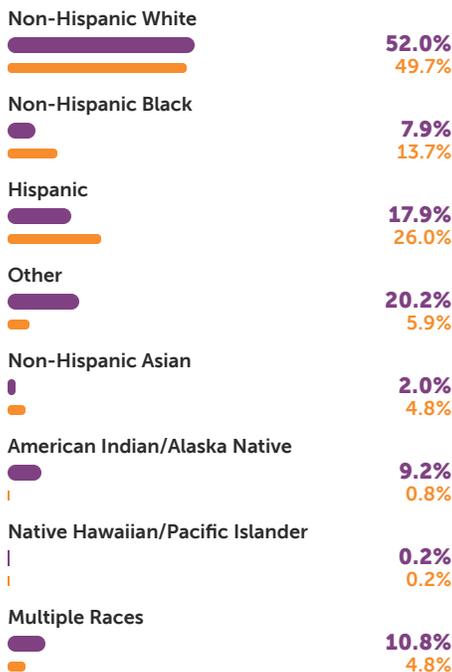
 Oklahoma  National Average

Infants and toddlers in Oklahoma

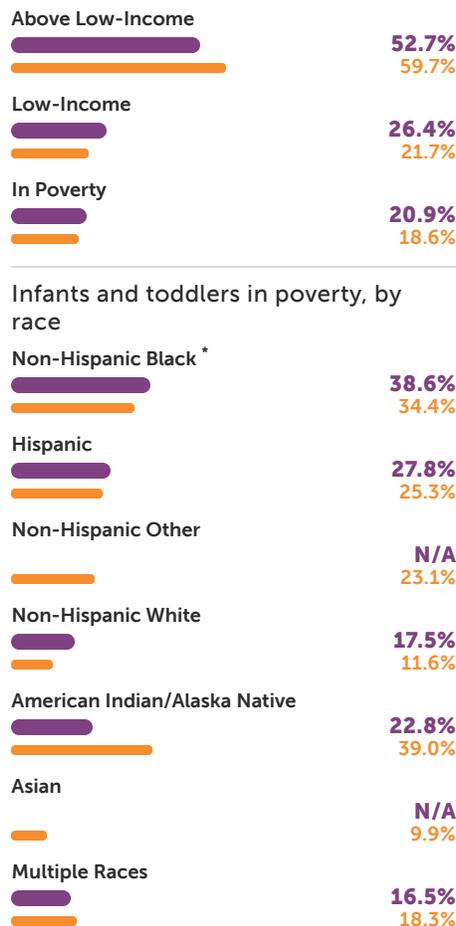
Oklahoma is home to 149,364 babies, representing 3.8 percent of the state's population. As many as 47.3 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

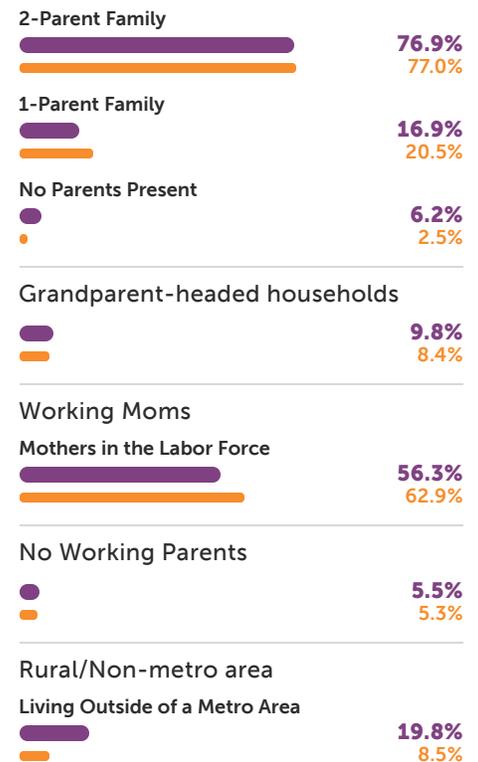
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Oklahoma's babies faring in Good Health?

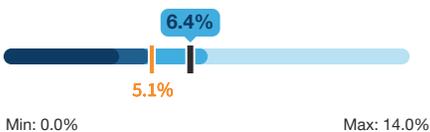
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Oklahoma falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Oklahoma performs better than the national average, by a very small margin, on one indicator, the percentage of babies born at low birth weight. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

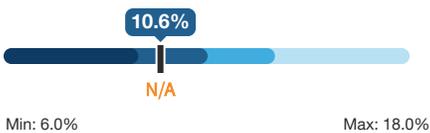
Key Indicators of Good Health

● Oklahoma ● National Avg

Uninsured low-income infants/toddlers



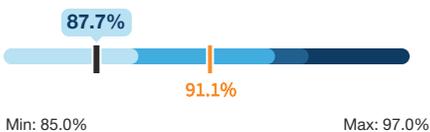
High weight-for-length†



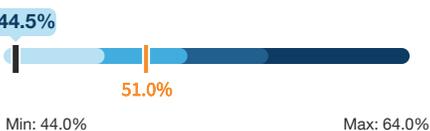
Infant mortality rate (deaths per 1,000 live births)



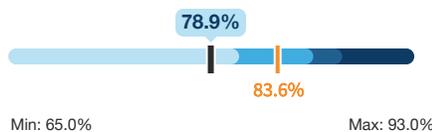
Preventative medical care received



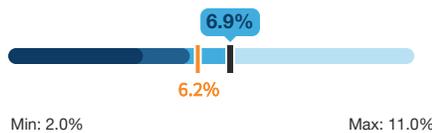
Medical home†



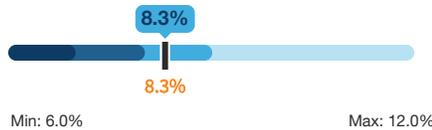
Ever breastfed



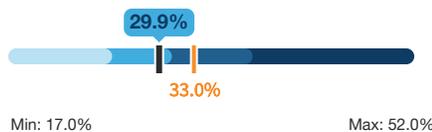
Late or no prenatal care received



Babies with low birthweight



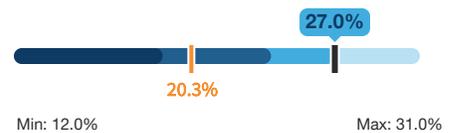
Preventative dental care received



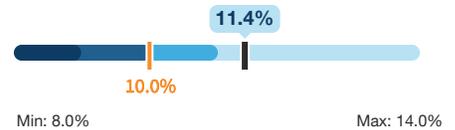
Infants breastfed at 6 months



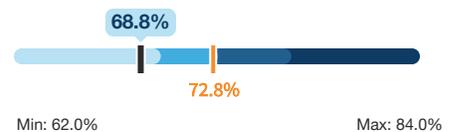
Mothers reporting less than optimal mental health



Preterm births†



Received recommended vaccines



Good Health Policy in Oklahoma

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Oklahoma

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	138 200	R Uninsured low-income infants/toddlers	6.4% 5.1%
G Low or very low food security	17.4% 13.7%	G Infants ever breastfed	78.9% 83.6%
G Infants breastfed at 6 months	47.0% 55.1%	O WIC coverage†	79.6% 79.3%
O High weight-for-length†	10.6% N/A	R Late or no prenatal care received	6.9% 6.2%
R Mothers reporting less than optimal mental health	27.0% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7.1 5.7
R Babies with low birthweight	8.3% 8.3%	G Preterm births†	11.4% 10.0%
G Preventive medical care received	87.7% 91.1%	R Preventive dental care received	29.9% 33.0%
G Received recommended vaccines	68.8% 72.8%	G Medical home†	44.5% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Oklahoma's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Oklahoma falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Oklahoma is doing worse than the national average on indicators such as the percentages of babies who have had "two or more" adverse experiences and parents who report living in unsafe neighborhoods.

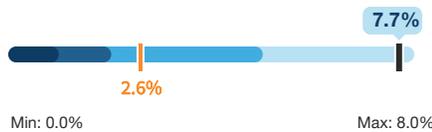
Key Indicators of Strong Families

● Oklahoma ● National Avg

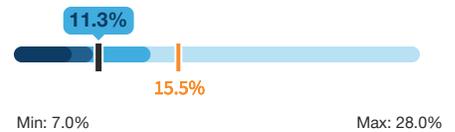
TANF benefits receipt among families in poverty



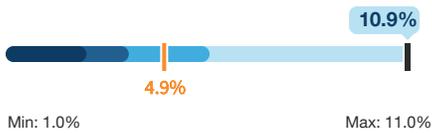
Housing instability



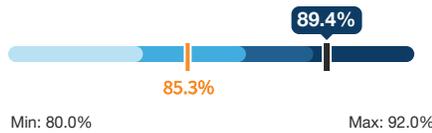
Crowded housing



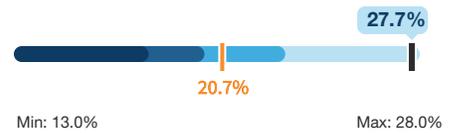
Unsafe neighborhoods



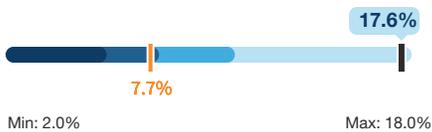
Family resilience



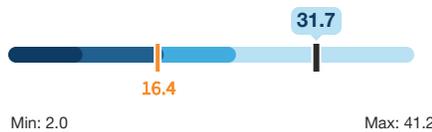
1 adverse childhood experience



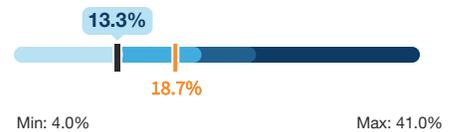
2+ adverse childhood experiences



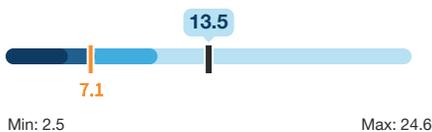
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Oklahoma

Paid family leave	No	✗
Paid sick time that covers care for child	No	✗
TANF Work Exemption†	No	✗
State Child Tax Credit†	Yes	✓
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Oklahoma

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	12.0% 21.7%	G Housing instability	7.7% 2.6%
R Crowded housing	11.3% 15.5%	G Unsafe neighborhoods	10.9% 4.9%
W Family resilience	89.4% 85.3%	G One adverse childhood experience	27.7% 20.7%
G Two or more adverse childhood experiences	17.6% 7.7%	Infant/toddler maltreatment rate†	31.7 16.4
G Out of home placements†	13.3% 18.7%	Permanency Achieved: Reunified†	41.3% 48.1%
W Potential home visiting beneficiaries served	3.5% 2.0%	Permanency Achieved: Relative†	1.6% 7.8%
Infants/toddlers exiting foster care to permanency†	97.3% 98.8%	Permanency Achieved: Guardian†	3.9% 8.3%
Removed from home†	13.5 7.1	Permanency Achieved: Adoption†	50.6% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Oklahoma's babies faring in Positive Early Learning Experiences?

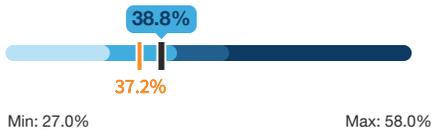
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Oklahoma scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Oklahoma is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

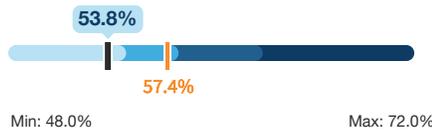
Key Indicators of Positive Early Learning Experiences

● Oklahoma ● National Avg

Parent reads to baby every day



Parent sings to baby every day



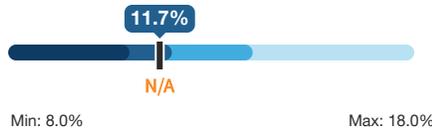
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



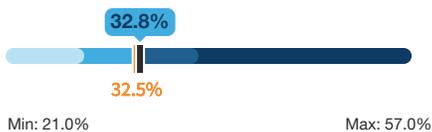
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Oklahoma

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Oklahoma

● State Indicator

● National Avg

<p>R Parent reads to baby every day 38.8% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 11.0% 11.0%</p> <p>O Cost of care, as % of income single parents 39.6% N/A</p> <p>R Developmental screening received 32.8% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 3.6% 6.8%</p>	<p>G Parent sings to baby every day 53.8% 57.4%</p> <p>O Cost of care, as % of income married families 11.7% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 8.1% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.8% 1.1%</p> <p>R Timeliness of Part C services† 95.6% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Oregon's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

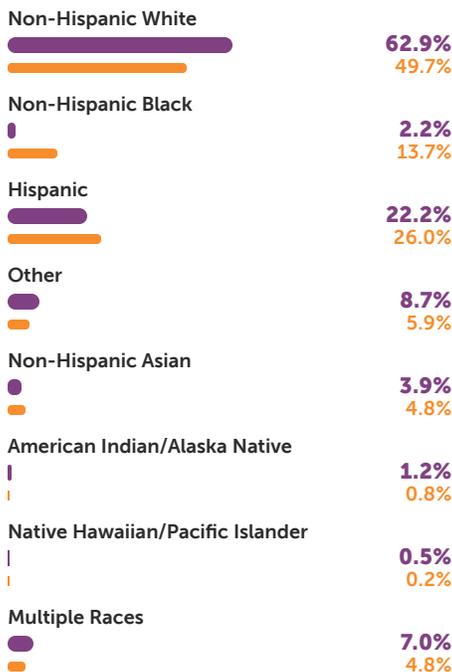
 Oregon  National Average

Infants and toddlers in Oregon

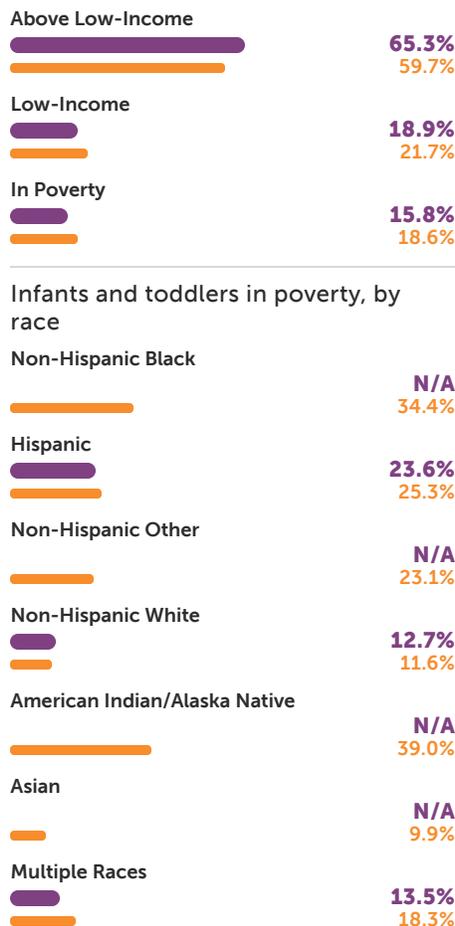
Oregon is home to 132,800 babies, representing 3.2 percent of the state's population. As many as 34.7 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

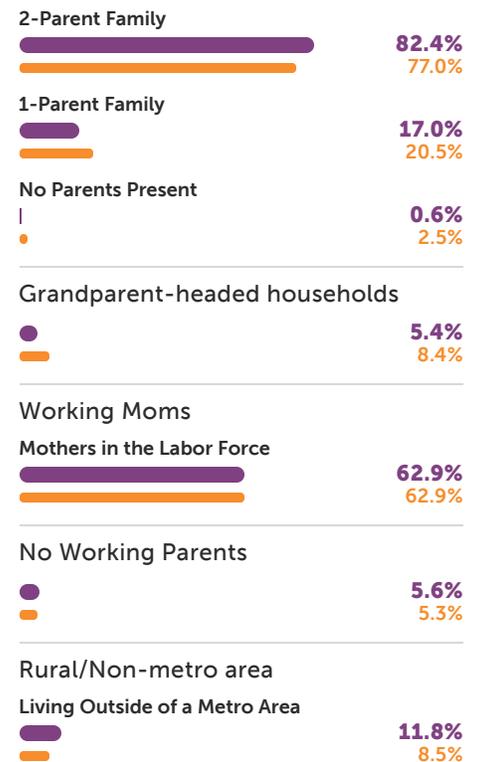
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Oregon's babies faring in Good Health?

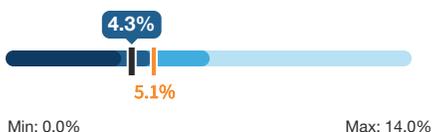
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Oregon falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Oregon performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the percentages of babies receiving recommended vaccinations and mothers reporting less than favorable mental health.

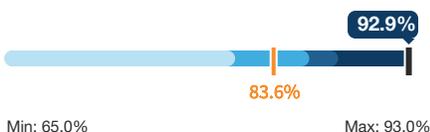
Key Indicators of Good Health

● Oregon ● National Avg

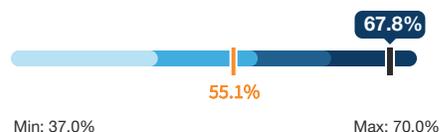
Uninsured low-income infants/toddlers



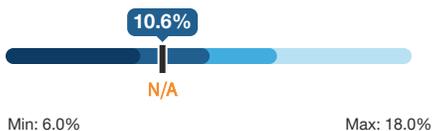
Ever breastfed



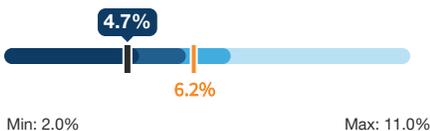
Infants breastfed at 6 months



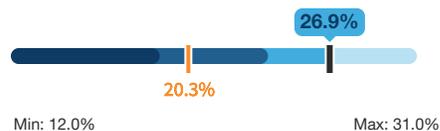
High weight-for-length[†]



Late or no prenatal care received



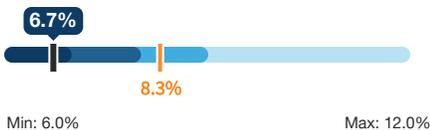
Mothers reporting less than optimal mental health



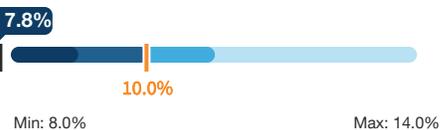
Infant mortality rate (deaths per 1,000 live births)



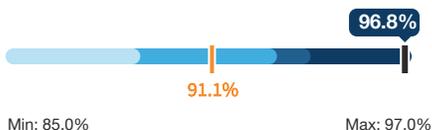
Babies with low birthweight



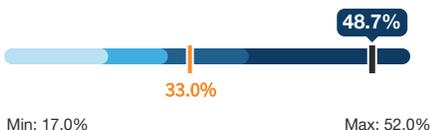
Preterm births[†]



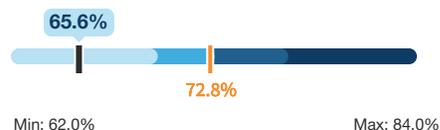
Preventative medical care received



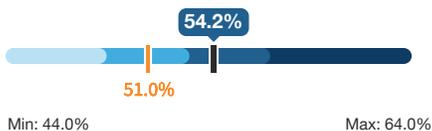
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Oregon

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	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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Oregon

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	190 200	O Uninsured low-income infants/toddlers	4.3% 5.1%
W Low or very low food security	7.0% 13.7%	W Infants ever breastfed	92.9% 83.6%
W Infants breastfed at 6 months	67.8% 55.1%	R WIC coverage†	69.8% 79.3%
O High weight-for-length†	10.6% N/A	O Late or no prenatal care received	4.7% 6.2%
R Mothers reporting less than optimal mental health	26.9% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	4.2 5.7
W Babies with low birthweight	6.7% 8.3%	W Preterm births†	7.8% 10.0%
W Preventive medical care received	96.8% 91.1%	W Preventive dental care received	48.7% 33.0%
G Received recommended vaccines	65.6% 72.8%	O Medical home†	54.2% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Oregon's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Oregon falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of parents who report living in unsafe neighborhoods and babies who could benefit from home visiting receiving those services. Oregon is doing worse than the national average on indicators such as the percentages of babies who have had one adverse experience and families who report being resilient.

