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Health Care Coverage and Affordability

Children’s Health Insurance Program (CHIP) unborn child option

States take different approaches to providing health coverage to children of immigrants. Below we provide an overview of these options, and then detail the approach that we are tracking with this indicator, the “unborn child option.” Medicaid and the Children’s Health Insurance Program (CHIP) also provide health coverage for immigrants based on what may be matched with federal Medicaid funds. Some states have chosen to use state-only funds to provide health coverage to children or other groups regardless of immigration status and use state funds to pay when a federal match is unavailable. There are two state options to receive federal matching funds for covering immigrant children and pregnant women in Medicaid and CHIP. More than half of states have opted to draw down federal matching funds in Medicaid or CHIP to cover lawfully residing immigrant pregnant women and/or children during their first five years residing in the U.S.¹

States also have an option in CHIP to cover an unborn child once a pregnancy is confirmed through the “unborn child option.” This option extends coverage to undocumented pregnant people by covering their unborn child as a targeted low-income child, who will be covered by Medicaid or CHIP at birth. Health coverage for pregnancies under this option includes prenatal care and labor and delivery services and ends with the birth of the child.² The data here reflect rules in effect as of January 2022, as reported by the Kaiser Family Foundation.

Source: Brooks, T., Gardner, A., Osorio, A., Tolbert, J., Corallo, B., Ammula, M. & Moreno, S. (2022). *Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey*. Kaiser Family Foundation. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/>

Eligibility limit (percentage of the federal poverty line) for Medicaid eligibility for pregnant women

Caring well for infants and toddlers begins with prenatal care. Medicaid and the Children’s Health Insurance Program (CHIP) help women from lower-income households pay for health services that help ensure a healthy pregnancy and birth. States have flexibility to set income thresholds for eligibility; these are expressed as a percentage of the federal poverty line (FPL).

The eligibility limits for each state reflect rules in effect as of January 2022, as reported by the Kaiser Family Foundation. For *State of Babies Yearbook: 2023*, we have included CHIP eligibility thresholds when they are higher than Medicaid thresholds. The national average presents the national average for Medicaid only, as CHIP does not cover pregnant individuals in all states.

Source: Brooks, T., Gardner, A., Osorio, A., Tolbert, J., Corallo, B., Ammula, M. & Moreno, S. (2022). *Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey*. Kaiser Family Foundation. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/>

Percentage of low-income infants/toddlers who are uninsured

Health insurance is an important financial backstop for families. An infant or toddler with a serious injury or illness can incur medical expenses that are overwhelming, particularly for families with low incomes. While health insurance coverage for this age group is nearly universal, some groups of children are still uncovered.

The denominator is the number of children ages 0-2 living below 200 percent of the federal poverty line. The numerator is the number of children ages 0-2 living below 200 percent of the federal poverty line that did not have health insurance at the time of the interview.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler’s race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of nine categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we created seven mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic

Multiple Races, and Non-Hispanic White. *Urbanicity*: Urban residence is defined as living within a metropolitan area. Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data that do not include estimates for Puerto Rico for the urbanicity indicator subgroups.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S., & Schouweiler, M. (2023). *American Community Survey 2020, five-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

State adopted Medicaid expansion under the Affordable Care Act

Under the Affordable Care Act, states have the option of expanding Medicaid eligibility criteria to a broader group of people. By adopting Medicaid expansion, more children and families become eligible for Medicaid, and more children and families are covered by health insurance. Expanded eligibility for Medicaid coverage has been shown to improve children's use of preventive care,³ reduce infant mortality,⁴ lower families' out-of-pocket medical expenditures,⁵ and reduce the amount of their unpaid medical bills.⁶

Medicaid expansion status for each state is based on the Kaiser Family Foundation's tracking and analysis of state expansion activity. States' decisions about adopting Medicaid expansion are as of September 20, 2022. States that have adopted but not yet implemented Medicaid expansion are included as being Medicaid expansion states. Additional state-specific notes are provided in the data source.