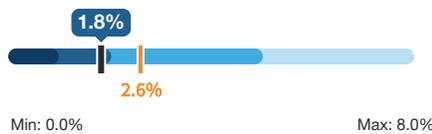
Key Indicators of Strong Families

● Oregon ● National Avg

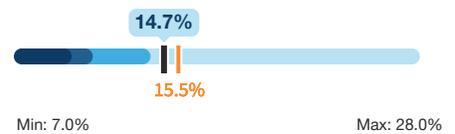
TANF benefits receipt among families in poverty



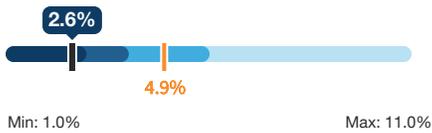
Housing instability



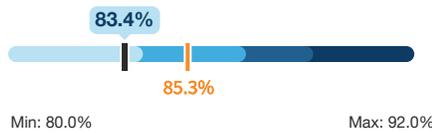
Crowded housing



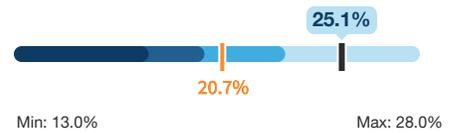
Unsafe neighborhoods



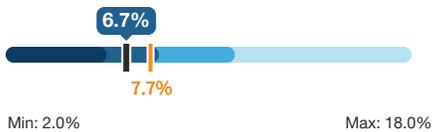
Family resilience



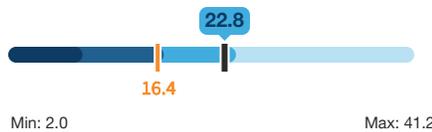
1 adverse childhood experience



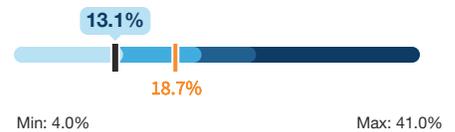
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Oregon

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	No	✗
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Oregon

● State Indicator ● National Avg

O TANF benefits receipt among families in poverty	27.3% 21.7%	O Housing instability	1.8% 2.6%
G Crowded housing	14.7% 15.5%	W Unsafe neighborhoods	2.6% 4.9%
G Family resilience	83.4% 85.3%	G One adverse childhood experience	25.1% 20.7%
O Two or more adverse childhood experiences	6.7% 7.7%	Infant/toddler maltreatment rate†	22.8 16.4
G Out of home placements†	13.1% 18.7%	Permanency Achieved: Reunified†	62.5% 48.1%
W Potential home visiting beneficiaries served	3.4% 2.0%	Permanency Achieved: Relative†	1.9% 7.8%
Infants/toddlers exiting foster care to permanency†	98.9% 98.8%	Permanency Achieved: Guardian†	7.0% 8.3%
Removed from home†	8.2 7.1	Permanency Achieved: Adoption†	27.5% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Oregon's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Oregon scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Oregon is doing worse than the national average on indicators such as the lower percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

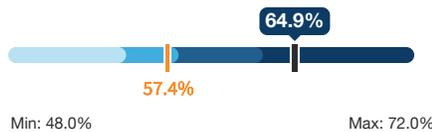
Key Indicators of Positive Early Learning Experiences

● Oregon ● National Avg

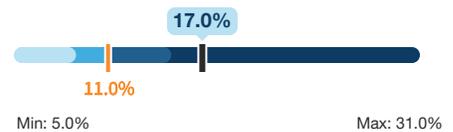
Parent reads to baby every day



Parent sings to baby every day



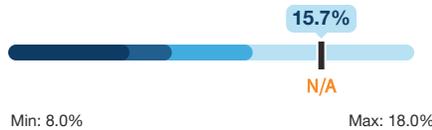
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Oregon

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Oregon

● State Indicator

● National Avg

<p>O Parent reads to baby every day 41.6% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 17.0% 11.0%</p> <p>G Cost of care, as % of income single parents 53.2% N/A</p> <p>W Developmental screening received 56.6% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 6.6% 6.8%</p>	<p>W Parent sings to baby every day 64.9% 57.4%</p> <p>G Cost of care, as % of income married families 15.7% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.9% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.4% 1.1%</p> <p>O Timeliness of Part C services† 99.4% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Pennsylvania's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

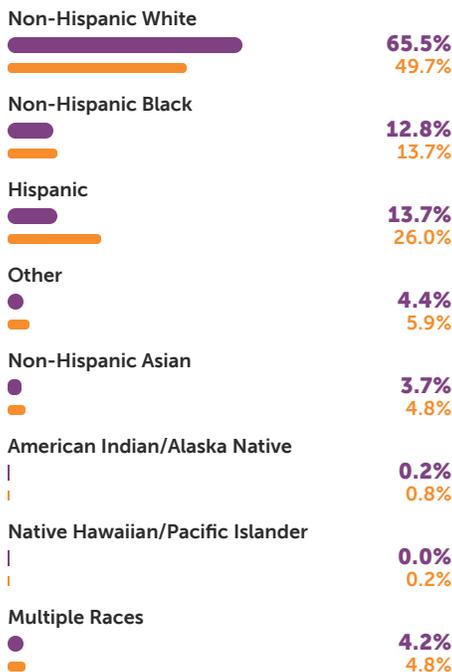
 Pennsylvania  National Average

Infants and toddlers in Pennsylvania

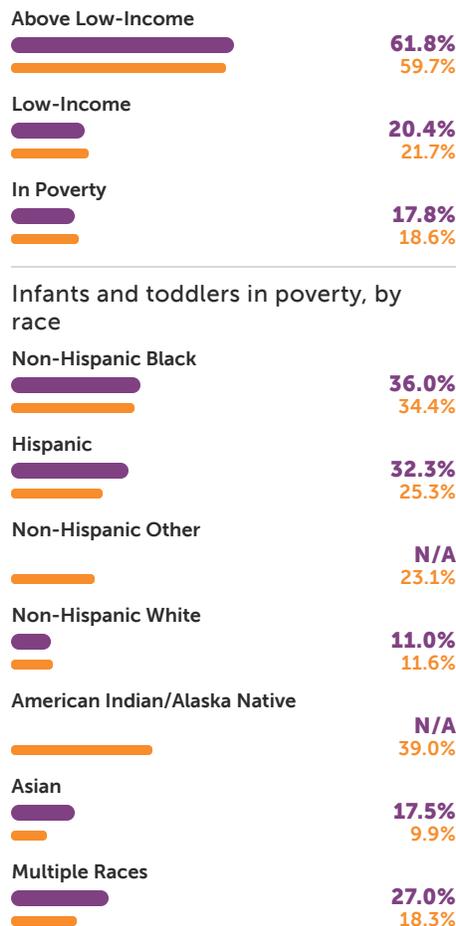
Pennsylvania is home to 411,667 babies, representing 3.2 percent of the state's population. As many as 38.2 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

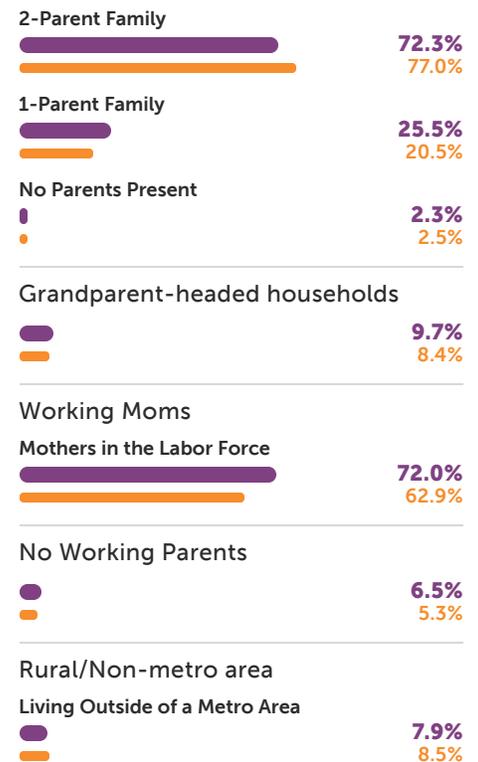
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Pennsylvania's babies faring in Good Health?

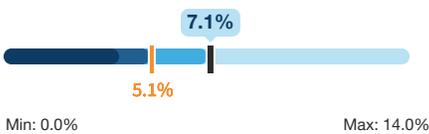
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Pennsylvania falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Pennsylvania performs better than national averages on key indicators, such as the percentage of babies receiving preventive medical care and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and babies experiencing food insecurity.

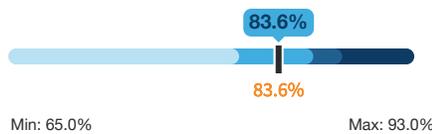
Key Indicators of Good Health

● Pennsylvania ● National Avg

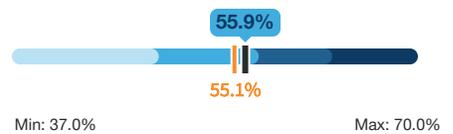
Uninsured low-income infants/toddlers



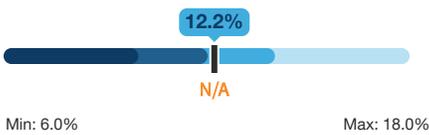
Ever breastfed



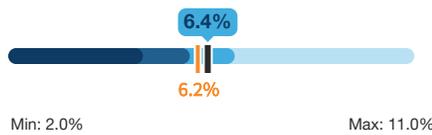
Infants breastfed at 6 months



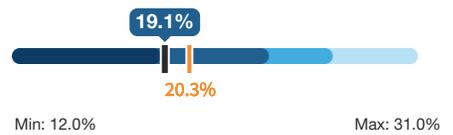
High weight-for-length[†]



Late or no prenatal care received



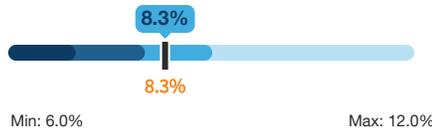
Mothers reporting less than optimal mental health



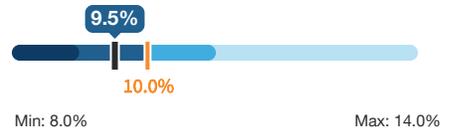
Infant mortality rate (deaths per 1,000 live births)



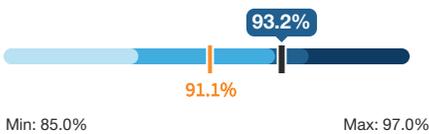
Babies with low birthweight



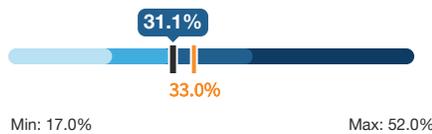
Preterm births[†]



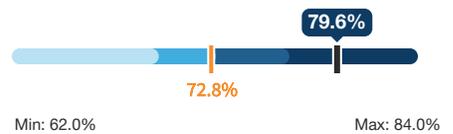
Preventative medical care received



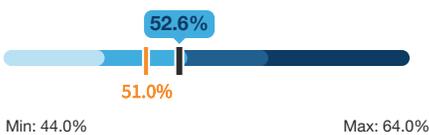
Preventative dental care received



Received recommended vaccines



Medical home[†]



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	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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Pennsylvania

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	220 200	G Uninsured low-income infants/toddlers	7.1% 5.1%
G Low or very low food security	17.7% 13.7%	R Infants ever breastfed	83.6% 83.6%
R Infants breastfed at 6 months	55.9% 55.1%	W WIC coverage†	84.4% 79.3%
R High weight-for-length†	12.2% N/A	R Late or no prenatal care received	6.4% 6.2%
O Mothers reporting less than optimal mental health	19.1% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	5.9 5.7
R Babies with low birthweight	8.3% 8.3%	O Preterm births†	9.5% 10.0%
O Preventive medical care received	93.2% 91.1%	O Preventive dental care received	31.1% 33.0%
W Received recommended vaccines	79.6% 72.8%	R Medical home†	52.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Pennsylvania's babies faring in Strong Families?

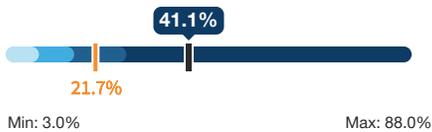
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Pennsylvania falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who have had one adverse experience. Pennsylvania is doing worse than the national average on the percentage of babies exiting foster care who are placed with a guardian.

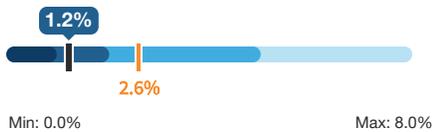
Key Indicators of Strong Families

● Pennsylvania ● National Avg

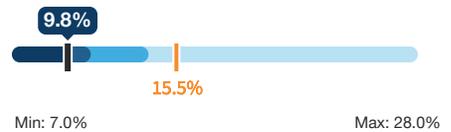
TANF benefits receipt among families in poverty



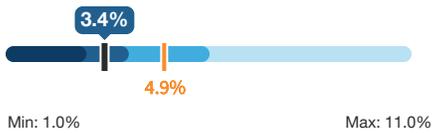
Housing instability



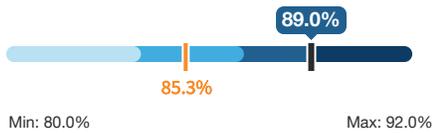
Crowded housing



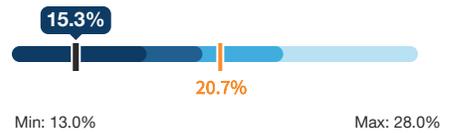
Unsafe neighborhoods



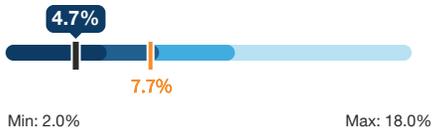
Family resilience



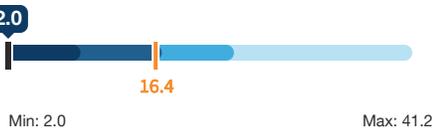
1 adverse childhood experience



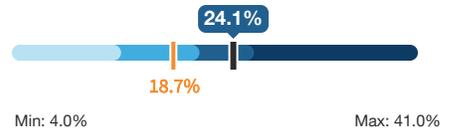
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Pennsylvania

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Pennsylvania

● State Indicator

● National Avg

 TANF benefits receipt among families in poverty	41.1% 21.7%	 Housing instability	1.2% 2.6%
 Crowded housing	9.8% 15.5%	 Unsafe neighborhoods	3.4% 4.9%
 Family resilience	89.0% 85.3%	 One adverse childhood experience	15.3% 20.7%
 Two or more adverse childhood experiences	4.7% 7.7%	Infant/toddler maltreatment rate†	2 16.4
 Out of home placements†	24.1% 18.7%	Permanency Achieved: Reunified†	51.1% 48.1%
 Potential home visiting beneficiaries served	2.8% 2.0%	Permanency Achieved: Relative†	7.1% 7.8%
Infants/toddlers exiting foster care to permanency†	97.3% 98.8%	Permanency Achieved: Guardian†	2.9% 8.3%
Removed from home†	6.8 7.1	Permanency Achieved: Adoption†	36.2% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Pennsylvania's babies faring in Positive Early Learning Experiences?

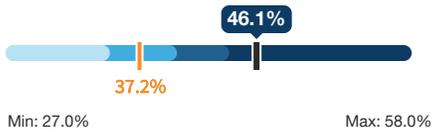
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Pennsylvania scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Pennsylvania is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

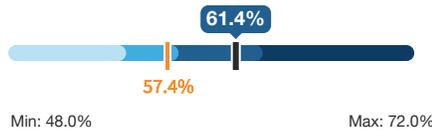
Key Indicators of Positive Early Learning Experiences

● Pennsylvania ● National Avg

Parent reads to baby every day



Parent sings to baby every day



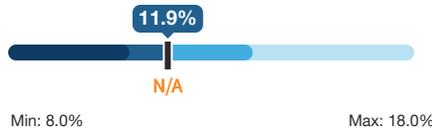
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



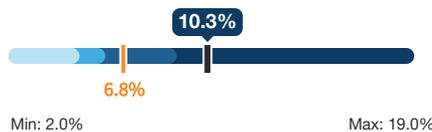
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Pennsylvania

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Pennsylvania

● State Indicator ● National Avg

<p>W Parent reads to baby every day 46.1% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 11.0% 11.0%</p> <p>R Cost of care, as % of income single parents 43.9% N/A</p> <p>G Developmental screening received 27.1% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 10.3% 6.8%</p>	<p>O Parent sings to baby every day 61.4% 57.4%</p> <p>O Cost of care, as % of income married families 11.9% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 7.9% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.7% 1.1%</p> <p>R Timeliness of Part C services† 97.5% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Rhode Island's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

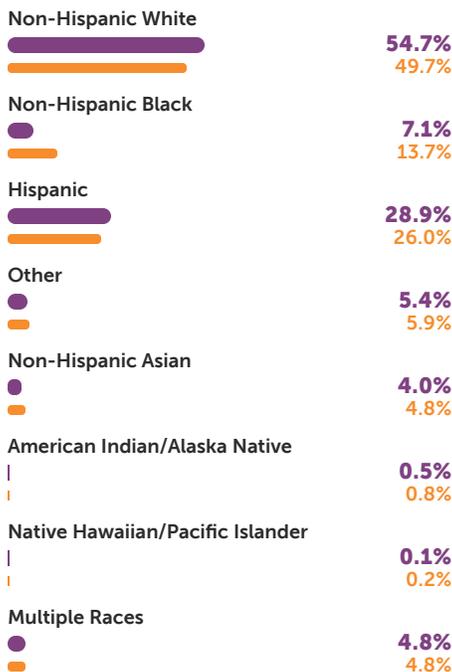
 Rhode Island  National Average

Infants and toddlers in Rhode Island

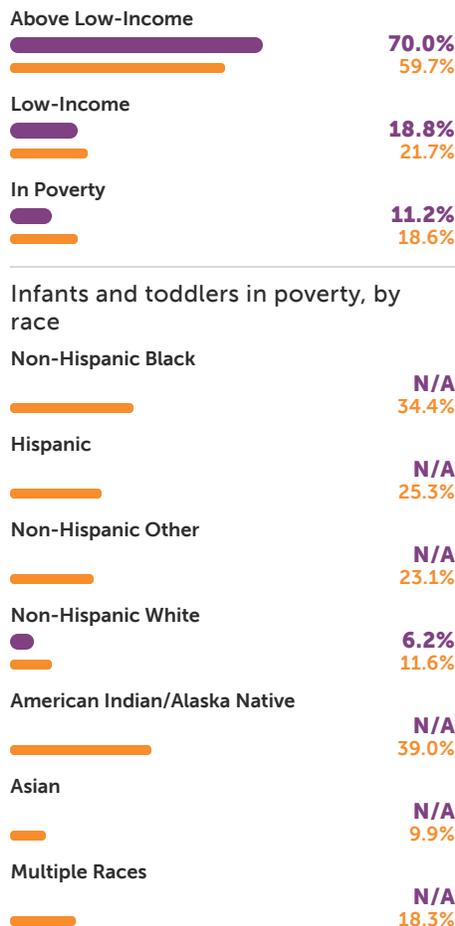
Rhode Island is home to 32,224 babies, representing 3.0 percent of the state's population. As many as 30.0 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

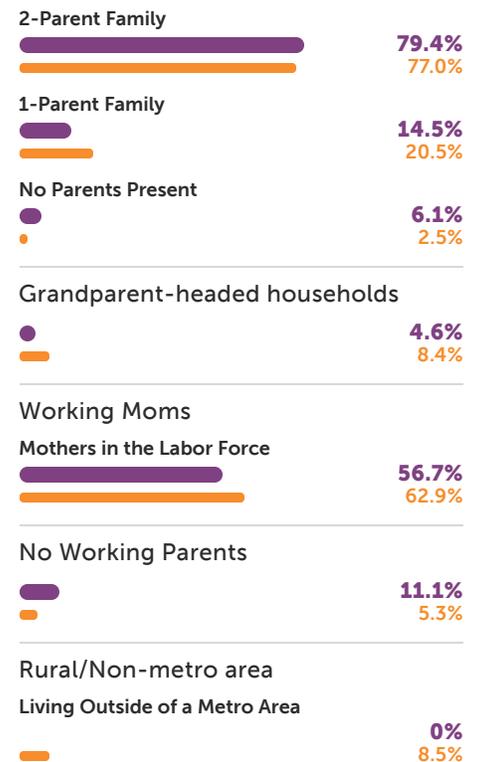
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Rhode Island's babies faring in Good Health?

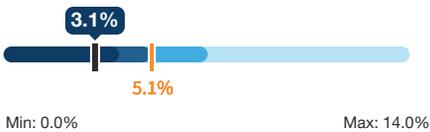
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Rhode Island falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Rhode Island performs better than national averages on key indicators, such as the infant mortality rate and the percentage of women receiving late or no prenatal care. The state is performing worse than national averages on indicators such as the percentages of babies breastfed at 6 months and babies receiving preventive dental care.

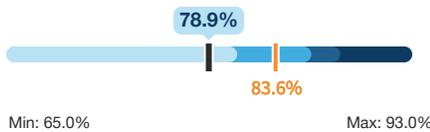
Key Indicators of Good Health

● Rhode Island ● National Avg

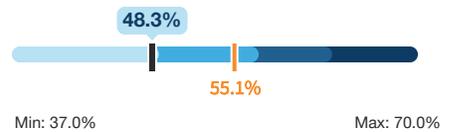
Uninsured low-income infants/toddlers



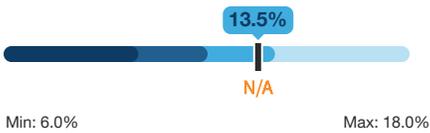
Ever breastfed



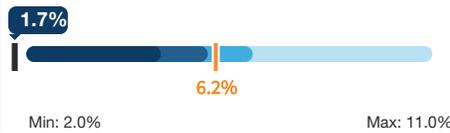
Infants breastfed at 6 months



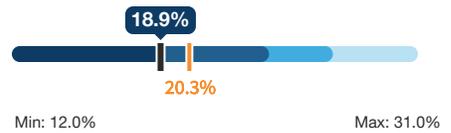
High weight-for-length[†]



Late or no prenatal care received



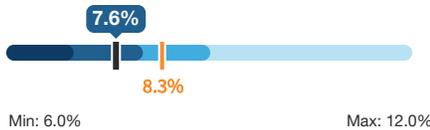
Mothers reporting less than optimal mental health



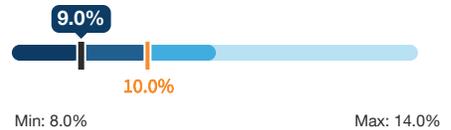
Infant mortality rate (deaths per 1,000 live births)



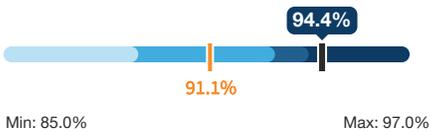
Babies with low birthweight



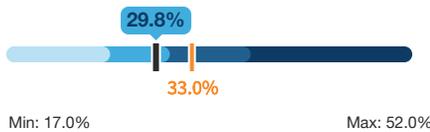
Preterm births[†]



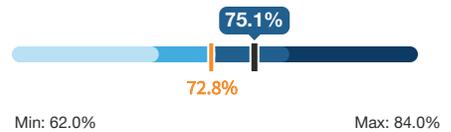
Preventative medical care received



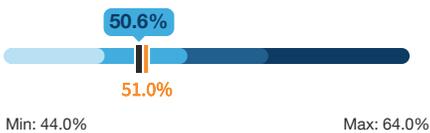
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Rhode Island

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	195 200	W Uninsured low-income infants/toddlers	3.1% 5.1%
Low or very low food security	N/A 13.7%	G Infants ever breastfed	78.9% 83.6%
G Infants breastfed at 6 months	48.3% 55.1%	W WIC coverage†	96.4% 79.3%
R High weight-for-length†	13.5% N/A	W Late or no prenatal care received	1.7% 6.2%
O Mothers reporting less than optimal mental health	18.9% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	5 5.7
O Babies with low birthweight	7.6% 8.3%	W Preterm births†	9.0% 10.0%
O Preventive medical care received	94.4% 91.1%	R Preventive dental care received	29.8% 33.0%
O Received recommended vaccines	75.1% 72.8%	R Medical home†	50.6% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Rhode Island's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Rhode Island falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who could benefit from home visiting receiving those services. Rhode Island is doing worse than the national average on indicators such as the percentage of parents who report living in unsafe neighborhoods and the rate of babies experiencing maltreatment.

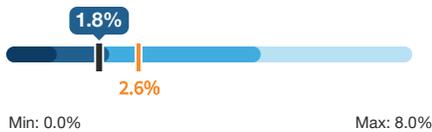
Key Indicators of Strong Families

● Rhode Island ● National Avg

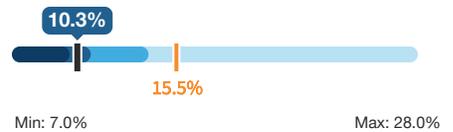
TANF benefits receipt among families in poverty



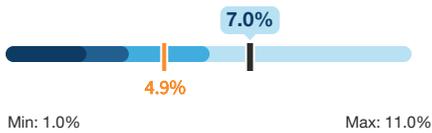
Housing instability



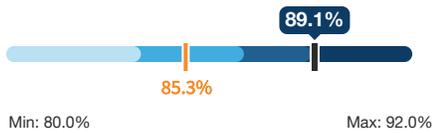
Crowded housing



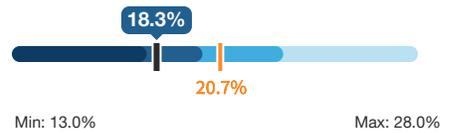
Unsafe neighborhoods



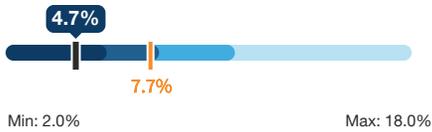
Family resilience



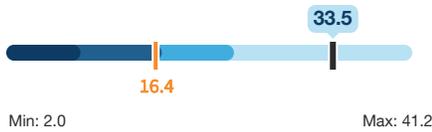
1 adverse childhood experience



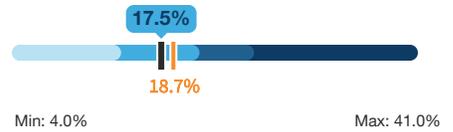
2+ adverse childhood experiences



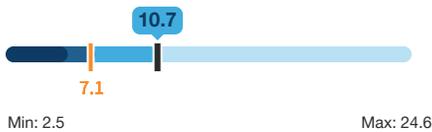
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Rhode Island

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Rhode Island

● State Indicator

● National Avg

 TANF benefits receipt among families in poverty	28.0% 21.7%	 Housing instability	1.8% 2.6%
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 Out of home placements†	17.5% 18.7%	Permanency Achieved: Reunified†	51.1% 48.1%
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Removed from home†	10.7 7.1	Permanency Achieved: Adoption†	39.9% 34.6%

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Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Rhode Island's babies faring in Positive Early Learning Experiences?

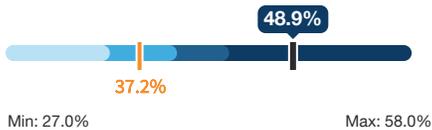
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Rhode Island scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Rhode Island is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● Rhode Island ● National Avg

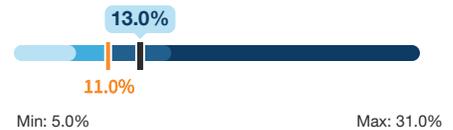
Parent reads to baby every day



Parent sings to baby every day



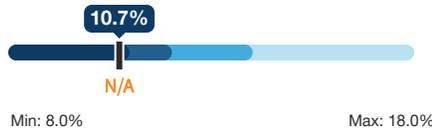
Percentage of income-eligible infants/toddlers with Early Head Start access



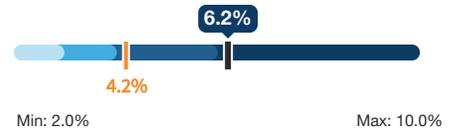
Cost of care, as % of income single parents



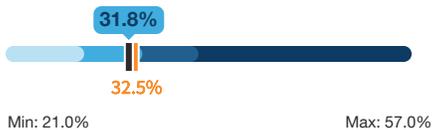
Cost of care, as % of income married families



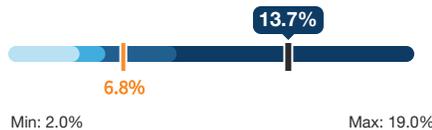
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Rhode Island



Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Rhode Island

● State Indicator ● National Avg

<p>W Parent reads to baby every day 48.9% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 13.0% 11.0%</p> <p>O Cost of care, as % of income single parents 40.0% N/A</p> <p>R Developmental screening received 31.8% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 13.7% 6.8%</p>	<p>O Parent sings to baby every day 61.1% 57.4%</p> <p>W Cost of care, as % of income married families 10.7% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 6.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.0% 1.1%</p> <p>O Timeliness of Part C services† 98.4% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of South Carolina's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

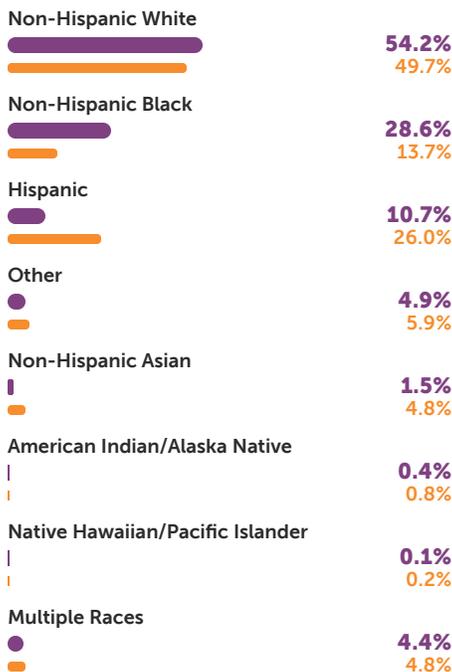
● South Carolina ● National Average

Infants and toddlers in South Carolina

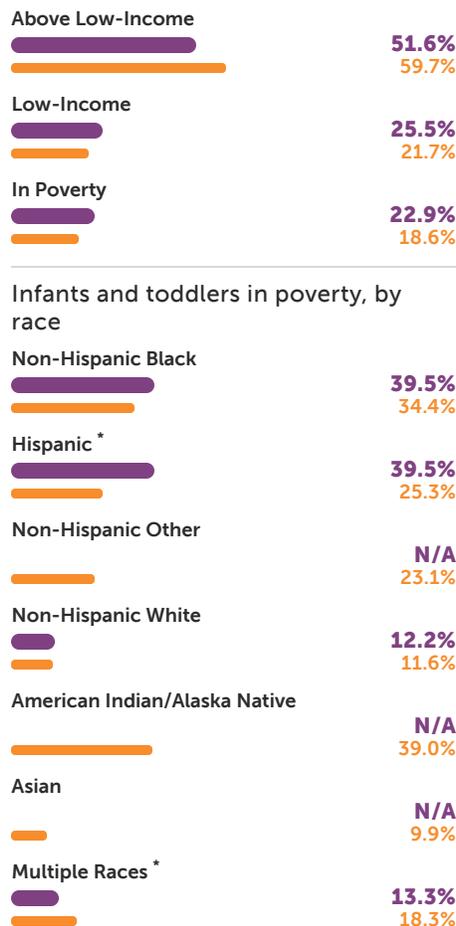
South Carolina is home to 171,715 babies, representing 3.3 percent of the state's population. As many as 48.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

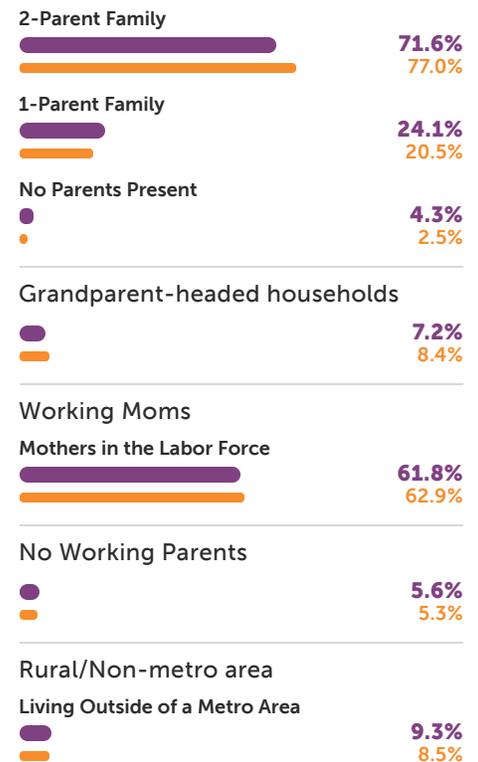
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are South Carolina's babies faring in Good Health?

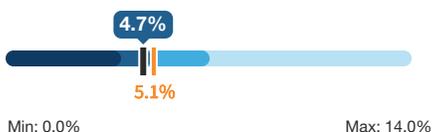
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

South Carolina falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. South Carolina performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

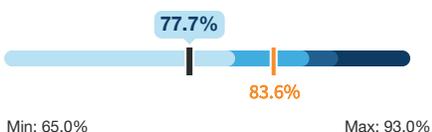
Key Indicators of Good Health

● South Carolina ● National Avg

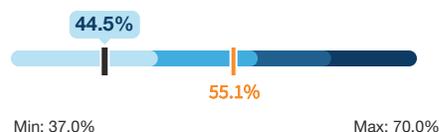
Uninsured low-income infants/toddlers



Ever breastfed



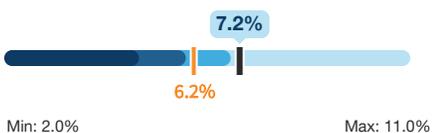
Infants breastfed at 6 months



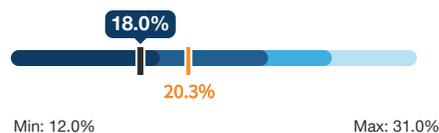
High weight-for-length[†]



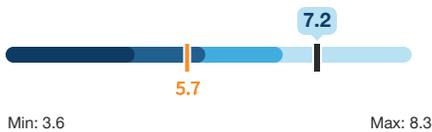
Late or no prenatal care received



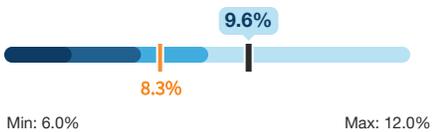
Mothers reporting less than optimal mental health



Infant mortality rate (deaths per 1,000 live births)



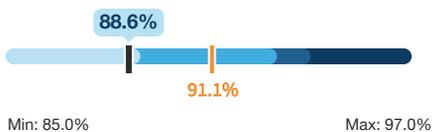
Babies with low birthweight



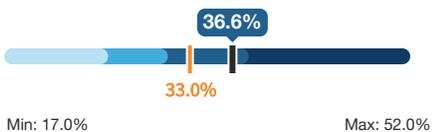
Preterm births[†]



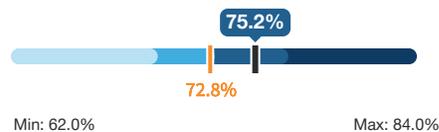
Preventative medical care received



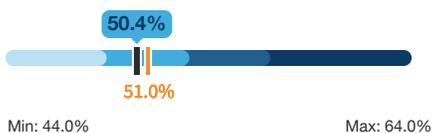
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in South 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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for South Carolina

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	199 200	R Uninsured low-income infants/toddlers	4.7% 5.1%
Low or very low food security	N/A 13.7%	G Infants ever breastfed	77.7% 83.6%
G Infants breastfed at 6 months	44.5% 55.1%	O WIC coverage†	80.1% 79.3%
O High weight-for-length†	10.5% N/A	G Late or no prenatal care received	7.2% 6.2%
W Mothers reporting less than optimal mental health	18.0% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7.2 5.7
G Babies with low birthweight	9.6% 8.3%	G Preterm births†	11.3% 10.0%
G Preventive medical care received	88.6% 91.1%	O Preventive dental care received	36.6% 33.0%
O Received recommended vaccines	75.2% 72.8%	R Medical home†	50.4% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are South Carolina's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

South Carolina falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. South Carolina is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and parents who report living in unsafe neighborhoods.

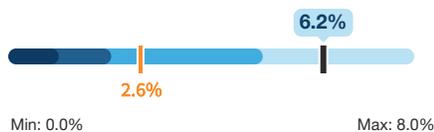
Key Indicators of Strong Families

● South Carolina ● National Avg

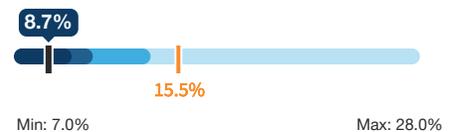
TANF benefits receipt among families in poverty



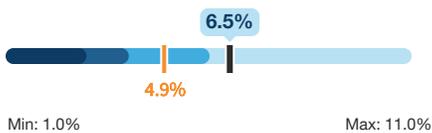
Housing instability



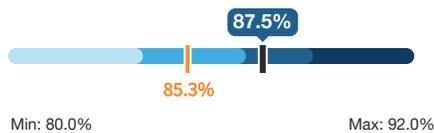
Crowded housing



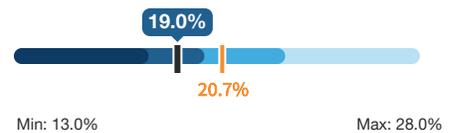
Unsafe neighborhoods



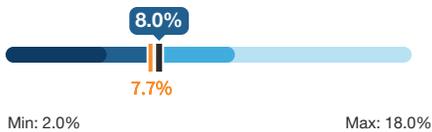
Family resilience



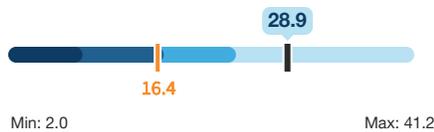
1 adverse childhood experience



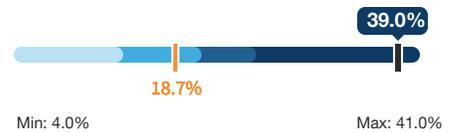
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in South Carolina

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for South Carolina

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	15.5% 21.7%	G Housing instability	6.2% 2.6%
W Crowded housing	8.7% 15.5%	G Unsafe neighborhoods	6.5% 4.9%
O Family resilience	87.5% 85.3%	O One adverse childhood experience	19.0% 20.7%
R Two or more adverse childhood experiences	8.0% 7.7%	Infant/toddler maltreatment rate†	28.9 16.4
W Out of home placements†	39.0% 18.7%	Permanency Achieved: Reunified†	43.3% 48.1%
R Potential home visiting beneficiaries served	1.8% 2.0%	Permanency Achieved: Relative†	36.2% 7.8%
Infants/toddlers exiting foster care to permanency†	99.4% 98.8%	Permanency Achieved: Guardian†	2.8% 8.3%
Removed from home†	5.9 7.1	Permanency Achieved: Adoption†	17.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are South Carolina's babies faring in Positive Early Learning Experiences?

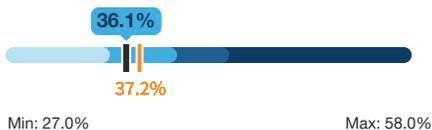
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

South Carolina scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects that it has no indicators on which it is performing better than the national average. South Carolina is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

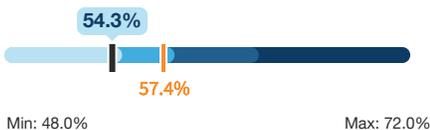
Key Indicators of Positive Early Learning Experiences

● South Carolina ● National Avg

Parent reads to baby every day



Parent sings to baby every day



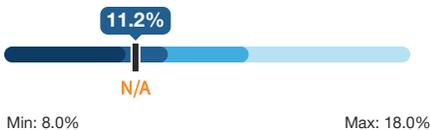
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



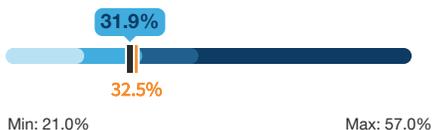
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in South Carolina

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	Yes	✓
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for South Carolina

● State Indicator ● National Avg

<p>R Parent reads to baby every day 36.1% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 5.0% 11.0%</p> <p>O Cost of care, as % of income single parents 39.9% N/A</p> <p>R Developmental screening received 31.9% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 5.8% 6.8%</p>	<p>G Parent sings to baby every day 54.3% 57.4%</p> <p>O Cost of care, as % of income married families 11.2% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 3.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.5% 1.1%</p> <p>G Timeliness of Part C services† 83.3% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of South Dakota's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

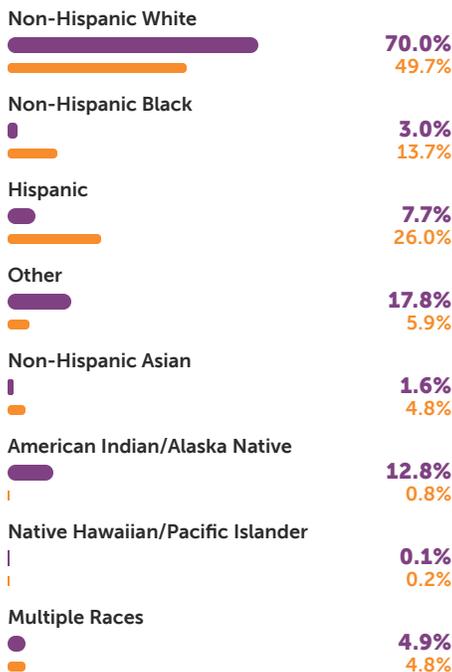
● South Dakota ● National Average

Infants and toddlers in South Dakota

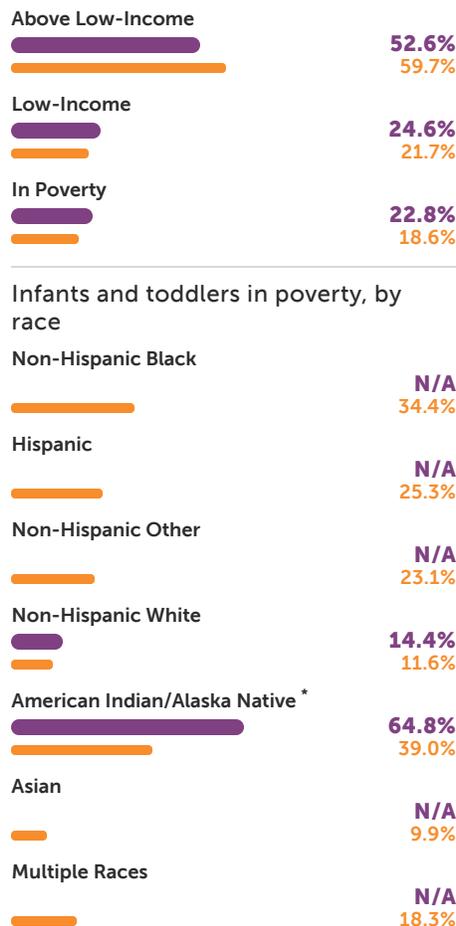
South Dakota is home to 36,397 babies, representing 4.1 percent of the state's population. As many as 47.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

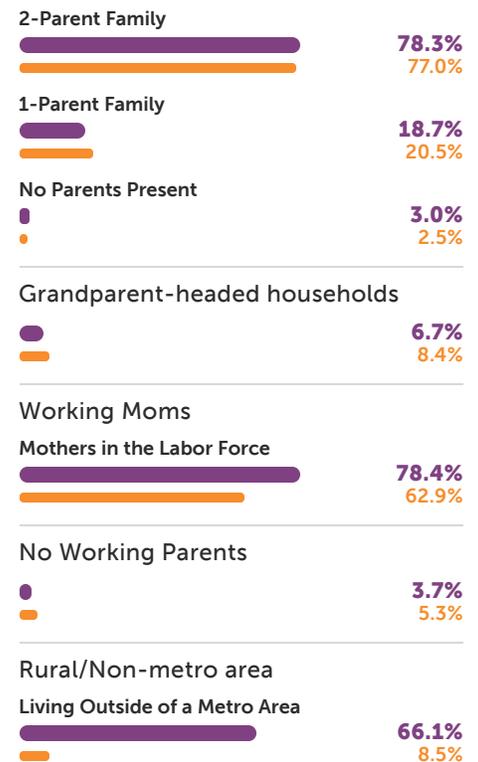
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are South Dakota's babies faring in Good Health?

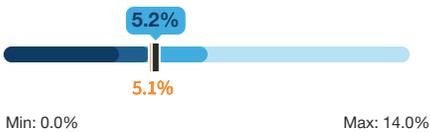
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

South Dakota falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. South Dakota performs better than national averages on key indicators, such as the percentages of babies breastfed at 6 months and babies receiving preventive medical care. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive dental care and babies receiving recommended vaccinations.

Key Indicators of Good Health

● South Dakota ● National Avg

Uninsured low-income infants/toddlers



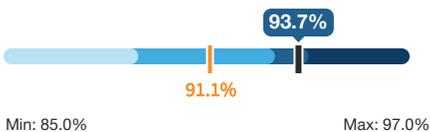
High weight-for-length†



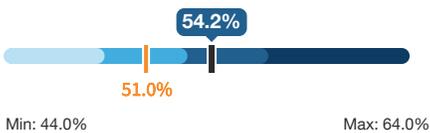
Infant mortality rate (deaths per 1,000 live births)



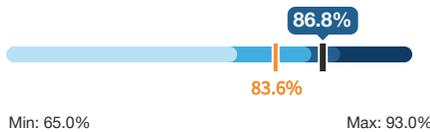
Preventative medical care received



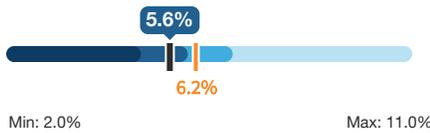
Medical home†



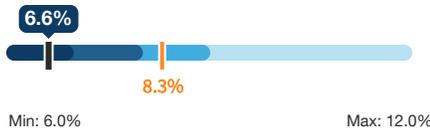
Ever breastfed



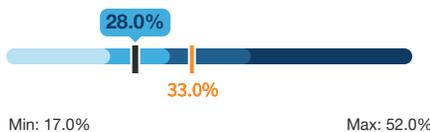
Late or no prenatal care received



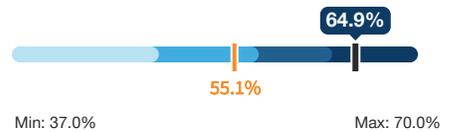
Babies with low birthweight



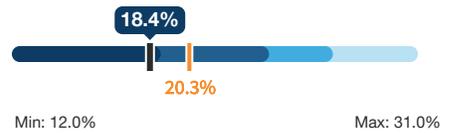
Preventative dental care received



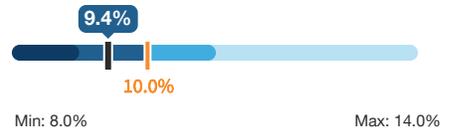
Infants breastfed at 6 months



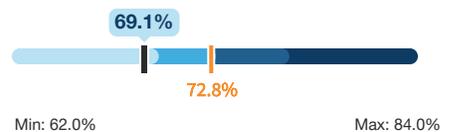
Mothers reporting less than optimal mental health



Preterm births†



Received recommended vaccines



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	Yes	✓
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes	✓
Medicaid plan covers IECMH services in early childhood education settings	No	✗
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for South Dakota

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	138 200	R Uninsured low-income infants/toddlers	5.2% 5.1%
O Low or very low food security	12.7% 13.7%	O Infants ever breastfed	86.8% 83.6%
W Infants breastfed at 6 months	64.9% 55.1%	R WIC coverage†	70.1% 79.3%
G High weight-for-length†	18.2% N/A	O Late or no prenatal care received	5.6% 6.2%
W Mothers reporting less than optimal mental health	18.4% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	5.9 5.7
W Babies with low birthweight	6.6% 8.3%	O Preterm births†	9.4% 10.0%
O Preventive medical care received	93.7% 91.1%	R Preventive dental care received	28.0% 33.0%
G Received recommended vaccines	69.1% 72.8%	O Medical home†	54.2% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are South Dakota's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

South Dakota falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and families who report being resilient. South Dakota is doing worse than the national average on the percentage of babies who could benefit from home visiting receiving those services.

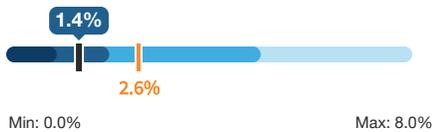
Key Indicators of Strong Families

● South Dakota ● National Avg

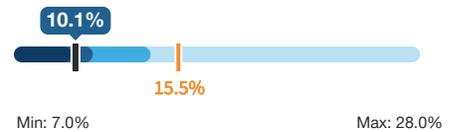
TANF benefits receipt among families in poverty



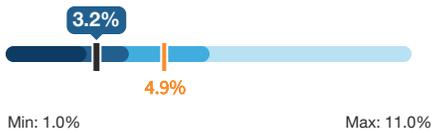
Housing instability



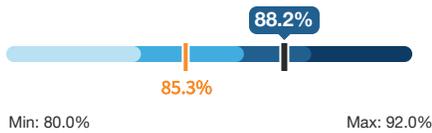
Crowded housing



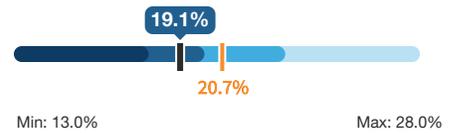
Unsafe neighborhoods



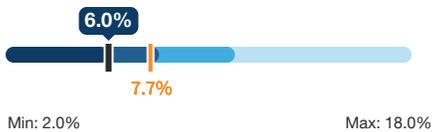
Family resilience



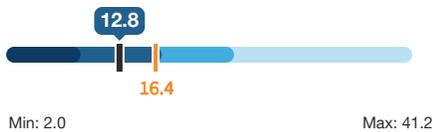
1 adverse childhood experience



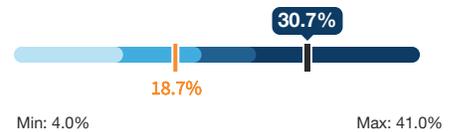
2+ adverse childhood experiences



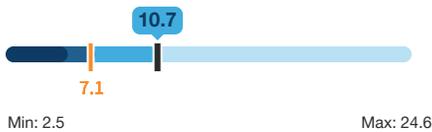
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in South Dakota

Paid family leave _____	No X
Paid sick time that covers care for child _____	No X
TANF Work Exemption† _____	No X
State Child Tax Credit† _____	No X
State Earned Income Tax Credit (EITC)† _____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for South Dakota

● State Indicator ● National Avg

R TANF benefits receipt among families in poverty	10.8% 21.7%	O Housing instability	1.4% 2.6%
O Crowded housing	10.1% 15.5%	O Unsafe neighborhoods	3.2% 4.9%
O Family resilience	88.2% 85.3%	O One adverse childhood experience	19.1% 20.7%
W Two or more adverse childhood experiences	6.0% 7.7%	Infant/toddler maltreatment rate†	12.8 16.4
W Out of home placements†	30.7% 18.7%	Permanency Achieved: Reunified†	54.6% 48.1%
R Potential home visiting beneficiaries served	1.6% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	84.1% 98.8%	Permanency Achieved: Guardian†	8.2% 8.3%
Removed from home†	10.7 7.1	Permanency Achieved: Adoption†	18.8% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are South Dakota's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

South Dakota scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. South Dakota is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day.