Source: Kaiser Family Foundation. (2022). Status of state action on the Medicaid expansion decisions: Interactive table. <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

Percentage of infants/toddlers who received coordinated, ongoing, comprehensive care within a medical home

The American Academy of Pediatrics defines a medical home as a health care model that is "accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective."⁷ Having a medical home is associated with improved health outcomes and healthy behaviors, as well as decreased sick and emergency room visits for children without special healthcare needs.⁸ Medical homes are also linked to better health status and increases to family functioning for children with special health care needs.⁹

The denominator is children ages 0-2. The numerator is children ages 0-2 whose parents affirmed the following items: their child has a personal doctor or nurse, a usual source for sick care, family-centered care, no problems getting needed referrals (if applicable) and effective care coordination when needed (if applicable). Estimates in the State of Babies Yearbook: 2022 are based on a four-year (2016-2019) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in the 2021 yearbook, which were based on three years of NSCH data (2016-2018). They should be considered improved estimates, not new estimates that can be compared directly to previous yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races" categories, so those estimates are not presented. In 2019, the "some other race" race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2018). 2017 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2019). 2018 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

State efforts to extend Medicaid coverage beyond 60 days postpartum

The postpartum stage (after delivery) is an important period of time both for the parent who carried the child and newborn baby. Parents can face a variety of health challenges postpartum including depression, anxiety, pain, and any other complication that may have taken place during childbirth. Medicaid coverage is a way for parents to receive financial support as it relates to their pregnancy and the postpartum period. However, coverage gaps can leave many people in need of support during a very vulnerable time of their lives. While states provide pregnant people with Medicaid benefits, only some states extend eligibility beyond the nationally mandated 60 days postpartum.¹⁰

The data source categorized states into categories describing the current status of state efforts to extend Medicaid coverage beyond 60 days postpartum, including "enacted" if the state passed a bill and/or had money included in the state budget but is not yet implementing the policy and "implemented" if the state is currently providing some form of extended postpartum coverage

For the specific categorization and coding, if a bill was introduced but not enacted it was categorized as a 0. If the bill was enacted or implemented, it was categorized as a 1 if any health or population restrictions were listed, or as a 2 if the bill was serving all pregnant people for at least one year.

Source: American College of Obstetricians and Gynecologists. (2023). *Status of state actions to extend postpartum Medicaid coverage*, ACOG. <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage/status-of-state-actions>

Nutrition

Percentage of infants who are ever breastfed, breastfed at 6 months

Breastfeeding conveys advantages to both infants and their mothers. For young children, breastfeeding is associated with numerous benefits, including reduced rates of disease, overweight, and obesity. Breastfeeding is also associated with positive outcomes for the breastfeeding parent, including reduced rates of breast and ovarian cancers.¹¹ The skin-to-skin contact in breastfeeding improves oxytocin levels and breastfeeding parents report higher rates of attachment.¹² Experts recommend that babies are breastfed throughout the first year of life.¹³

For the percentage of infants who are ever breastfed, the denominator is the number of toddlers ages 19-35 months. The numerator is the number of toddlers ages 19-35 months who were ever breastfed. For the percentage of infants breastfed at 6 months, the denominator is the number of toddlers ages 19-35 months. The numerator is the number of toddlers ages 19-35 months who were breastfed any amount at or over six months of age. The estimates presented in the *State of Babies Yearbook: 2023* may not line up with estimates published by the CDC, as the published estimates are based on a birth cohort. The public-use data does not have the information needed to calculate birth cohort estimates. The public-use data does not have the information needed to calculate birth cohort estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: Survey respondents reported the toddler's race. The public-use file includes the following categories: Hispanic, non-Hispanic White, non-Hispanic Black, and non-Hispanic other. The non-Hispanic other category includes Asian, American Indian and Alaska Native, Native Hawaiian and Pacific Islander, other races, and multiple races. These are the race/ethnicity categories presented with the indicator; however, the other and multiple race categories are very limited as they are an amalgamation of many different cultures. *Income*: NIS reports income-to-poverty ratios based on family income, number of persons in the household, number of children in the household, and the 2018 Census poverty thresholds. The imputed income-to-poverty ratio is used for the *State of Babies Yearbook: 2023*. Families with an income-to-poverty ratio less than 2 are considered low-income. Those with values greater than 2 are considered "not low-income."