Key Indicators of Positive Early Learning Experiences

● South Dakota ● National Avg

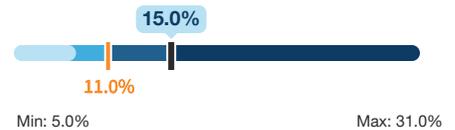
Parent reads to baby every day



Parent sings to baby every day



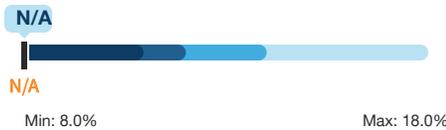
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



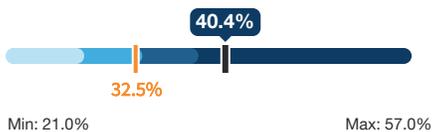
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in South Dakota

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Level of teacher qualification required by the state†	_____	CDA or state equivalent credential	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	Yes	✓
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for South Dakota

● State Indicator ● National Avg

<p>R Parent reads to baby every day 35.0% 37.2%</p> <p>O Percentage of income-eligible infants/toddlers with Early Head Start access 15.0% 11.0%</p> <p>Cost of care, as % of income single parents 0.0% N/A</p> <p>W Developmental screening received 40.4% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 6.2% 6.8%</p>	<p>G Parent sings to baby every day 52.7% 57.4%</p> <p>Cost of care, as % of income married families 0.0% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 4.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.0% 1.1%</p> <p>W Timeliness of Part C services† 100.0% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Tennessee's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

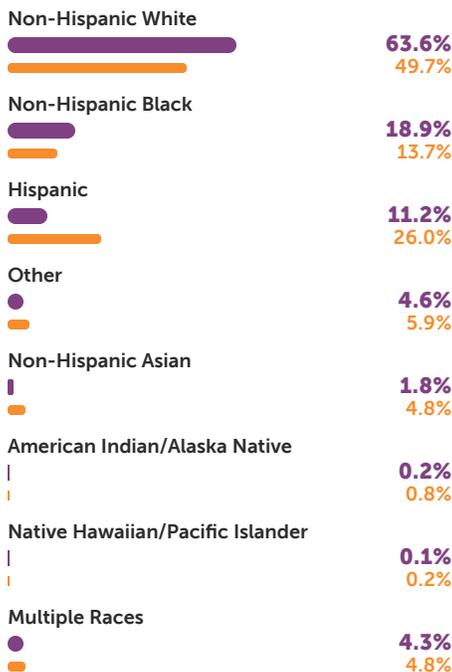
● Tennessee ● National Average

Infants and toddlers in Tennessee

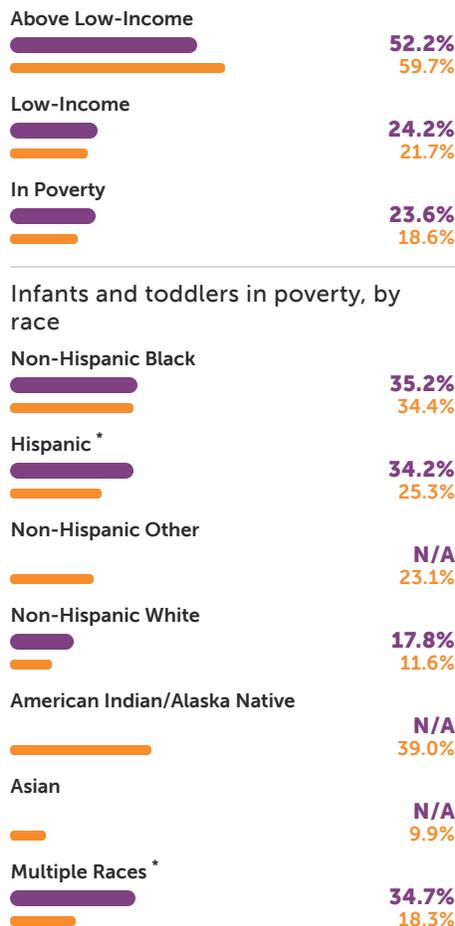
Tennessee is home to 242,190 babies, representing 3.6 percent of the state's population. As many as 47.8 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

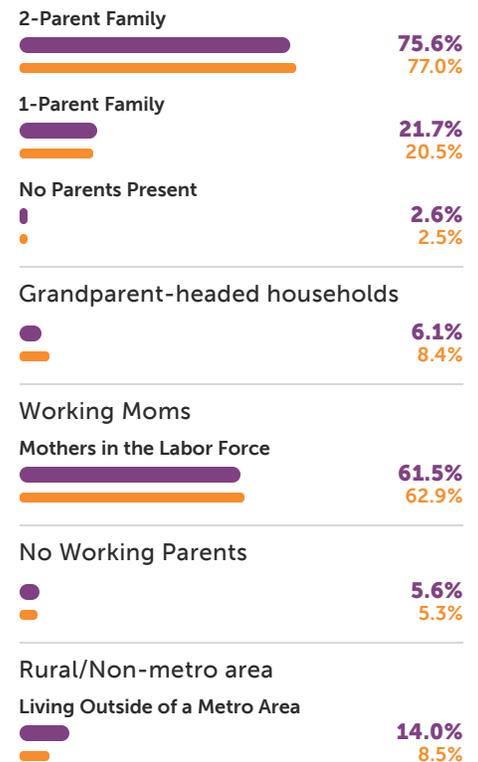
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Tennessee's babies faring in Good Health?

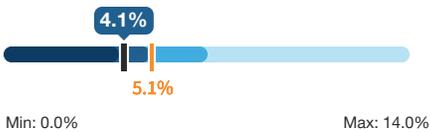
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Tennessee falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Tennessee performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies experiencing food insecurity.

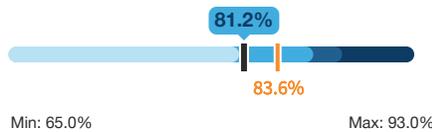
Key Indicators of Good Health

● Tennessee ● National Avg

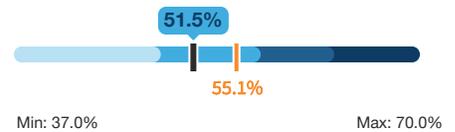
Uninsured low-income infants/toddlers



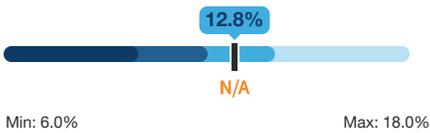
Ever breastfed



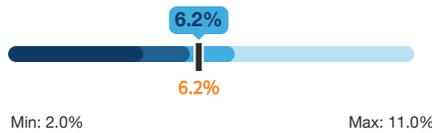
Infants breastfed at 6 months



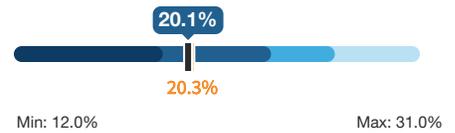
High weight-for-length[†]



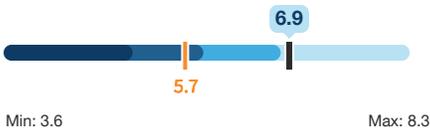
Late or no prenatal care received



Mothers reporting less than optimal mental health



Infant mortality rate (deaths per 1,000 live births)



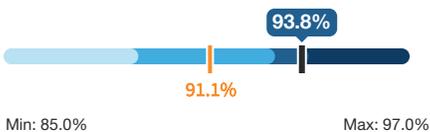
Babies with low birthweight



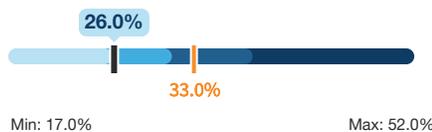
Preterm births[†]



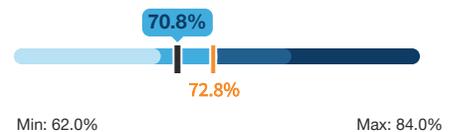
Preventative medical care received



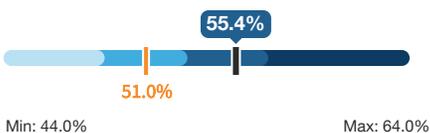
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	_____	No ✗
Pregnant workers protection [†]	_____	Limited coverage: State employees and private employees with exceptions
Postpartum extension of Medicaid coverage [†]	_____	No law beyond mandatory 60 days

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Tennessee

● State Indicator ● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	200 200	O Uninsured low-income infants/toddlers	4.1% 5.1%
G Low or very low food security	22.6% 13.7%	R Infants ever breastfed	81.2% 83.6%
R Infants breastfed at 6 months	51.5% 55.1%	O WIC coverage [†]	80.2% 79.3%
R High weight-for-length [†]	12.8% N/A	R Late or no prenatal care received	6.2% 6.2%
O Mothers reporting less than optimal mental health	20.1% 20.3%	G Infant mortality rate (deaths per 1,000 live births) [†]	6.9 5.7
G Babies with low birthweight	9.3% 8.3%	G Preterm births [†]	11.1% 10.0%
O Preventive medical care received	93.8% 91.1%	G Preventive dental care received	26.0% 33.0%
R Received recommended vaccines	70.8% 72.8%	O Medical home [†]	55.4% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Tennessee's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Tennessee falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Tennessee is doing worse than the national average on indicators such as the percentages of babies who have had one or two or more adverse experiences.

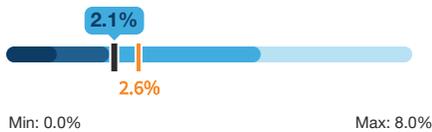
Key Indicators of Strong Families

● Tennessee ● National Avg

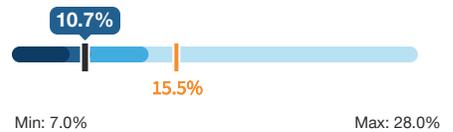
TANF benefits receipt among families in poverty



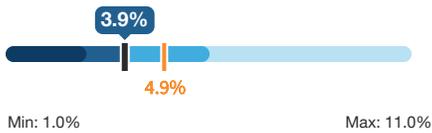
Housing instability



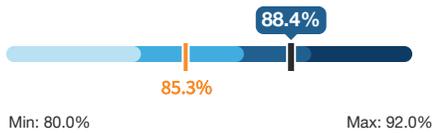
Crowded housing



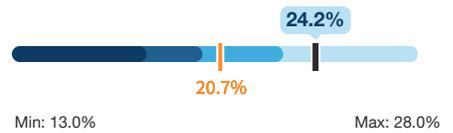
Unsafe neighborhoods



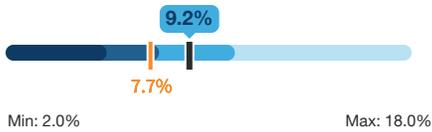
Family resilience



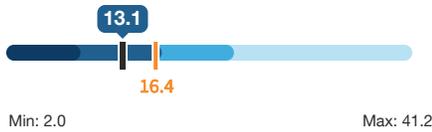
1 adverse childhood experience



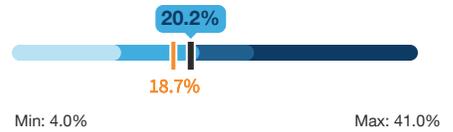
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Tennessee

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Tennessee

● State Indicator

● National Avg

O TANF benefits receipt among families in poverty	23.1% 21.7%	R Housing instability	2.1% 2.6%
O Crowded housing	10.7% 15.5%	R Unsafe neighborhoods	3.9% 4.9%
O Family resilience	88.4% 85.3%	G One adverse childhood experience	24.2% 20.7%
R Two or more adverse childhood experiences	9.2% 7.7%	Infant/toddler maltreatment rate†	13.1 16.4
R Out of home placements†	20.2% 18.7%	Permanency Achieved: Reunified†	32.3% 48.1%
G Potential home visiting beneficiaries served	0.8% 2.0%	Permanency Achieved: Relative†	19.7% 7.8%
Infants/toddlers exiting foster care to permanency†	99.4% 98.8%	Permanency Achieved: Guardian†	8.4% 8.3%
Removed from home†	6.3 7.1	Permanency Achieved: Adoption†	39.0% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Tennessee's babies faring in Positive Early Learning Experiences?

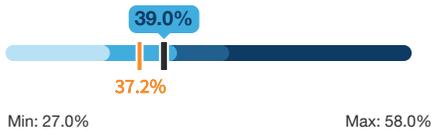
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Tennessee scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Tennessee is doing worse than the national average on indicators such as the lower percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● Tennessee ● National Avg

Parent reads to baby every day



Parent sings to baby every day



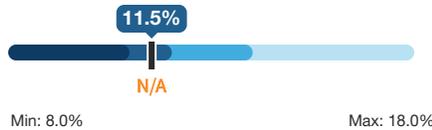
Percentage of income-eligible infants/toddlers with Early Head Start access



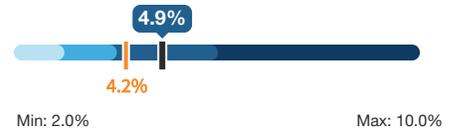
Cost of care, as % of income single parents



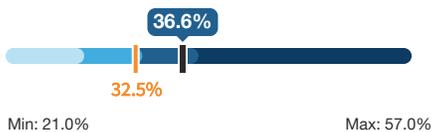
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Tennessee

Infant eligibility level for child care subsidy above 200% of FPL	Yes	✓
Allocated CCDBG funds†	Yes	✓
Group size requirements meet or exceed EHS standards†	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	1 of 3 age groups	
Level of teacher qualification required by the state†	No credential beyond a high school diploma	
Infant/toddler credential adopted†	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Tennessee

● State Indicator ● National Avg

<ul style="list-style-type: none"> R Parent reads to baby every day 39.0% 37.2% G Percentage of income-eligible infants/toddlers with Early Head Start access 8.0% 11.0% O Cost of care, as % of income single parents 40.2% N/A O Developmental screening received 36.6% 32.5% O Percentage of infants/toddlers receiving IDEA Part C services 6.7% 6.8% 	<ul style="list-style-type: none"> O Parent sings to baby every day 59.5% 57.4% O Cost of care, as % of income married families 11.5% N/A O Low/moderate income infants/toddlers in CCDF funded-care 4.9% 4.2% O Infants/toddlers with developmental delay† 1.9% 1.1% O Timeliness of Part C services† 98.7% N/A
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Texas's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

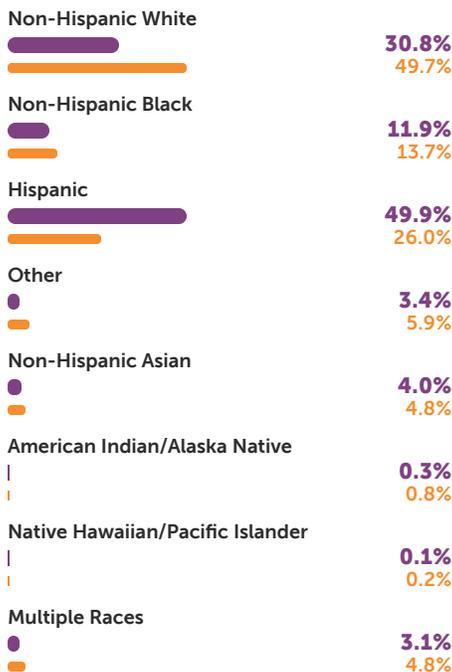
● Texas ● National Average

Infants and toddlers in Texas

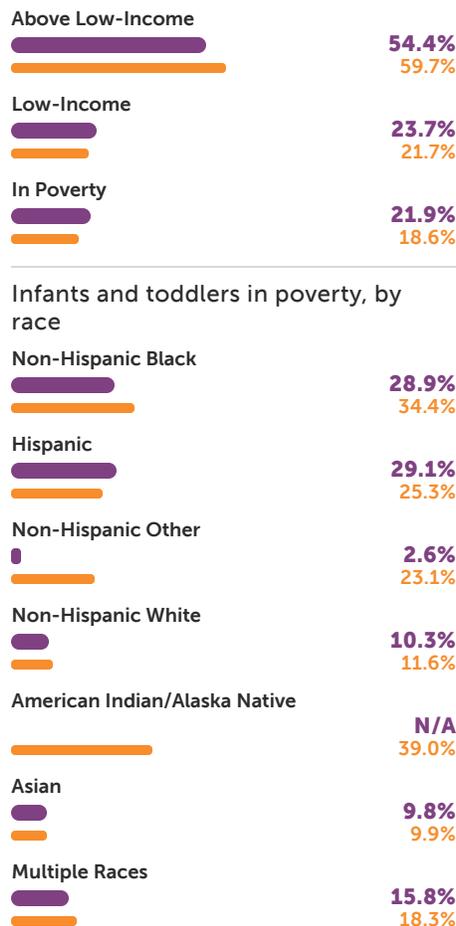
Texas is home to 1,160,963 babies, representing 4.0 percent of the state's population. As many as 45.6 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

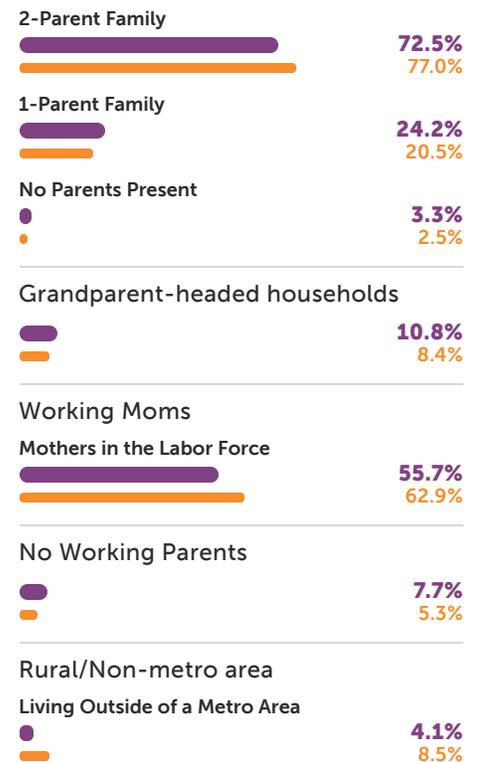
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Texas's babies faring in Good Health?

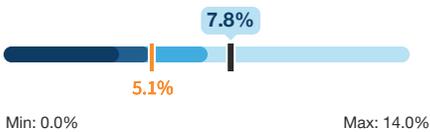
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Texas falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Texas performs better than national averages on key indicators, such as the percentages of babies receiving preventive dental care and mothers reporting less than favorable mental health. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and women receiving late or no prenatal care.

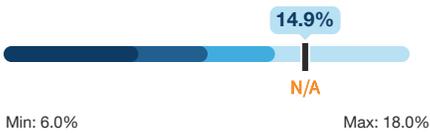
Key Indicators of Good Health

● Texas ● National Avg

Uninsured low-income infants/toddlers



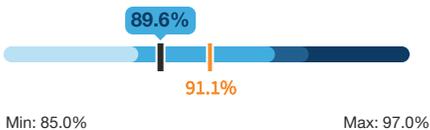
High weight-for-length†



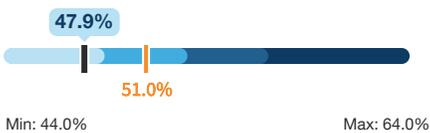
Infant mortality rate (deaths per 1,000 live births)



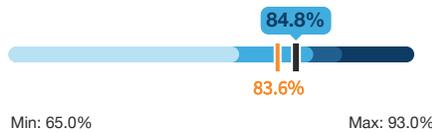
Preventative medical care received



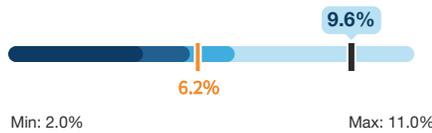
Medical home†



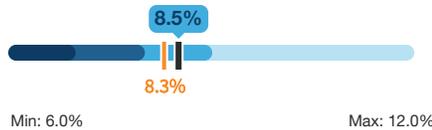
Ever breastfed



Late or no prenatal care received



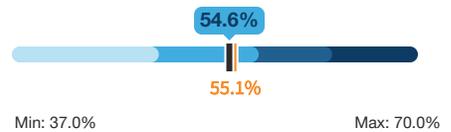
Babies with low birthweight



Preventative dental care received



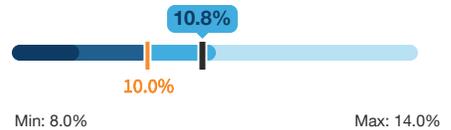
Infants breastfed at 6 months



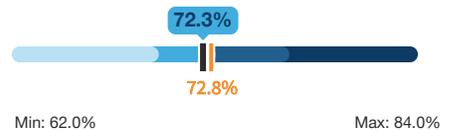
Mothers reporting less than optimal mental health



Preterm births†



Received recommended vaccines



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	_____	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 in early childhood education settings	_____	No ✗
Pregnant workers protection [†]	_____	State employees only
Postpartum extension of Medicaid coverage [†]	_____	Law covering either some women but not all, or all women but for less than 1 year

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Texas

● State Indicator ● National Avg

O Eligibility limit (% FPL) for pregnant women in Medicaid	203 200	G Uninsured low-income infants/toddlers	7.8% 5.1%
O Low or very low food security	13.6% 13.7%	R Infants ever breastfed	84.8% 83.6%
R Infants breastfed at 6 months	54.6% 55.1%	O WIC coverage [†]	79.8% 79.3%
G High weight-for-length [†]	14.9% N/A	G Late or no prenatal care received	9.6% 6.2%
W Mothers reporting less than optimal mental health	17.6% 20.3%	O Infant mortality rate (deaths per 1,000 live births) [†]	5.5 5.7
R Babies with low birthweight	8.5% 8.3%	G Preterm births [†]	10.8% 10.0%
R Preventive medical care received	89.6% 91.1%	W Preventive dental care received	51.2% 33.0%
R Received recommended vaccines	72.3% 72.8%	G Medical home [†]	47.9% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

How are Texas's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Texas falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and parents who report living in unsafe neighborhoods. Texas is doing worse than the national average on indicators such as the percentages of families who report being resilient and babies living in crowded housing.

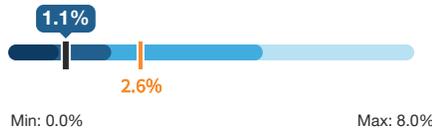
Key Indicators of Strong Families

● Texas ● National Avg

TANF benefits receipt among families in poverty



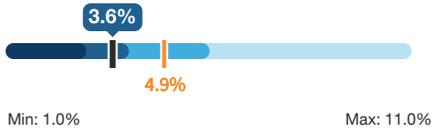
Housing instability



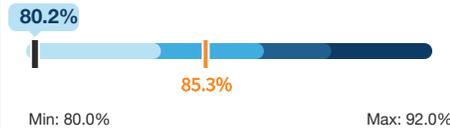
Crowded housing



Unsafe neighborhoods



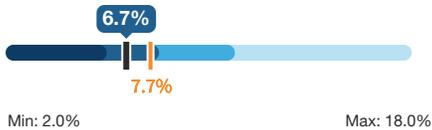
Family resilience



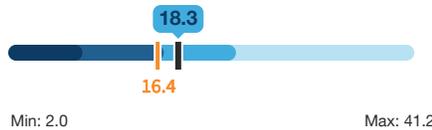
1 adverse childhood experience



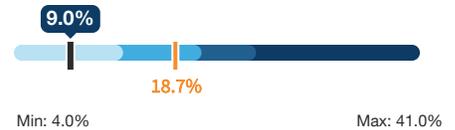
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Texas

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Texas

● State Indicator

● National Avg

G TANF benefits receipt among families in poverty	5.9% 21.7%	W Housing instability	1.1% 2.6%
G Crowded housing	19.4% 15.5%	O Unsafe neighborhoods	3.6% 4.9%
G Family resilience	80.2% 85.3%	R One adverse childhood experience	20.9% 20.7%
O Two or more adverse childhood experiences	6.7% 7.7%	Infant/toddler maltreatment rate†	18.3 16.4
G Out of home placements†	9.0% 18.7%	Permanency Achieved: Reunified†	35.1% 48.1%
G Potential home visiting beneficiaries served	0.7% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	99.3% 98.8%	Permanency Achieved: Guardian†	24.1% 8.3%
Removed from home†	6.1 7.1	Permanency Achieved: Adoption†	40.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Texas's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Texas scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. Texas is doing worse than the national average on indicators such as the lower percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● Texas ● National Avg

Parent reads to baby every day



Parent sings to baby every day



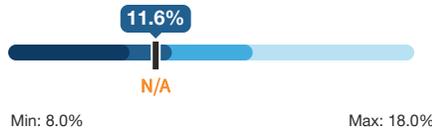
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



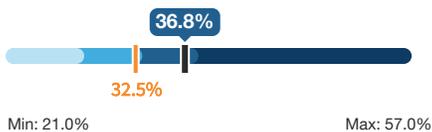
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Texas

Infant eligibility level for child care subsidy above 200% of FPL	Depends on location
Allocated CCDBG funds†	Yes ✓
Group size requirements meet or exceed EHS standards†	0 of 3 age groups
Adult/child ratio requirements meet or exceed EHS standards†	1 of 3 age groups
Level of teacher qualification required by the state†	No credential beyond a high school diploma
Infant/toddler credential adopted†	Yes ✓
State reimburses center based child care at/above 75th percentile of market rates†	No ✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No ✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Texas

● State Indicator

● National Avg

<p>G Parent reads to baby every day 28.9% 37.2%</p> <p>G Percentage of income-eligible infants/toddlers with Early Head Start access 6.0% 11.0%</p> <p>O Cost of care, as % of income single parents 38.1% N/A</p> <p>O Developmental screening received 36.8% 32.5%</p> <p>G Percentage of infants/toddlers receiving IDEA Part C services 4.9% 6.8%</p>	<p>G Parent sings to baby every day 47.6% 57.4%</p> <p>O Cost of care, as % of income married families 11.6% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.8% 4.2%</p> <p>Infants/toddlers with developmental delay† 1.0% 1.1%</p> <p>O Timeliness of Part C services† 98.7% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Utah's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

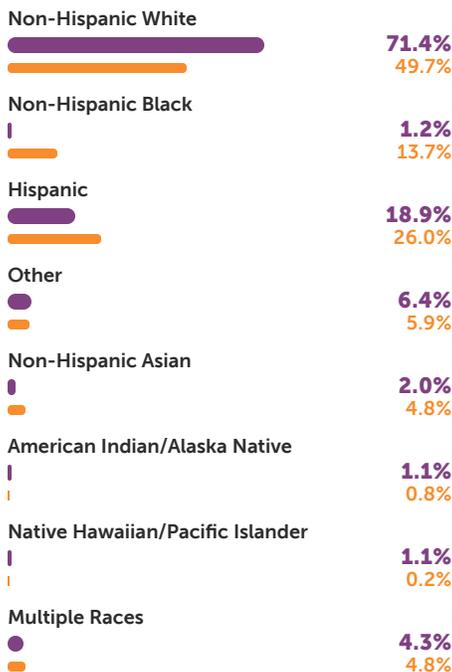
Utah National Average

Infants and toddlers in Utah

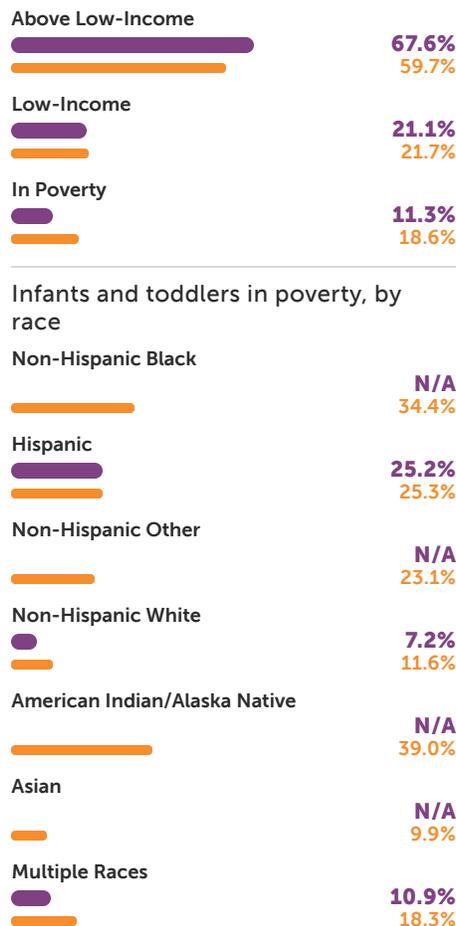
Utah is home to 145,948 babies, representing 4.6 percent of the state's population. As many as 32.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

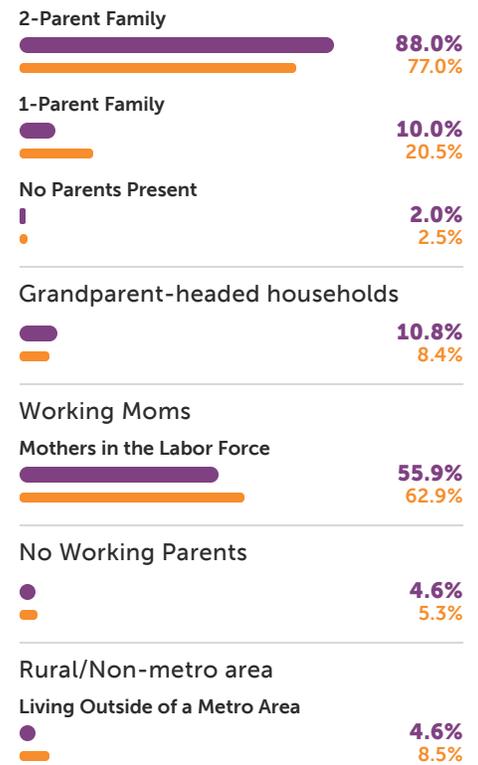
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Utah's babies faring in Good Health?

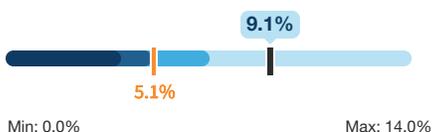
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Utah falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Utah performs better than national averages on key indicators, such as the percentages of babies experiencing food insecurity and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and mothers reporting less than favorable mental health.

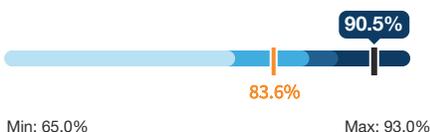
Key Indicators of Good Health

● Utah ● National Avg

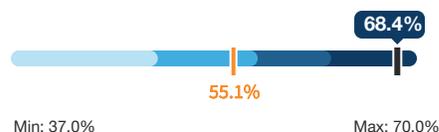
Uninsured low-income infants/toddlers



Ever breastfed



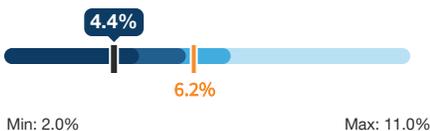
Infants breastfed at 6 months



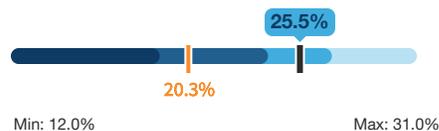
High weight-for-length[†]



Late or no prenatal care received



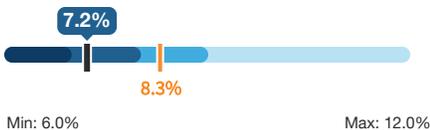
Mothers reporting less than optimal mental health



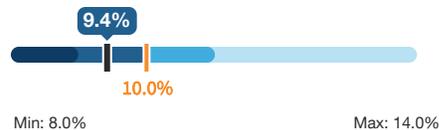
Infant mortality rate (deaths per 1,000 live births)



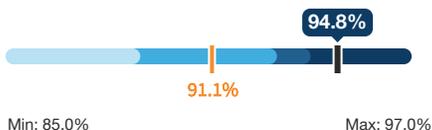
Babies with low birthweight



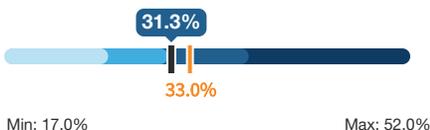
Preterm births[†]



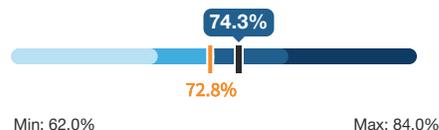
Preventative medical care received



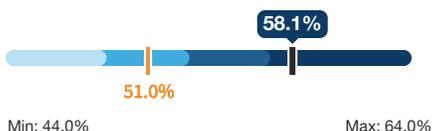
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Utah

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Utah

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	144 200	G Uninsured low-income infants/toddlers	9.1% 5.1%
W Low or very low food security	6.7% 13.7%	W Infants ever breastfed	90.5% 83.6%
W Infants breastfed at 6 months	68.4% 55.1%	G WIC coverage†	54.5% 79.3%
W High weight-for-length†	6.8% N/A	W Late or no prenatal care received	4.4% 6.2%
R Mothers reporting less than optimal mental health	25.5% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.5 5.7
W Babies with low birthweight	7.2% 8.3%	O Preterm births†	9.4% 10.0%
W Preventive medical care received	94.8% 91.1%	O Preventive dental care received	31.3% 33.0%
O Received recommended vaccines	74.3% 72.8%	W Medical home†	58.1% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Utah's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Utah falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report living in unsafe neighborhoods. Utah is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and babies who have had one adverse experience.

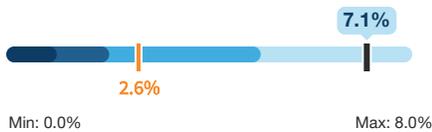
Key Indicators of Strong Families

● Utah ● National Avg

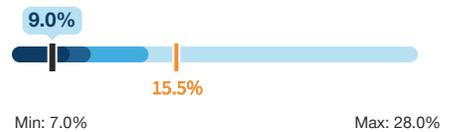
TANF benefits receipt among families in poverty



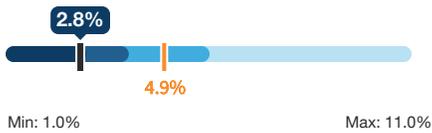
Housing instability



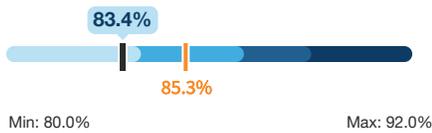
Crowded housing



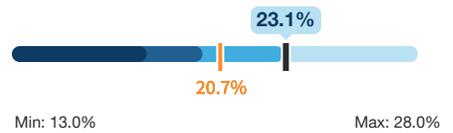
Unsafe neighborhoods



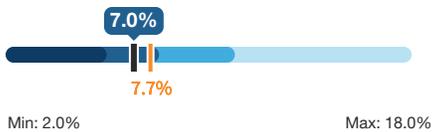
Family resilience



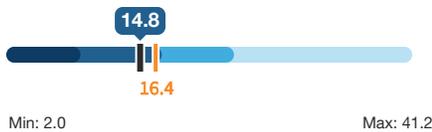
1 adverse childhood experience



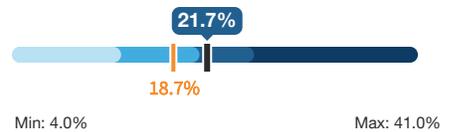
2+ adverse childhood experiences



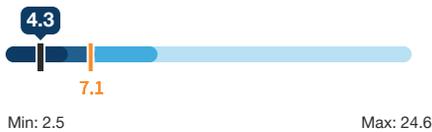
Infant/toddler maltreatment rate†



Time in out-of-home placement†



Removed from home (per 1,000 infants/toddlers)†



Strong Families

Strong Families Policy in Utah

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Utah

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	16.0% 21.7%	G Housing instability	7.1% 2.6%
W Crowded housing	9.0% 15.5%	O Unsafe neighborhoods	2.8% 4.9%
G Family resilience	83.4% 85.3%	G One adverse childhood experience	23.1% 20.7%
O Two or more adverse childhood experiences	7.0% 7.7%	Infant/toddler maltreatment rate†	14.8 16.4
O Out of home placements†	21.7% 18.7%	Permanency Achieved: Reunified†	46.8% 48.1%
G Potential home visiting beneficiaries served	0.8% 2.0%	Permanency Achieved: Relative†	7.3% 7.8%
Infants/toddlers exiting foster care to permanency†	99.0% 98.8%	Permanency Achieved: Guardian†	4.3% 8.3%
Removed from home†	4.3 7.1	Permanency Achieved: Adoption†	40.7% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Utah's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Utah scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects that it has no indicators on which it is performing better than the national average. Utah is doing worse than the national average on indicators such as the lower percentage of parents who read to their child every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

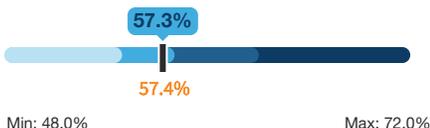
Key Indicators of Positive Early Learning Experiences

● Utah ● National Avg

Parent reads to baby every day



Parent sings to baby every day



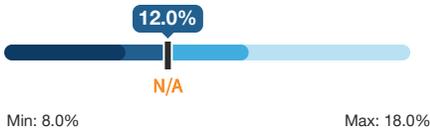
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



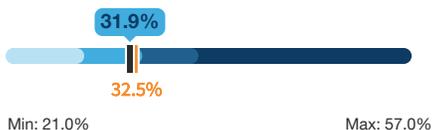
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Utah

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Utah

● State Indicator

● National Avg

<p>G Parent reads to baby every day 28.6% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 11.0% 11.0%</p> <p>W Cost of care, as % of income single parents 33.5% N/A</p> <p>R Developmental screening received 31.9% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 6.4% 6.8%</p>	<p>R Parent sings to baby every day 57.3% 57.4%</p> <p>R Cost of care, as % of income married families 12.0% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 2.6% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.8% 1.1%</p> <p>O Timeliness of Part C services† 99.5% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Vermont's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

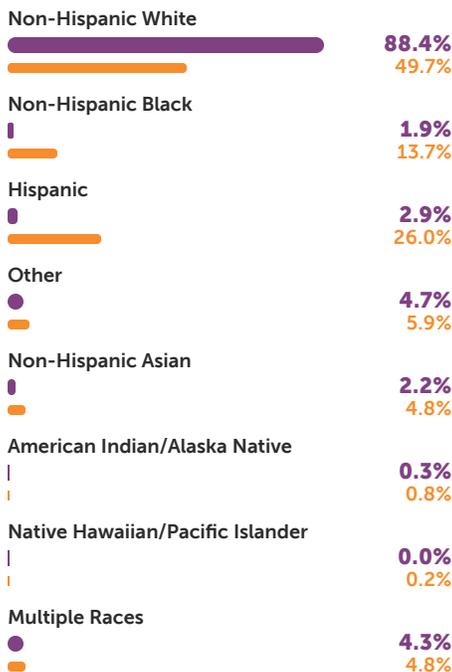
 Vermont  National Average

Infants and toddlers in Vermont

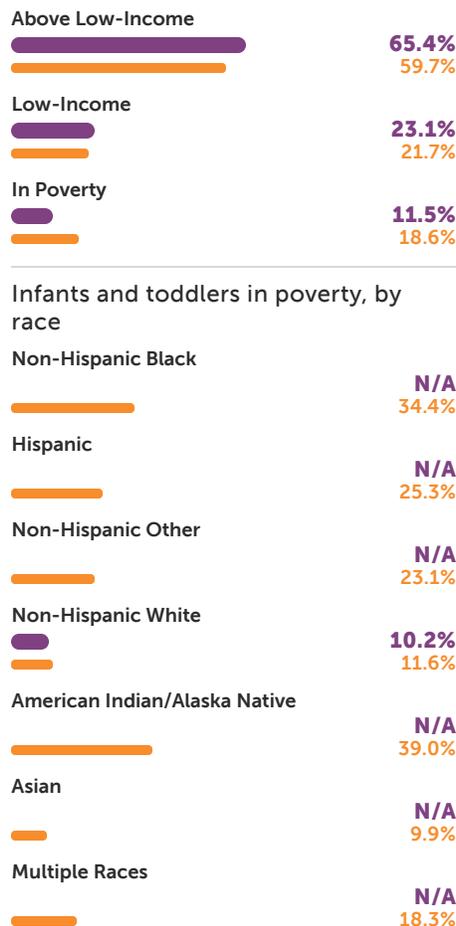
Vermont is home to 17,059 babies, representing 2.7 percent of the state's population. As many as 34.6 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

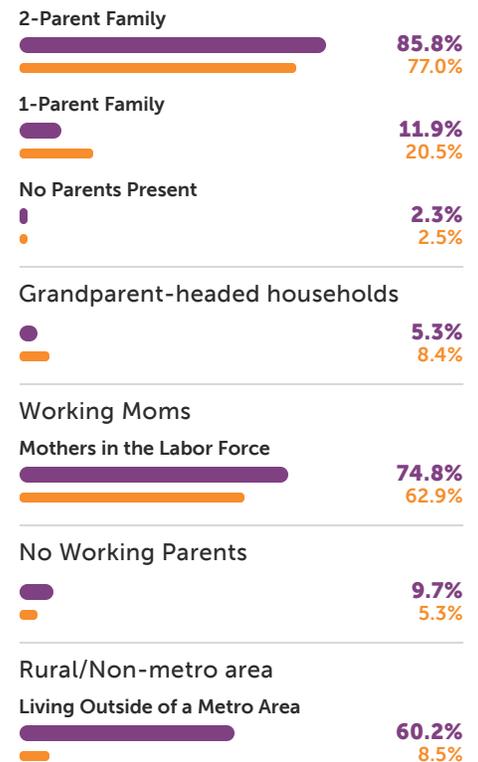
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Vermont's babies faring in Good Health?

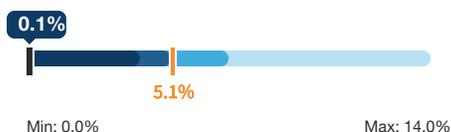
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Vermont falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Vermont performs better than national averages on key indicators, such as the percentages of babies receiving recommended vaccinations and babies breastfed at six months. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of mothers reporting less than favorable mental health.

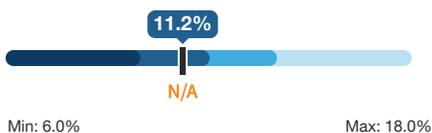
Key Indicators of Good Health

● Vermont ● National Avg

Uninsured low-income infants/toddlers



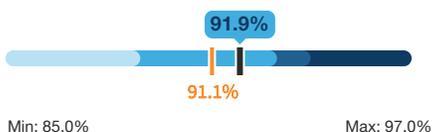
High weight-for-length[†]



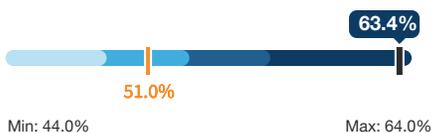
Infant mortality rate (deaths per 1,000 live births)



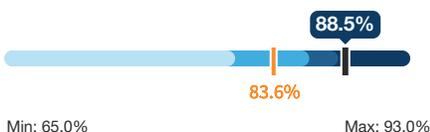
Preventative medical care received



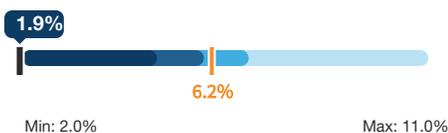
Medical home[†]



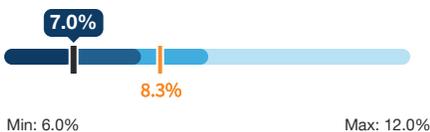
Ever breastfed



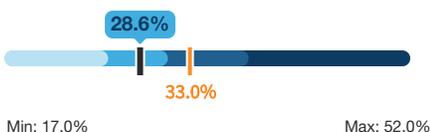
Late or no prenatal care received



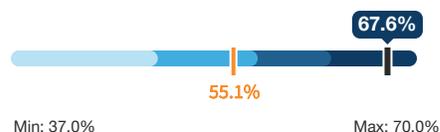
Babies with low birthweight



Preventative dental care received



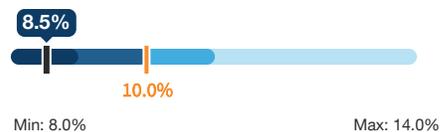
Infants breastfed at 6 months



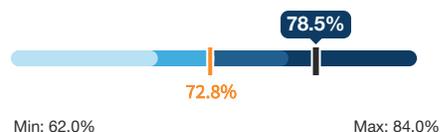
Mothers reporting less than optimal mental health



Preterm births[†]



Received recommended vaccines



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 in early childhood education settings	Yes	✓
Pregnant workers protection [†]	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage [†]	No law beyond mandatory 60 days	

[†]This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Vermont

● State Indicator

● National Avg

Eligibility limit (% FPL) for pregnant women in Medicaid	213 200	Uninsured low-income infants/toddlers	0.1% 5.1%
Low or very low food security	11.2% 13.7%	Infants ever breastfed	88.5% 83.6%
Infants breastfed at 6 months	67.6% 55.1%	WIC coverage [†]	80.1% 79.3%
High weight-for-length [†]	11.2% N/A	Late or no prenatal care received	1.9% 6.2%
Mothers reporting less than optimal mental health	25.3% 20.3%	Infant mortality rate (deaths per 1,000 live births) [†]	6.4 5.7
Babies with low birthweight	7.0% 8.3%	Preterm births [†]	8.5% 10.0%
Preventive medical care received	91.9% 91.1%	Preventive dental care received	28.6% 33.0%
Received recommended vaccines	78.5% 72.8%	Medical home [†]	63.4% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Vermont's babies faring in Strong Families?