Source: U.S. Department of Health and Human Services (DHHS), National Center for Immunization and Respiratory Diseases. (2022). *The 2020 National Immunization Survey – Child* [Dataset]. Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/imz-managers/nis/datasets.html>

Percentage of WIC recipients, age 3–23 months, who have high weight-for-length

While obesity is not typically measured among very young children, it is important to monitor infant and child growth over time and identify any abnormalities in the child's development that may arise.¹⁴ The American Academy of Pediatrics recommends using the weight-for-length growth standards to assess the nutritional status of children younger than two.¹⁵ These standards have been recognized internationally in efforts to prevent child malnutrition and obesity.¹⁶

High weight-for-length is defined as ≥ 2 standard deviations above the sex and age-specific median in the World Health Organization (WHO) growth standards. Weight was measured to the nearest one-quarter pound, and length to the nearest one-eighth inch by using an infant measuring board according to CDC surveillance standards. Children with missing values of sex, weight, or length, or who had a length outside the range (45–110 cm) in the WHO growth standards were excluded. In addition, children with biologically implausible values were excluded from analyses. State estimates do not include data from WIC Agencies in Indian Tribal Organizations (ITOs).

This indicator can be disaggregated by race/ethnicity. *Race/ethnicity*: The included subgroups are non-Hispanic White, non-Hispanic Black, Hispanic, Asian/Pacific Islander, and American Indian/Alaska native.

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. (2022). *Data, trends and maps*. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

Percentage of eligible infants, one-year-olds, and two-year-olds who participated in WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal grant program that provides access to food, nutrition information, and health care referrals to women and children, from pregnancy through the time the child reaches the age of five years.¹⁷ A woman's or child's eligibility to participate in WIC is based on the caregiver's income, as well as the child's medical or dietary status.¹⁸ Participating in WIC is associated with lower levels of infant mortality, better cognitive development for the child as well as more nutritious diets.¹⁹

This indicator documents the coverage rates for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) eligible infants, one-year-olds, and two-year-olds by state for the 2019 calendar year. In the following states: Alabama, California, Connecticut, the District of Columbia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Oklahoma, Oregon, Rhode Island, Texas, Vermont, and Wisconsin, the estimated coverage rate was greater than 100 percent for infants.

The percentage of eligible infants who participated in WIC can be disaggregated by race and ethnicity. The included subgroups are Hispanic, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Two or More Races or Other Race.

Source: Farson Gray, K., Balch-Crystal, E., Giannarelli, L., & Johnson, P. (2022). *National- and State-level estimates of WIC eligibility and WIC program reach in 2019*. U.S. Department of Agriculture Food and Nutrition Service. <https://www.fns.usda.gov/wic/national-state-level-estimates-eligibility-program-reach-2019>

Maternal Health

US Abortion Policies and Access

Abortion is a critical component of health care that supports the health and well-being of women and children.²⁰ This indicator is new for *State of Babies Yearbook: 2023*. This indicator categorizes states on a scale of 1-7 from most restrictive to most supportive based on the abortion policies in effect as of the date the data were drawn. These policies are rapidly changing, so the data reported in *State of Babies Yearbook: 2023* may not reflect the most recent policy changes.