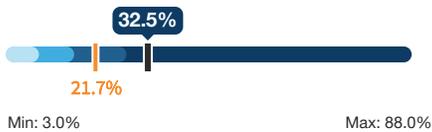
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Vermont falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and families who report being resilient. Vermont is doing worse than the national average on indicators such as the percentages of babies who have had one or two or more adverse experiences.

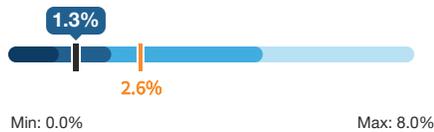
Key Indicators of Strong Families

● Vermont ● National Avg

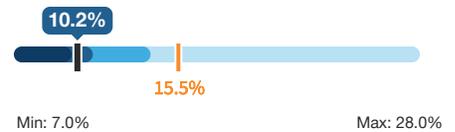
TANF benefits receipt among families in poverty



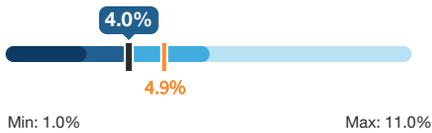
Housing instability



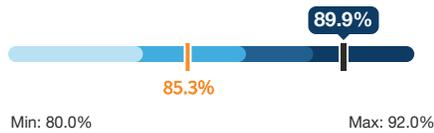
Crowded housing



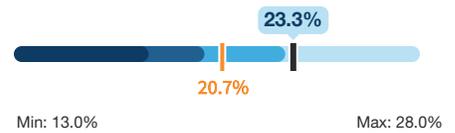
Unsafe neighborhoods



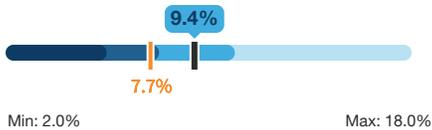
Family resilience



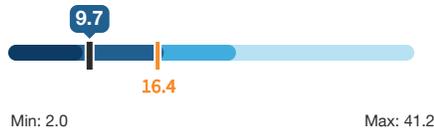
1 adverse childhood experience



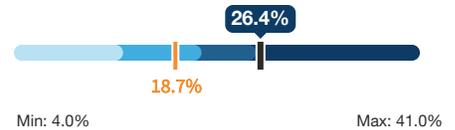
2+ adverse childhood experiences



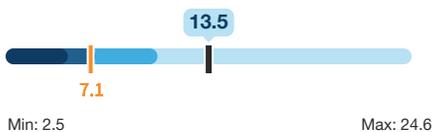
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Vermont

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	Yes	✓
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Vermont

● State Indicator

● National Avg

W TANF benefits receipt among families in poverty	32.5% 21.7%	O Housing instability	1.3% 2.6%
O Crowded housing	10.2% 15.5%	R Unsafe neighborhoods	4.0% 4.9%
W Family resilience	89.9% 85.3%	G One adverse childhood experience	23.3% 20.7%
R Two or more adverse childhood experiences	9.4% 7.7%	Infant/toddler maltreatment rate†	9.7 16.4
W Out of home placements†	26.4% 18.7%	Permanency Achieved: Reunified†	56.1% 48.1%
O Potential home visiting beneficiaries served	2.5% 2.0%	Permanency Achieved: Relative†	6.8% 7.8%
Infants/toddlers exiting foster care to permanency†	99.3% 98.8%	Permanency Achieved: Guardian†	N/A 8.3%
Removed from home†	13.5 7.1	Permanency Achieved: Adoption†	36.5% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Vermont's babies faring in Positive Early Learning Experiences?

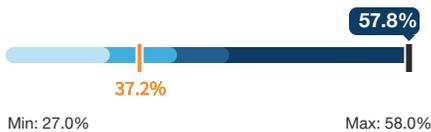
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Vermont scores in the Working Effectively (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Vermont has no indicators on which it ranks worse than the national average. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

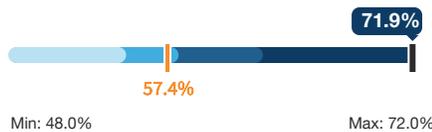
Key Indicators of Positive Early Learning Experiences

● Vermont ● National Avg

Parent reads to baby every day



Parent sings to baby every day



Percentage of income-eligible infants/toddlers with Early Head Start access



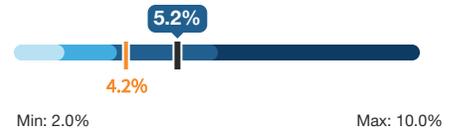
Cost of care, as % of income single parents



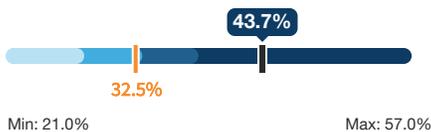
Cost of care, as % of income married families



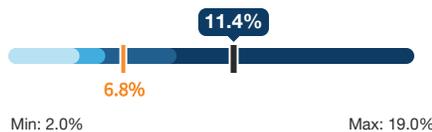
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Vermont

Infant eligibility level for child care subsidy above 200% of FPL	_____	Yes	✓
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	No	✗
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Vermont

● State Indicator

● National Avg

<p>W Parent reads to baby every day 57.8% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 28.0% 11.0%</p> <p>R Cost of care, as % of income single parents 46.5% N/A</p> <p>W Developmental screening received 43.7% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 11.4% 6.8%</p>	<p>W Parent sings to baby every day 71.9% 57.4%</p> <p>R Cost of care, as % of income married families 13.4% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 5.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.4% 1.1%</p> <p>G Timeliness of Part C services† 95.1% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Virginia's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

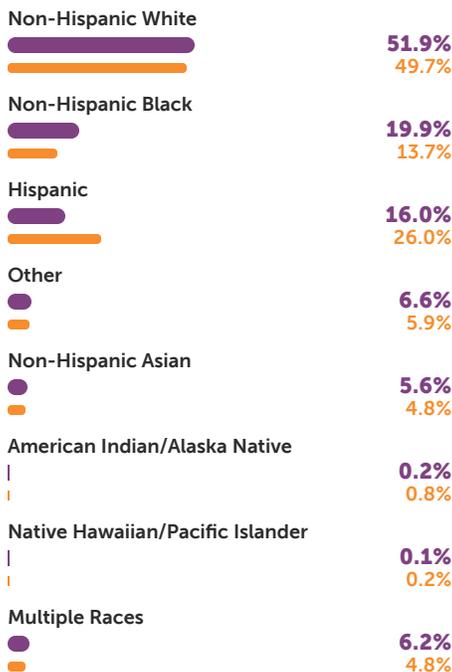
● Virginia ● National Average

Infants and toddlers in Virginia

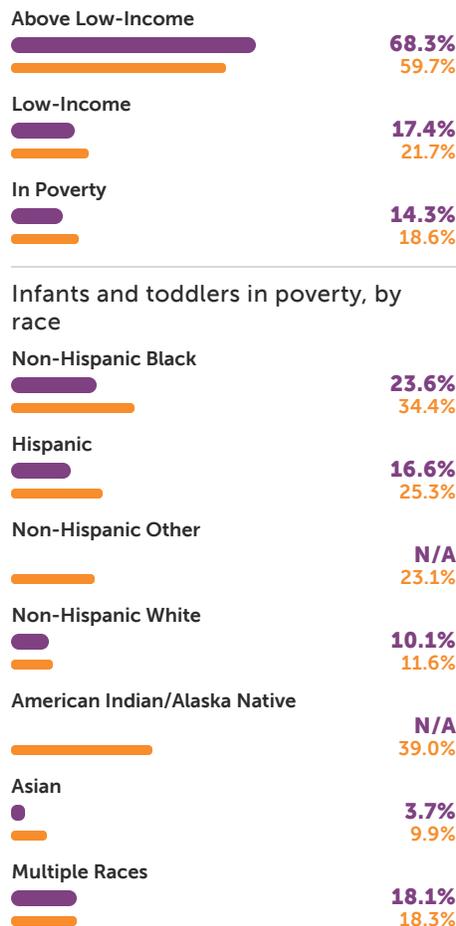
Virginia is home to 299,132 babies, representing 3.5 percent of the state's population. As many as 31.7 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

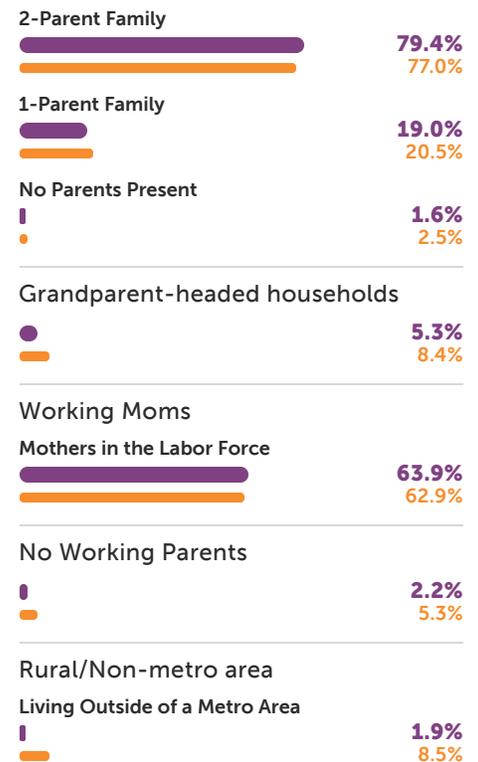
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Virginia's babies faring in Good Health?

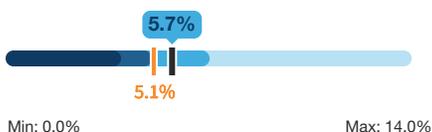
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Virginia falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Virginia performs better than national averages on key indicators, such as the percentages of babies breastfed at 6 months and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of babies receiving preventive dental care and uninsured babies in families with low income.

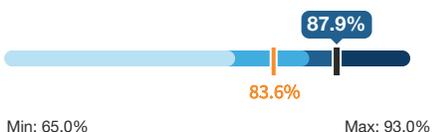
Key Indicators of Good Health

● Virginia ● National Avg

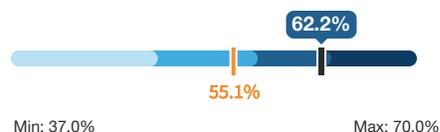
Uninsured low-income infants/toddlers



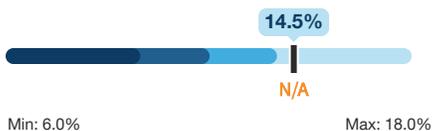
Ever breastfed



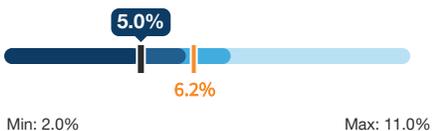
Infants breastfed at 6 months



High weight-for-length[†]



Late or no prenatal care received



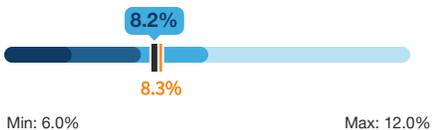
Mothers reporting less than optimal mental health



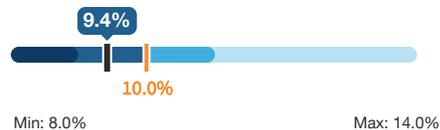
Infant mortality rate (deaths per 1,000 live births)



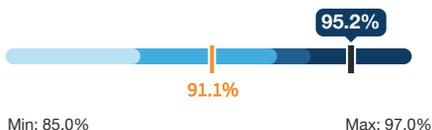
Babies with low birthweight



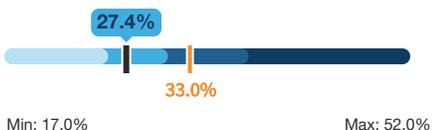
Preterm births[†]



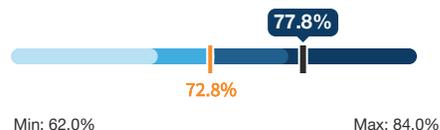
Preventative medical care received



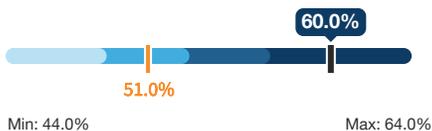
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Virginia

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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Virginia

● State Indicator

● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	148 200	R Uninsured low-income infants/toddlers	5.7% 5.1%
O Low or very low food security	10.2% 13.7%	O Infants ever breastfed	87.9% 83.6%
O Infants breastfed at 6 months	62.2% 55.1%	R WIC coverage†	73.8% 79.3%
G High weight-for-length†	14.5% N/A	O Late or no prenatal care received	5.0% 6.2%
W Mothers reporting less than optimal mental health	16.4% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.6 5.7
O Babies with low birthweight	8.2% 8.3%	O Preterm births†	9.4% 10.0%
W Preventive medical care received	95.2% 91.1%	R Preventive dental care received	27.4% 33.0%
W Received recommended vaccines	77.8% 72.8%	W Medical home†	60.0% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Virginia's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Virginia falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies experiencing housing insecurity (moved 3 or more times). Virginia is doing worse than the national average on indicators such as the percentages of parents who report being resilient and babies who could benefit from home visiting receiving those services.

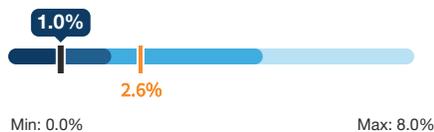
Key Indicators of Strong Families

● Virginia ● National Avg

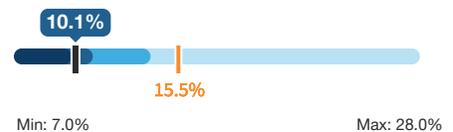
TANF benefits receipt among families in poverty



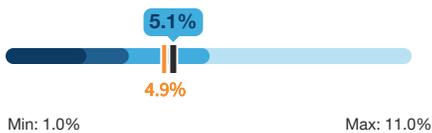
Housing instability



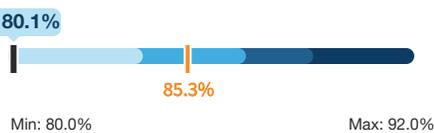
Crowded housing



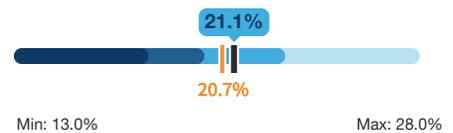
Unsafe neighborhoods



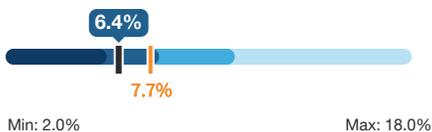
Family resilience



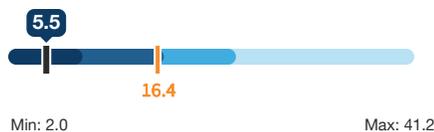
1 adverse childhood experience



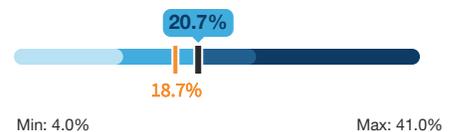
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Virginia

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Virginia

● State Indicator

● National Avg

R TANF benefits receipt among families in poverty	14.3% 21.7%	W Housing instability	1.0% 2.6%
O Crowded housing	10.1% 15.5%	R Unsafe neighborhoods	5.1% 4.9%
G Family resilience	80.1% 85.3%	R One adverse childhood experience	21.1% 20.7%
O Two or more adverse childhood experiences	6.4% 7.7%	Infant/toddler maltreatment rate†	5.5 16.4
R Out of home placements†	20.7% 18.7%	Permanency Achieved: Reunified†	27.4% 48.1%
R Potential home visiting beneficiaries served	1.6% 2.0%	Permanency Achieved: Relative†	26.3% 7.8%
Infants/toddlers exiting foster care to permanency†	99.8% 98.8%	Permanency Achieved: Guardian†	3.3% 8.3%
Removed from home†	2.5 7.1	Permanency Achieved: Adoption†	42.8% 34.6%

†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

How are Virginia's babies faring in Positive Early Learning Experiences?

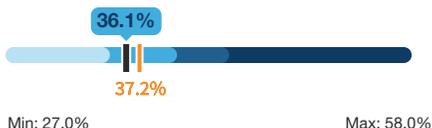
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Virginia scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who report singing songs or telling stories to their infants and toddlers every day. Virginia is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● Virginia ● National Avg

Parent reads to baby every day



Parent sings to baby every day



Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Virginia

Infant eligibility level for child care subsidy above 200% of FPL	Depends on location
Allocated CCDBG funds†	Yes ✓
Group size requirements meet or exceed EHS standards†	0 of 3 age groups
Adult/child ratio requirements meet or exceed EHS standards†	1 of 3 age groups
Level of teacher qualification required by the state†	No credential beyond a high school diploma
Infant/toddler credential adopted†	Yes ✓
State reimburses center based child care at/above 75th percentile of market rates†	No ✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	No ✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Virginia

● State Indicator

● National Avg

R Parent reads to baby every day	36.1% 37.2%	O Parent sings to baby every day	61.5% 57.4%
R Percentage of income-eligible infants/toddlers with Early Head Start access	10.0% 11.0%	R Cost of care, as % of income married families	13.7% N/A
R Cost of care, as % of income single parents	48.2% N/A	G Low/moderate income infants/toddlers in CCDF funded-care	2.1% 4.2%
R Developmental screening received	29.5% 32.5%	Infants/toddlers with developmental delay†	1.5% 1.1%
R Percentage of infants/toddlers receiving IDEA Part C services	6.4% 6.8%	R Timeliness of Part C services†	97.5% N/A

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

The State of Washington's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

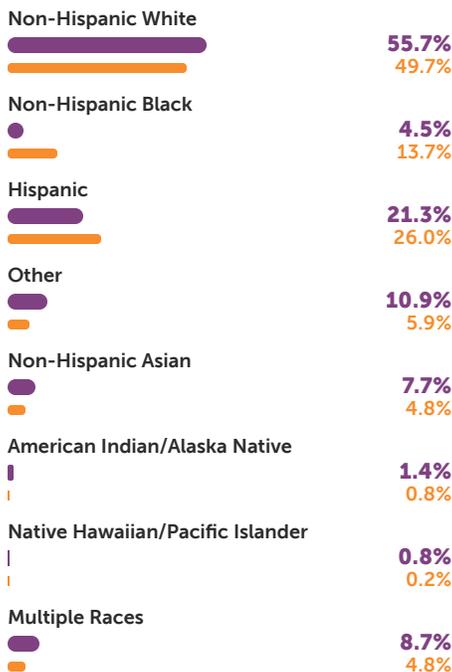
 Washington  National Average

Infants and toddlers in Washington

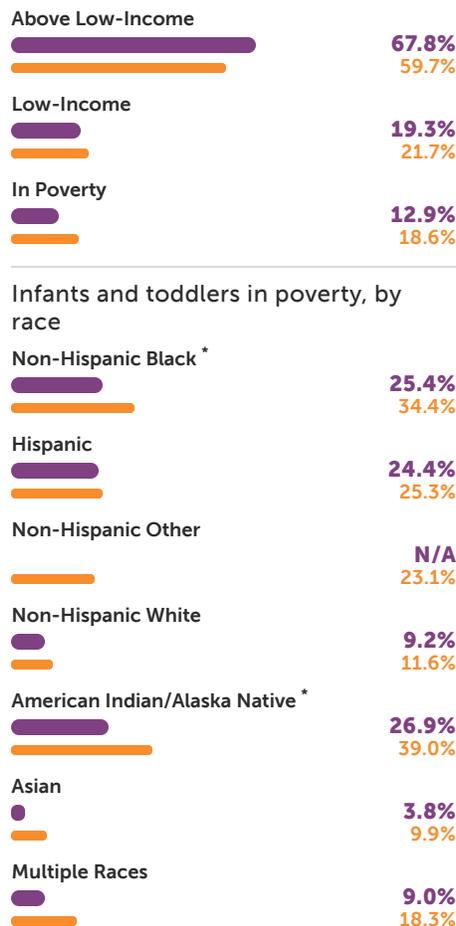
Washington is home to 268,540 babies, representing 3.5 percent of the state's population. As many as 32.2 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

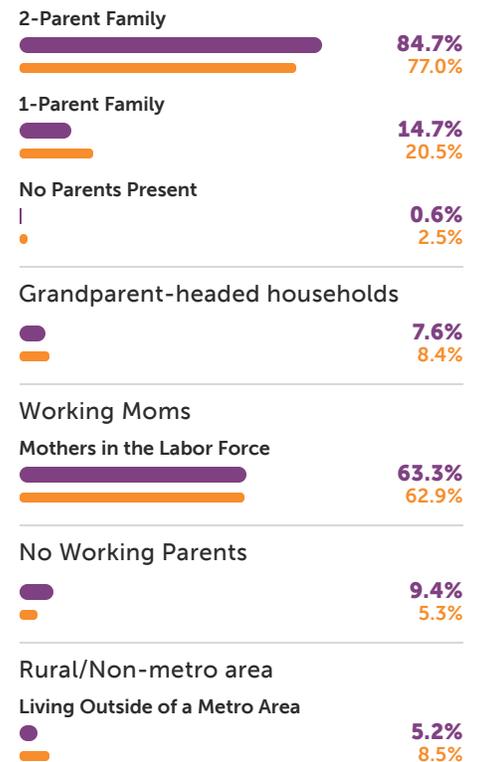
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Washington's babies faring in Good Health?

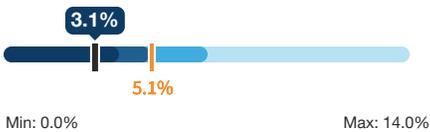
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Washington falls in the Working Effectively (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Washington performs better than national averages on key indicators, such as the infant mortality rate and the percentage of babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the percentages of babies receiving recommended vaccinations and babies experiencing food insecurity.

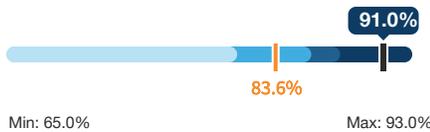
Key Indicators of Good Health

● Washington ● National Avg

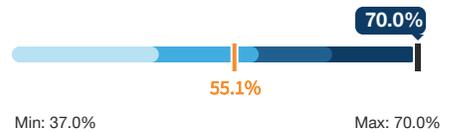
Uninsured low-income infants/toddlers



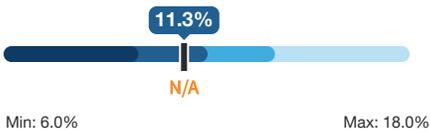
Ever breastfed



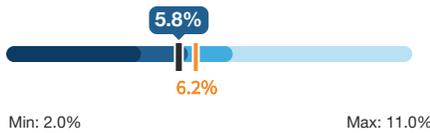
Infants breastfed at 6 months



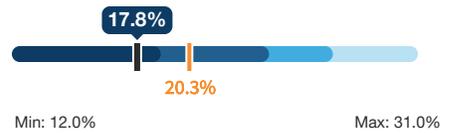
High weight-for-length†



Late or no prenatal care received



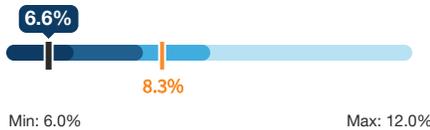
Mothers reporting less than optimal mental health



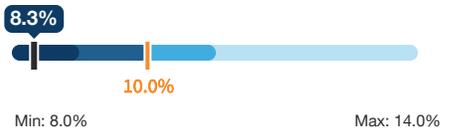
Infant mortality rate (deaths per 1,000 live births)



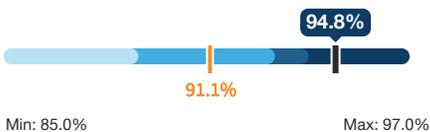
Babies with low birthweight



Preterm births†



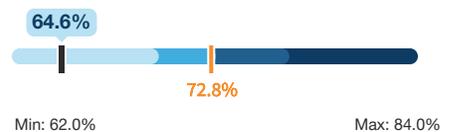
Preventative medical care received



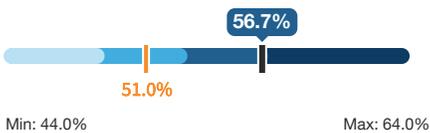
Preventative dental care received



Received recommended vaccines



Medical home†



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Washington

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	198 200	W Uninsured low-income infants/toddlers	3.1% 5.1%
R Low or very low food security	16.4% 13.7%	W Infants ever breastfed	91.0% 83.6%
W Infants breastfed at 6 months	70.0% 55.1%	G WIC coverage†	62.0% 79.3%
O High weight-for-length†	11.3% N/A	O Late or no prenatal care received	5.8% 6.2%
W Mothers reporting less than optimal mental health	17.8% 20.3%	W Infant mortality rate (deaths per 1,000 live births)†	4.7 5.7
W Babies with low birthweight	6.6% 8.3%	W Preterm births†	8.3% 10.0%
W Preventive medical care received	94.8% 91.1%	W Preventive dental care received	51.8% 33.0%
G Received recommended vaccines	64.6% 72.8%	W Medical home†	56.7% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Washington's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Washington falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of parents who report being resilient and babies who have had one adverse experience. Washington is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and parents who report living in unsafe neighborhoods.

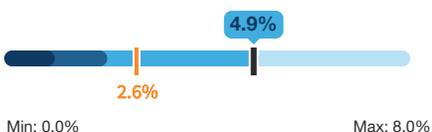
Key Indicators of Strong Families

● Washington ● National Avg

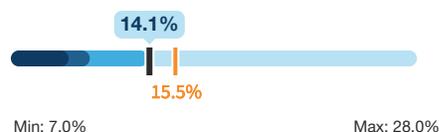
TANF benefits receipt among families in poverty



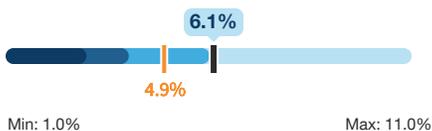
Housing instability



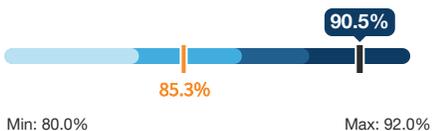
Crowded housing



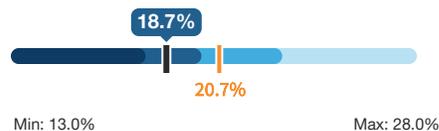
Unsafe neighborhoods



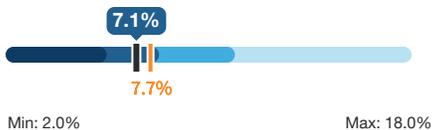
Family resilience



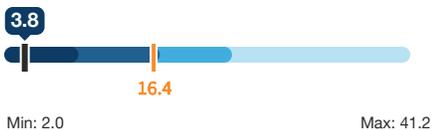
1 adverse childhood experience



2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Washington

Paid family leave	Yes	✓
Paid sick time that covers care for child	Yes	✓
TANF Work Exemption†	Yes	✓
State Child Tax Credit†	No	✗
State Earned Income Tax Credit (EITC)†	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Washington

● State Indicator

● National Avg

O TANF benefits receipt among families in poverty	19.1% 21.7%	R Housing instability	4.9% 2.6%
G Crowded housing	14.1% 15.5%	G Unsafe neighborhoods	6.1% 4.9%
W Family resilience	90.5% 85.3%	O One adverse childhood experience	18.7% 20.7%
O Two or more adverse childhood experiences	7.1% 7.7%	Infant/toddler maltreatment rate†	3.8 16.4
R Out of home placements†	19.1% 18.7%	Permanency Achieved: Reunified†	60.4% 48.1%
O Potential home visiting beneficiaries served	2.3% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	99.6% 98.8%	Permanency Achieved: Guardian†	6.3% 8.3%
Removed from home†	7.3 7.1	Permanency Achieved: Adoption†	32.9% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Washington's babies faring in Positive Early Learning Experiences?

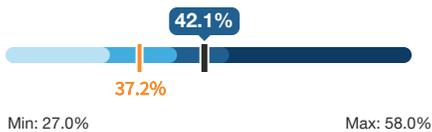
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Washington scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Washington is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

Key Indicators of Positive Early Learning Experiences

● Washington ● National Avg

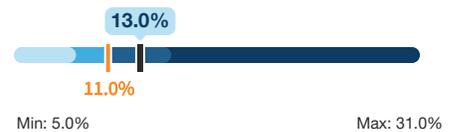
Parent reads to baby every day



Parent sings to baby every day



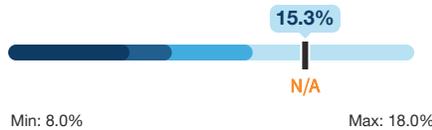
Percentage of income-eligible infants/toddlers with Early Head Start access



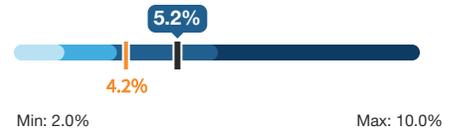
Cost of care, as % of income single parents



Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Washington

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Washington

● State Indicator ● National Avg

<ul style="list-style-type: none"> O Parent reads to baby every day 42.1% 37.2% O Percentage of income-eligible infants/toddlers with Early Head Start access 13.0% 11.0% G Cost of care, as % of income single parents 52.0% N/A G Developmental screening received 27.6% 32.5% R Percentage of infants/toddlers receiving IDEA Part C services 6.4% 6.8% 	<ul style="list-style-type: none"> O Parent sings to baby every day 59.1% 57.4% G Cost of care, as % of income married families 15.3% N/A O Low/moderate income infants/toddlers in CCDF funded-care 5.2% 4.2% Infants/toddlers with developmental delay† 1.2% 1.1% G Timeliness of Part C services† 91.4% N/A
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of West Virginia's Babies R

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

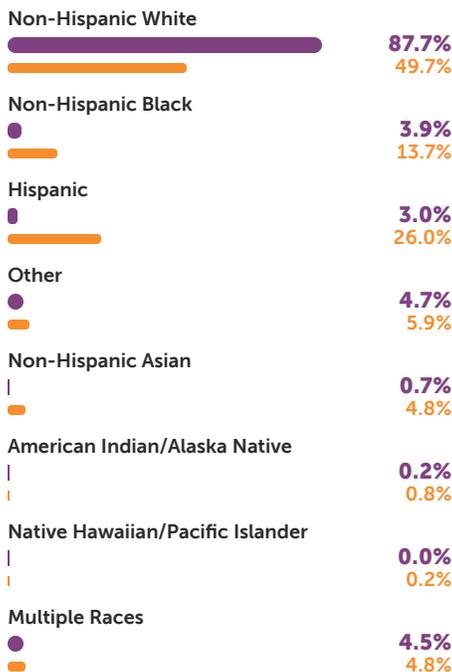
● West Virginia ● National Average

Infants and toddlers in West Virginia

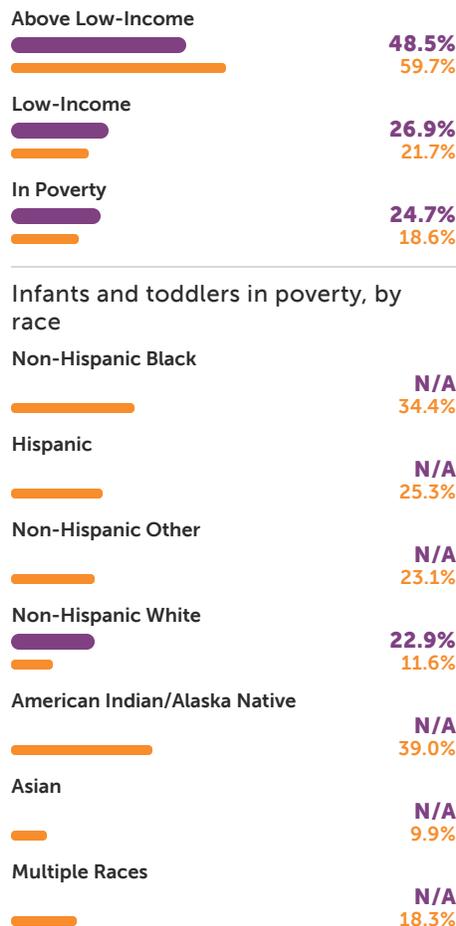
West Virginia is home to 54,353 babies, representing 3.0 percent of the state's population. As many as 51.5 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them

at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

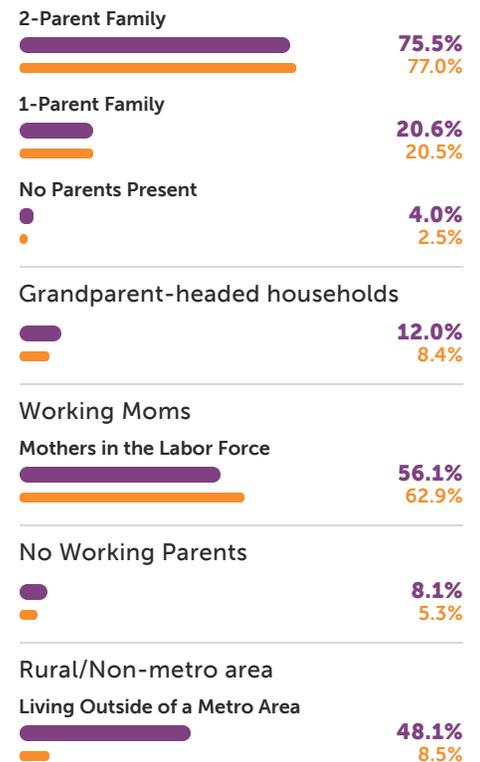
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are West Virginia's babies faring in Good Health?

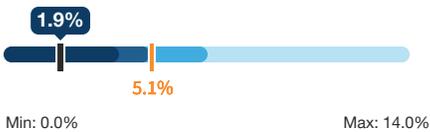
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

West Virginia falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. West Virginia performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and babies receiving preventive medical care. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of babies breastfed at 6 months.

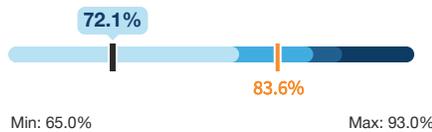
Key Indicators of Good Health

● West Virginia ● National Avg

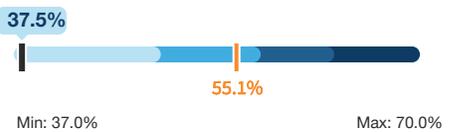
Uninsured low-income infants/toddlers



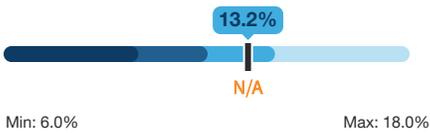
Ever breastfed



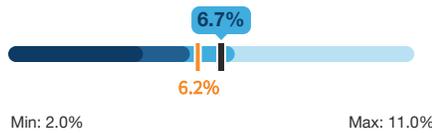
Infants breastfed at 6 months



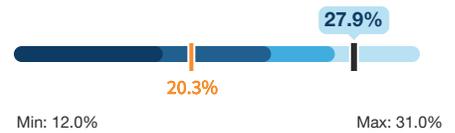
High weight-for-length[†]



Late or no prenatal care received



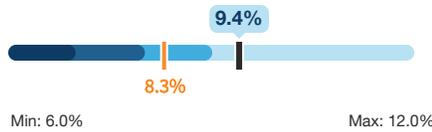
Mothers reporting less than optimal mental health



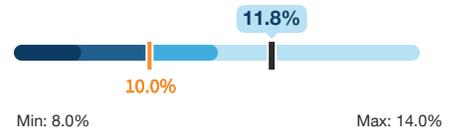
Infant mortality rate (deaths per 1,000 live births)



Babies with low birthweight



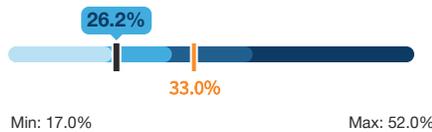
Preterm births[†]



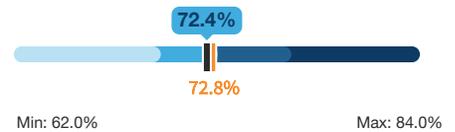
Preventative medical care received



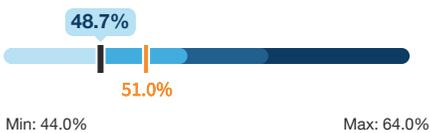
Preventative dental care received



Received recommended vaccines



Medical home[†]



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 in early childhood education settings	No	✗
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for West Virginia

● State Indicator

● National Avg

R Eligibility limit (% FPL) for pregnant women in Medicaid	190 200	W Uninsured low-income infants/toddlers	1.9% 5.1%
R Low or very low food security	16.9% 13.7%	G Infants ever breastfed	72.1% 83.6%
G Infants breastfed at 6 months	37.5% 55.1%	R WIC coverage†	73.9% 79.3%
R High weight-for-length†	13.2% N/A	R Late or no prenatal care received	6.7% 6.2%
G Mothers reporting less than optimal mental health	27.9% 20.3%	G Infant mortality rate (deaths per 1,000 live births)†	7.1 5.7
G Babies with low birthweight	9.4% 8.3%	G Preterm births†	11.8% 10.0%
O Preventive medical care received	93.9% 91.1%	R Preventive dental care received	26.2% 33.0%
R Received recommended vaccines	72.4% 72.8%	G Medical home†	48.7% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are West Virginia's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

West Virginia falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. West Virginia is doing worse than the national average on indicators such as the percentages of babies who have had two or more adverse experiences and babies experiencing housing insecurity (moved 3 or more times).

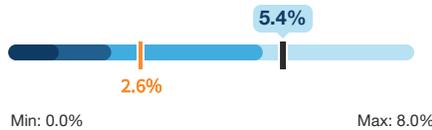
Key Indicators of Strong Families

● West Virginia ● National Avg

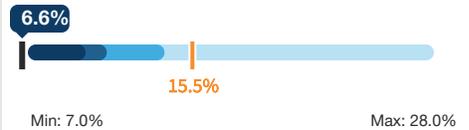
TANF benefits receipt among families in poverty



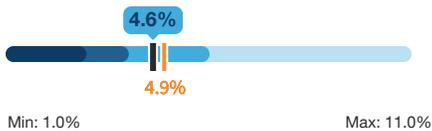
Housing instability



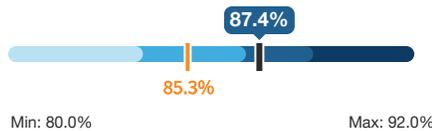
Crowded housing



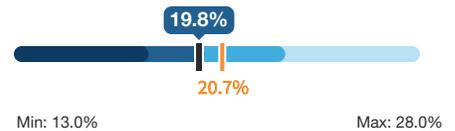
Unsafe neighborhoods



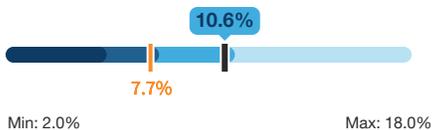
Family resilience



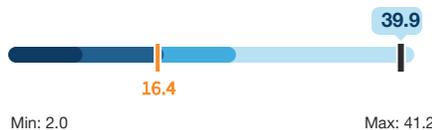
1 adverse childhood experience



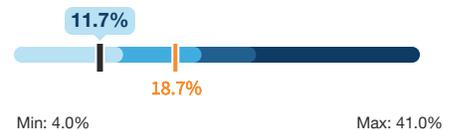
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in West Virginia

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for West Virginia

● State Indicator ● National Avg

R TANF benefits receipt among families in poverty	9.8% 21.7%	G Housing instability	5.4% 2.6%
W Crowded housing	6.6% 15.5%	R Unsafe neighborhoods	4.6% 4.9%
O Family resilience	87.4% 85.3%	R One adverse childhood experience	19.8% 20.7%
G Two or more adverse childhood experiences	10.6% 7.7%	Infant/toddler maltreatment rate†	39.9 16.4
G Out of home placements†	11.7% 18.7%	Permanency Achieved: Reunified†	39.7% 48.1%
O Potential home visiting beneficiaries served	2.8% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	99.7% 98.8%	Permanency Achieved: Guardian†	4.9% 8.3%
Removed from home†	24.6 7.1	Permanency Achieved: Adoption†	54.1% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are West Virginia's babies faring in Positive Early Learning Experiences?

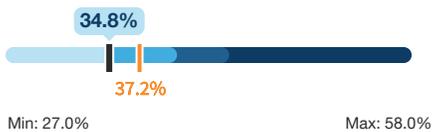
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

West Virginia scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers who received a developmental screening. West Virginia is doing worse than the national average on indicators such as the lower percentage of parents who read to their child every day. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

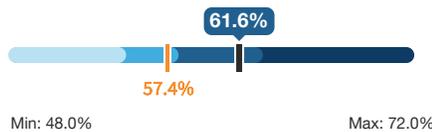
Key Indicators of Positive Early Learning Experiences

● West Virginia ● National Avg

Parent reads to baby every day



Parent sings to baby every day



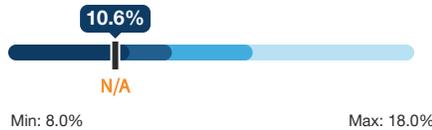
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



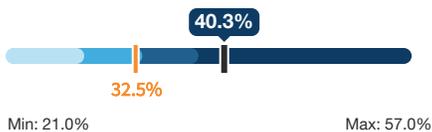
Cost of care, as % of income married families



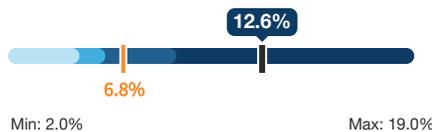
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in West Virginia



Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for West Virginia

● State Indicator ● National Avg

<p>R Parent reads to baby every day 34.8% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 11.0% 11.0%</p> <p>R Cost of care, as % of income single parents 42.8% N/A</p> <p>W Developmental screening received 40.3% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 12.6% 6.8%</p>	<p>O Parent sings to baby every day 61.6% 57.4%</p> <p>W Cost of care, as % of income married families 10.6% N/A</p> <p>O Low/moderate income infants/toddlers in CCDF funded-care 5.6% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.5% 1.1%</p> <p>W Timeliness of Part C services† 99.8% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Wisconsin's 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 state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

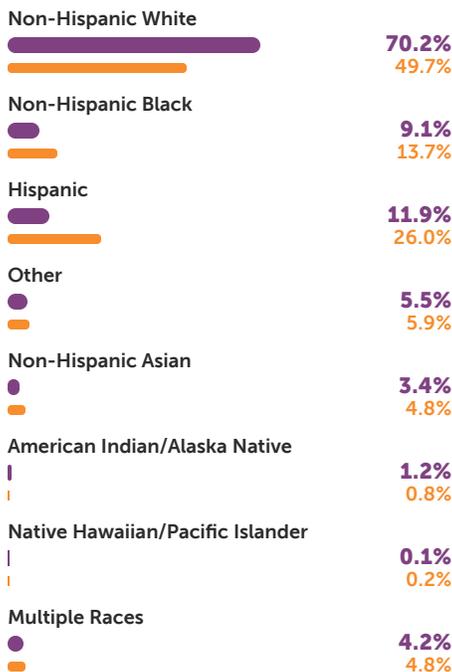
● Wisconsin ● National Average

Infants and toddlers in Wisconsin

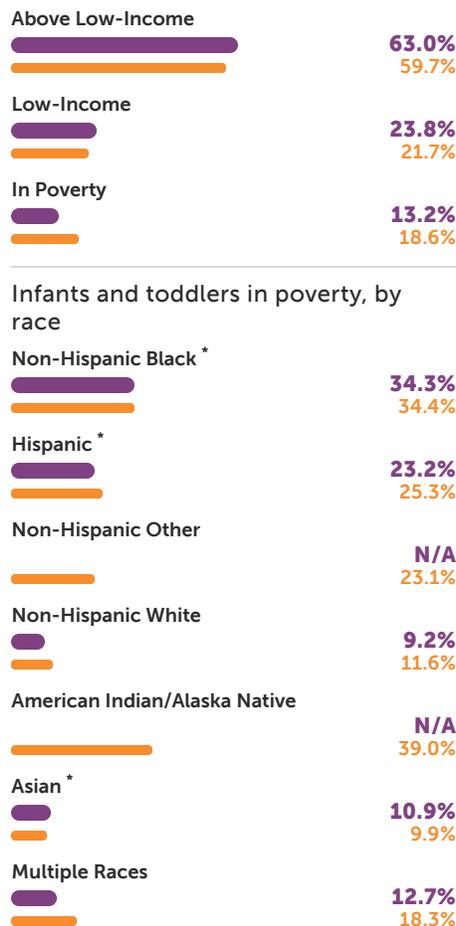
Wisconsin is home to 194,213 babies, representing 3.3 percent of the state's population. As many as 37.0 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

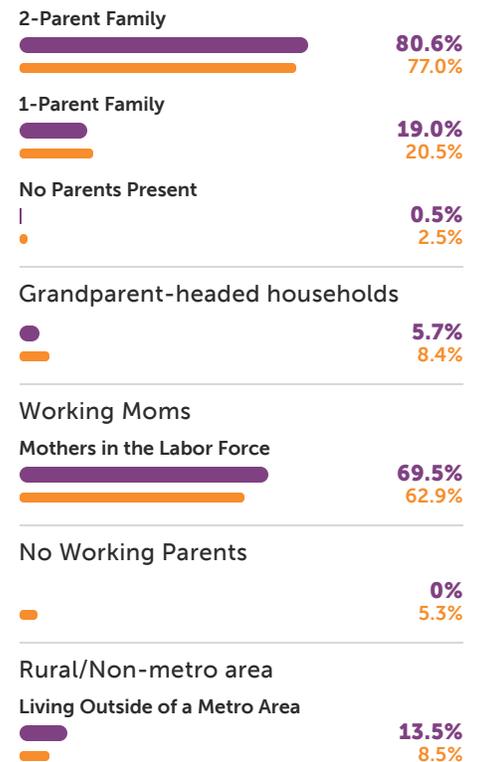
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Wisconsin's babies faring in Good Health?

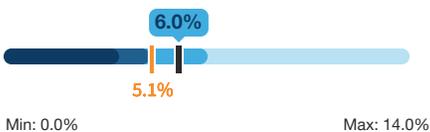
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Wisconsin falls in the Reaching Forward (R) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Wisconsin performs better than national averages on key indicators, such as the percentages of babies breastfed at 6 months and babies receiving recommended vaccinations. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and babies receiving preventive dental care.