Source: Guttmacher Institute (2023). *Interactive Map: US Abortion Policies and Access After Roe*. <https://states.guttmacher.org/policies/>

Late or no prenatal care

Pregnant people who receive no prenatal care, or whose care begins only in the last trimester of pregnancy, are more likely to have infants with health problems. Pregnant people who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die.²¹ In addition to receiving care early, frequency and timing of prenatal care are also important, especially for effective responses to specific maternal risk factors.²²

Data for the *State of Babies Yearbook: 2023* were calculated using data from CDC Wonder. The numerator is the number of births with prenatal care that began during the third trimester of pregnancy or an absence of prenatal care. The denominator is the total number of births for whom timing of prenatal care is known. The total/national average is out of presented states, rather than all states. This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: The included subgroups are non-Hispanic American Indian and Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic more than one race, non-Hispanic native Hawaiian or other Pacific islander, non-Hispanic White, and Hispanic of all races. The pregnant person's race was used for the subgroup calculations. Births where the origin of the mother was unknown were included with non-Hispanic births in the CDC Wonder data. *Urbanicity*: CDC Wonder classifies each person as living in a metro or nonmetro area according to 2013 designations. The Metro group includes counties in these Urbanization categories: Large Central Metro, Large Fringe Metro, Medium Metro, and Small Metro. The Nonmetro group includes counties in these Urbanization categories: Micropolitan (non-metro) and noncore (non-metro).

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). *About Natality, 2016-2021 expanded*. <http://wonder.cdc.gov/natality-expanded-current.html>

Maternal mortality rate (pregnancy-related deaths per 100,000 live births)

Maternal mortality can be defined as the death of a parent that takes place during pregnancy, childbirth or postpartum.²³ A parent's death is detrimental to the development of the newborn child and poses a great hardship to the affected household.

This indicator is available at the national level only because the CDC does not suggest comparing state-level estimates. The *State of Babies Yearbook: 2023*, 2022, and 2021 data reflect a new methodology, recently adopted by the CDC (to be called 2018 method), for coding maternal deaths, which is not comparable with previous year's data. This new 2018 method was adopted to mitigate errors that were revealed with the reporting of maternal deaths (e.g., overreporting of maternal deaths among older women).

Data reflect maternal mortality in 2020.

This indicator can be disaggregated by mother's race/ethnicity at the national level only. The only subgroups reported in the source document are non-Hispanic Black, non-Hispanic White, and Hispanic of all races.

Source: Hoyert, DL. (2022). *Maternal mortality rates in the United States, 2020*. NCHS Health E-Stats. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/e-stat-maternal-mortality-rates-2022.pdf>

Percentage of infants/toddlers whose mothers rate their mental health as worse than “excellent” or “very good”

The links between parental mental health—particularly depression—and child well-being are well established in research.²⁴ The negative effects of maternal depression can begin prenatally.²⁵ Parents who are depressed are less likely to engage in the kinds of reciprocal social interplay that is so important to the healthy development of infants

and toddlers.²⁶ Untreated depression in mothers or fathers is also associated with greater risk for delays in cognitive and motor development,²⁷ child maltreatment,²⁸ and neglectful parenting practices.²⁹ Several intervention models are effective in treating parents' depression.³⁰

This indicator summarizes the mental or emotional health status of the child's biological, step, adoptive, or foster mother. The denominator is children ages 0-2 who live with their biological, step, adoptive, or foster mother. The numerator is the number of those children whose mothers rate their mental/emotional health status as "good," "fair," or "poor." Estimates in *State of Babies Yearbook: 2023* are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019); SoBY 2021, which were based on three years of NSCH data (2016-2018); or SoBY 2020, which were based on two years of NSCH data (2016-2017). They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races" categories, so those estimates are not presented. In 2019, the "some other race" race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2018). 2017 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative, (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Accommodations for pregnant workers, protection from job loss

The Pregnancy Discrimination Act of 1978 (PDA) established a law for pregnant people to be treated and be provided with the same benefits as non-pregnant workers. Without these protections and accommodations set in place, many pregnant workers may find themselves having to leave their jobs or work under non-accommodating conditions (e.g., unable to sit or take rest).³¹ However, despite the PDA of 1978, pregnant workers still found themselves facing workplace discrimination. To combat this, various states have made the effort to ensure pregnant workers have the protections and accommodations they need to promote healthy pregnancies and ensure inclusiveness of the pregnant workers in the workforce.