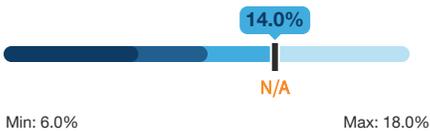
Key Indicators of Good Health

● Wisconsin ● National Avg

Uninsured low-income infants/toddlers



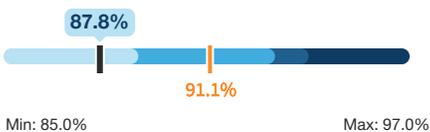
High weight-for-length[†]



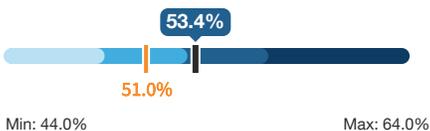
Infant mortality rate (deaths per 1,000 live births)



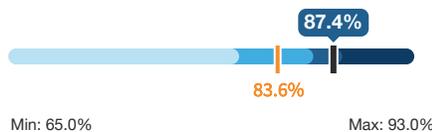
Preventative medical care received



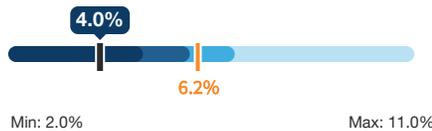
Medical home[†]



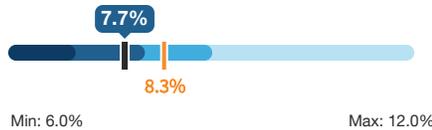
Ever breastfed



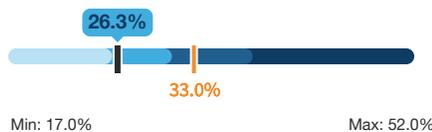
Late or no prenatal care received



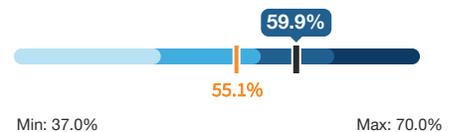
Babies with low birthweight



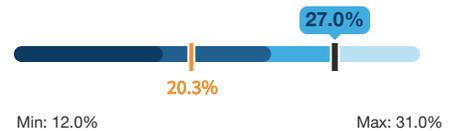
Preventative dental care received



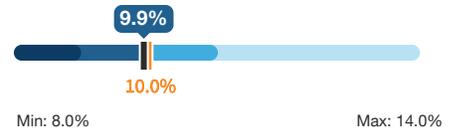
Infants breastfed at 6 months



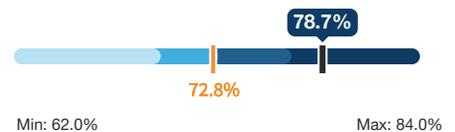
Mothers reporting less than optimal mental health



Preterm births[†]



Received recommended vaccines



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 in early childhood education settings	Yes	✓
Pregnant workers protection†	No protections	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Wisconsin

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	306 200	R Uninsured low-income infants/toddlers	6.0% 5.1%
R Low or very low food security	16.7% 13.7%	O Infants ever breastfed	87.4% 83.6%
O Infants breastfed at 6 months	59.9% 55.1%	R WIC coverage†	74.1% 79.3%
G High weight-for-length†	14.0% N/A	W Late or no prenatal care received	4.0% 6.2%
G Mothers reporting less than optimal mental health	27.0% 20.3%	R Infant mortality rate (deaths per 1,000 live births)†	6.1 5.7
O Babies with low birthweight	7.7% 8.3%	R Preterm births†	9.9% 10.0%
G Preventive medical care received	87.8% 91.1%	R Preventive dental care received	26.3% 33.0%
W Received recommended vaccines	78.7% 72.8%	O Medical home†	53.4% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

How are Wisconsin's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Wisconsin falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Wisconsin is doing worse than the national average on indicators such as the percentages of babies who have had one adverse experience and babies experiencing housing insecurity (moved 3 or more times).

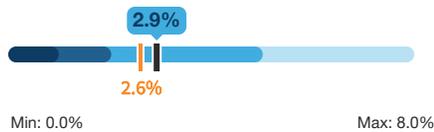
Key Indicators of Strong Families

● Wisconsin ● National Avg

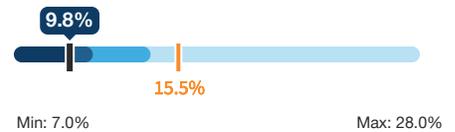
TANF benefits receipt among families in poverty



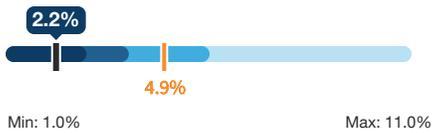
Housing instability



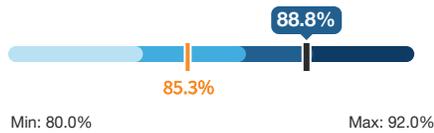
Crowded housing



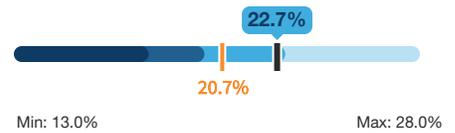
Unsafe neighborhoods



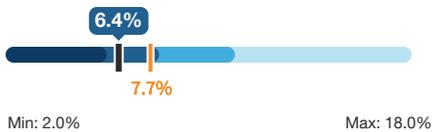
Family resilience



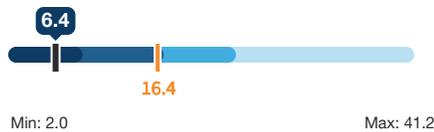
1 adverse childhood experience



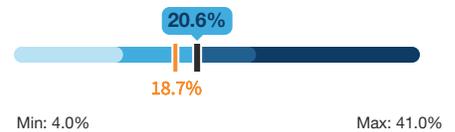
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Wisconsin

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	No	✗
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Wisconsin

● State Indicator ● National Avg

<p>O TANF benefits receipt among families in poverty 22.6% 21.7%</p> <p>W Crowded housing 9.8% 15.5%</p> <p>O Family resilience 88.8% 85.3%</p> <p>O Two or more adverse childhood experiences 6.4% 7.7%</p> <p>R Out of home placements† 20.6% 18.7%</p> <p>O Potential home visiting beneficiaries served 2.2% 2.0%</p> <p>Infants/toddlers exiting foster care to permanency† 99.1% 98.8%</p> <p>Removed from home† 7.1 7.1</p>	<p>R Housing instability 2.9% 2.6%</p> <p>W Unsafe neighborhoods 2.2% 4.9%</p> <p>R One adverse childhood experience 22.7% 20.7%</p> <p>Infant/toddler maltreatment rate† 6.4 16.4</p> <p>Permanency Achieved: Reunified† 58.4% 48.1%</p> <p>Permanency Achieved: Relative† N/A 7.8%</p> <p>Permanency Achieved: Guardian† 16.7% 8.3%</p> <p>Permanency Achieved: Adoption† 23.1% 34.6%</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Wisconsin's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Wisconsin scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of parents who read to their child every day. Wisconsin is doing worse than the national average on indicators such as the lower percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

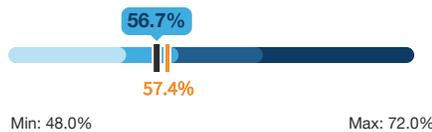
Key Indicators of Positive Early Learning Experiences

● Wisconsin ● National Avg

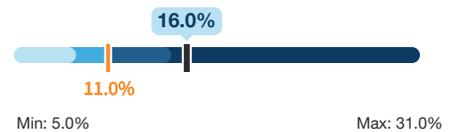
Parent reads to baby every day



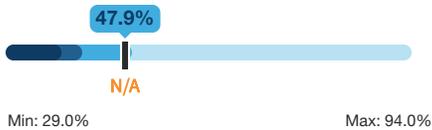
Parent sings to baby every day



Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



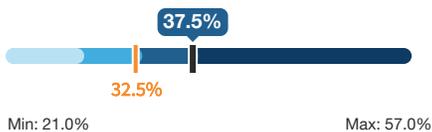
Cost of care, as % of income married families



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



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Wisconsin

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	2 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Wisconsin

● State Indicator ● National Avg

<p>O Parent reads to baby every day 43.4% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 16.0% 11.0%</p> <p>R Cost of care, as % of income single parents 47.9% N/A</p> <p>O Developmental screening received 37.5% 32.5%</p> <p>O Percentage of infants/toddlers receiving IDEA Part C services 6.5% 6.8%</p>	<p>R Parent sings to baby every day 56.7% 57.4%</p> <p>R Cost of care, as % of income married families 13.4% N/A</p> <p>R Low/moderate income infants/toddlers in CCDF funded-care 3.5% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.5% 1.1%</p> <p>O Timeliness of Part C services† 99.2% N/A</p>
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†This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

The State of Wyoming's Babies G

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

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

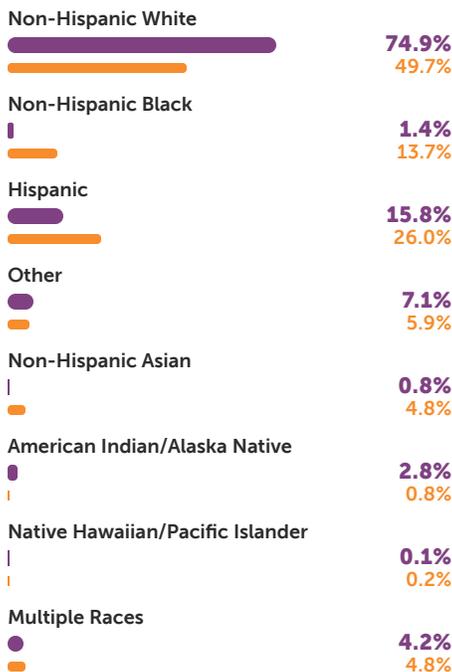
● Wyoming ● National Average

Infants and toddlers in Wyoming

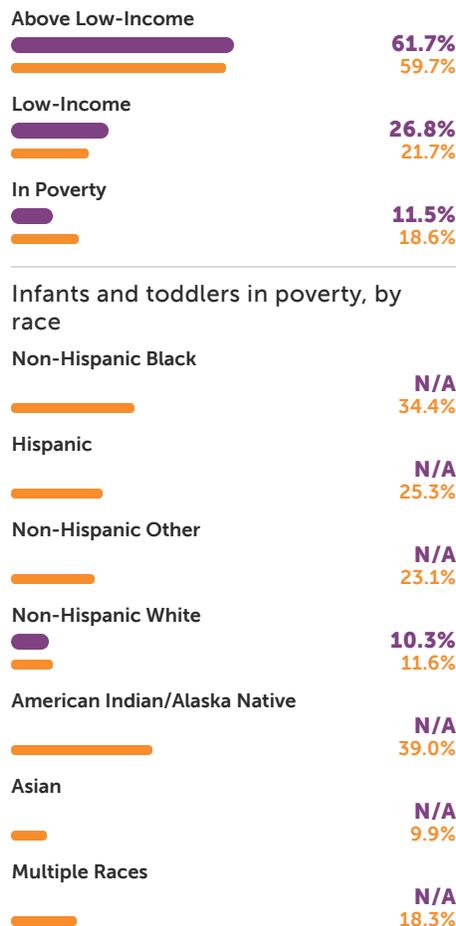
Wyoming is home to 20,349 babies, representing 3.5 percent of the state's population. As many as 38.3 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

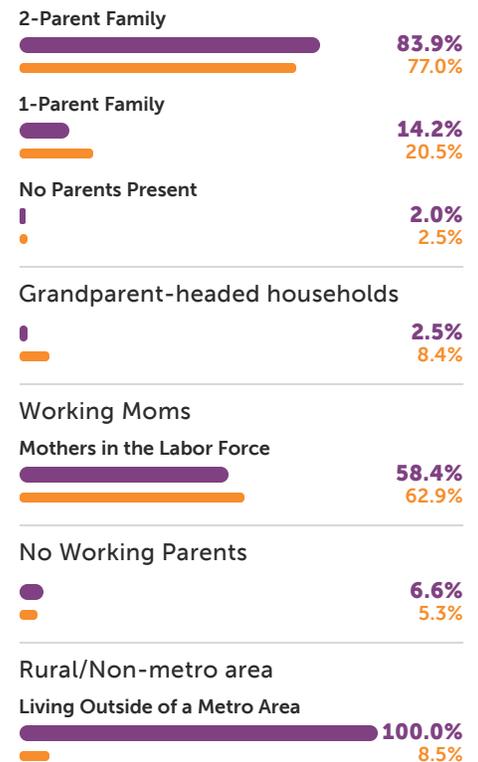
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



Note: N/A indicates Not Available

How are Wyoming's babies faring in Good Health?

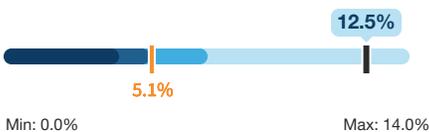
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Wyoming falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as food security, nutrition, and mental health. Wyoming performs better than national averages on key indicators, such as the percentages of babies breastfed at 6 months and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the percentages of uninsured babies in families with low income and babies experiencing food insecurity.

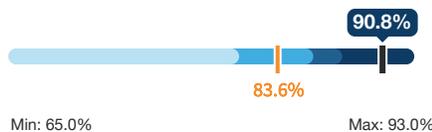
Key Indicators of Good Health

● Wyoming ● National Avg

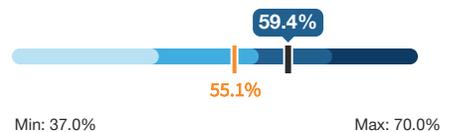
Uninsured low-income infants/toddlers



Ever breastfed



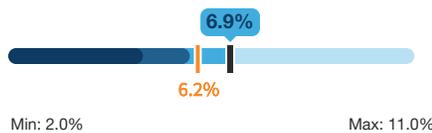
Infants breastfed at 6 months



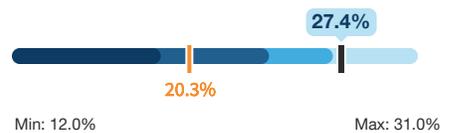
High weight-for-length[†]



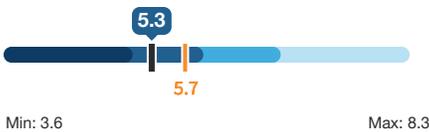
Late or no prenatal care received



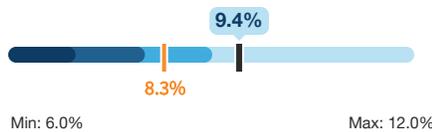
Mothers reporting less than optimal mental health



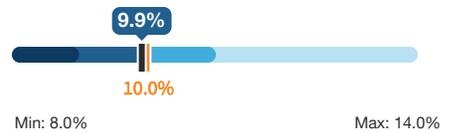
Infant mortality rate (deaths per 1,000 live births)



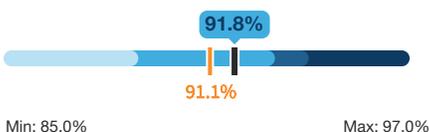
Babies with low birthweight



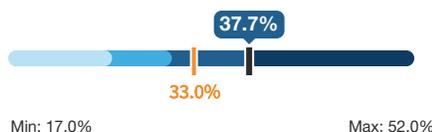
Preterm births[†]



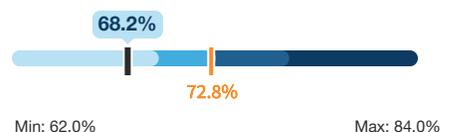
Preventative medical care received



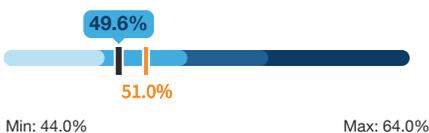
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Wyoming

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 in early childhood education settings	_____	Yes ✓
Pregnant workers protection [†]	_____	No protections
Postpartum extension of Medicaid coverage [†]	_____	No law beyond mandatory 60 days

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Applicable

All Good Health Indicators for Wyoming

● State Indicator ● National Avg

G Eligibility limit (% FPL) for pregnant women in Medicaid	159 200	G Uninsured low-income infants/toddlers	12.5% 5.1%
G Low or very low food security	27.2% 13.7%	W Infants ever breastfed	90.8% 83.6%
O Infants breastfed at 6 months	59.4% 55.1%	G WIC coverage [†]	68.4% 79.3%
W High weight-for-length [†]	7.1% N/A	G Late or no prenatal care received	6.9% 6.2%
G Mothers reporting less than optimal mental health	27.4% 20.3%	O Infant mortality rate (deaths per 1,000 live births) [†]	5.3 5.7
G Babies with low birthweight	9.4% 8.3%	R Preterm births [†]	9.9% 10.0%
R Preventive medical care received	91.8% 91.1%	O Preventive dental care received	37.7% 33.0%
G Received recommended vaccines	68.2% 72.8%	R Medical home [†]	49.6% 51.0%
Maternal mortality	N/A 17.4		

[†]This indicator is not factored into the GROW tier rankings.
 Note: N/A indicates Not Available.

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Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Wyoming falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and parents who report being resilient. Wyoming is doing worse than the national average on indicators such as the percentages of babies who have had "two or more" adverse childhood experiences and babies experiencing housing insecurity (moved 3 or more times).

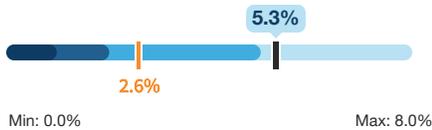
Key Indicators of Strong Families

● Wyoming ● National Avg

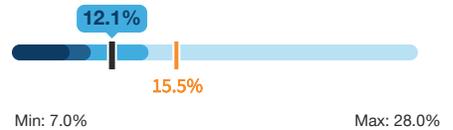
TANF benefits receipt among families in poverty



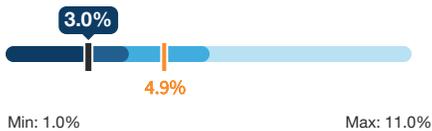
Housing instability



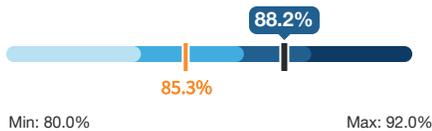
Crowded housing



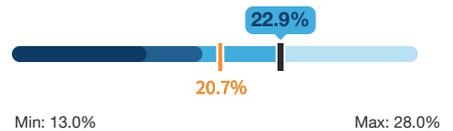
Unsafe neighborhoods



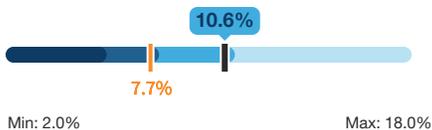
Family resilience



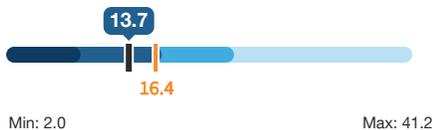
1 adverse childhood experience



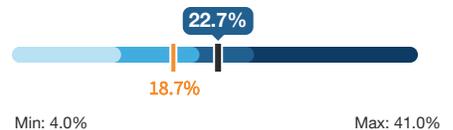
2+ adverse childhood experiences



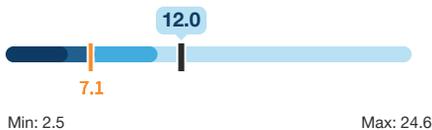
Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Wyoming

Paid family leave	_____	No X
Paid sick time that covers care for child	_____	No X
TANF Work Exemption†	_____	No X
State Child Tax Credit†	_____	No X
State Earned Income Tax Credit (EITC)†	_____	No X

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Wyoming

● State Indicator ● National Avg

G TANF benefits receipt among families in poverty	4.0% 21.7%	G Housing instability	5.3% 2.6%
R Crowded housing	12.1% 15.5%	O Unsafe neighborhoods	3.0% 4.9%
O Family resilience	88.2% 85.3%	G One adverse childhood experience	22.9% 20.7%
G Two or more adverse childhood experiences	10.6% 7.7%	Infant/toddler maltreatment rate†	13.7 16.4
O Out of home placements†	22.7% 18.7%	Permanency Achieved: Reunified†	67.0% 48.1%
O Potential home visiting beneficiaries served	2.5% 2.0%	Permanency Achieved: Relative†	N/A 7.8%
Infants/toddlers exiting foster care to permanency†	97.9% 98.8%	Permanency Achieved: Guardian†	15.2% 8.3%
Removed from home†	12 7.1	Permanency Achieved: Adoption†	11.0% 34.6%

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

Positive Early Learning Experiences

How are Wyoming's babies faring in Positive Early Learning Experiences?

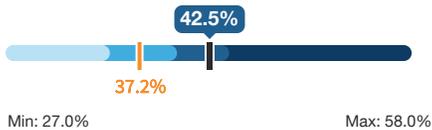
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development; however, disparities in access to high-quality care remain across many states and communities in the United States.

Wyoming scores in the Reaching Forward (R) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the higher percentage of infants and toddlers below 100 percent of the federal poverty line with access to Early Head Start. Wyoming is doing worse than the national average on indicators such as the lower percentage of infants and toddlers who received a developmental screening. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

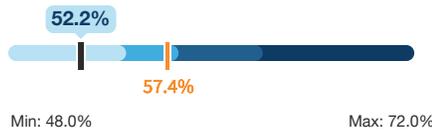
Key Indicators of Positive Early Learning Experiences

● Wyoming ● National Avg

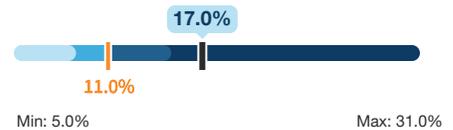
Parent reads to baby every day



Parent sings to baby every day



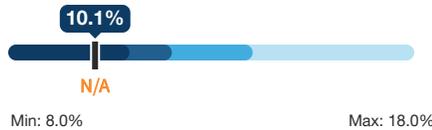
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



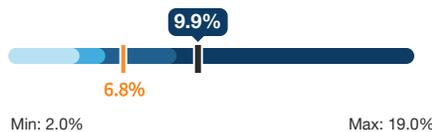
Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences

Positive Early Learning Experiences Policy in Wyoming

Infant eligibility level for child care subsidy above 200% of FPL	_____	No	✗
Allocated CCDBG funds†	_____	Yes	✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups	
Adult/child ratio requirements meet or exceed EHS standards†	_____	1 of 3 age groups	
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma	
Infant/toddler credential adopted†	_____	Yes	✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No	✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No	✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Wyoming

● State Indicator

● National Avg

<p>O Parent reads to baby every day 42.5% 37.2%</p> <p>W Percentage of income-eligible infants/toddlers with Early Head Start access 17.0% 11.0%</p> <p>W Cost of care, as % of income single parents 33.7% N/A</p> <p>G Developmental screening received 24.3% 32.5%</p> <p>W Percentage of infants/toddlers receiving IDEA Part C services 9.9% 6.8%</p>	<p>G Parent sings to baby every day 52.2% 57.4%</p> <p>W Cost of care, as % of income married families 10.1% N/A</p> <p>W Low/moderate income infants/toddlers in CCDF funded-care 5.8% 4.2%</p> <p>Infants/toddlers with developmental delay† 2.6% 1.1%</p> <p>R Timeliness of Part C services† 98.3% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.

About ZERO TO THREE

The *State of Babies Yearbook: 2021* is part of ZERO TO THREE's Think Babies™. ZERO TO THREE created Think Babies to make the potential of every baby a national priority. When we Think Babies and invest in infants, toddlers, and their families, we ensure a strong future for us all. 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.