The data reflect laws passed by states that require employers to provide protections and accommodations to pregnant workers. These data are as of April 2022, reported by the National Partnership for Women and Families. "None" was assigned to states that did not have any protection plans set in place. "State-level" protection was

assigned to states that specifically referenced protections or accommodations for pregnant people that were considered "state" or "county" employees. States were classified as having protections for state employees only if the terms "public employers," "state employers," "county," or "municipal employees" were used. "Limited" was assigned to states that offer protections for state employees and private employees with exceptions (this would include states that have any employer size limit for eligibility, including "one or more" employees). "All employee" protection was assigned to states with protection plans applicable to the general public, including private and state employees.

Source: National Partnership for Women and Families. (2022). *Reasonable accommodations for pregnant workers: State and local laws*. <https://national-partnership.org/report/reasonable-accommodations-pregnant-workers/>

State Medicaid policy requires, recommends, or allows maternal depression screening during well-child visits

Regular, periodic well-child visits during the first year of life are an opportune time to screen for parental depression, which can have detrimental effects on caregiving and the well-being of both the parent and the child. Recent federal guidance³² allows states to include screening for maternal depression as part of a well-child visit, and limited treatment for depressed mothers, within the context of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid program for children.

The National Academy for State Health Policy's website states that the main sources of this policy information are state Medicaid agency websites and provider guidance. Any information not cited by the National Academy for State Health Policy is from communication with the state's Medicaid agency. Information is accurate as of January 2021. This data was not updated for the *State of Babies Yearbook: 2023*, as new data were not yet available.

Source: National Academy for State Health Policy. (2021). *Medicaid policies for maternal depression screening during well-child visits, by state*. Retrieved October 12, 2022, from <https://healthychild.nashp.org/wp-content/uploads/2021/04/Maternal-Depression-Screen-updates-4-1-2021.pdf>

Children's Health

Percentage of babies born preterm (before 37 completed weeks of gestation)

Preterm births are the second leading cause of death among children younger than five.³³ The percentage of babies born preterm can be reduced through early intervention. The most effective interventions at improving infant survival rates are those that support the pregnant parent right before, during, and after the pregnancy. These can ensure that complications often associated with preterm delivery, such as infection, neurological challenges, and lung immaturity, are treated early.³⁴

Data for the *State of Babies Yearbook: 2023* were calculated using data from CDC Wonder. The numerator is the number of infants born preterm, which is defined by the CDC as births completed before 37 completed weeks of gestation. The denominator is the total number of infants whose completed weeks of gestation is known.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: CDC Wonder contains very detailed information on the pregnant parent's race/ethnicity. After examining sample sizes, we are presenting the following subgroups: non-Hispanic American Indian and Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic more than one race, non-Hispanic native Hawaiian or other Pacific islander, non-Hispanic White, and Hispanic of all races. Births where the origin of the mother was unknown were included with non-Hispanic births in the CDC Wonder data. *Urbanicity*: CDC Wonder classifies each pregnant parent as living in a metro (urban) or non-metro area according to 2013 designations. The metro group includes counties in these categories: large central metro, large fringe metro, medium metro, and small metro. The non-metro group includes counties in these categories: micropolitan (non-metro) and noncore (non-metro). For the subgroups, the total/national average is out of states whose data is presented for that subgroup, rather than all states.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). *About Natality, 2016-2021 expanded*. <http://wonder.cdc.gov/natality-expanded-current.html>

Percentage of babies with low birthweight (less than 5.5 pounds)

Low birthweight (less than 5.5 pounds) is strongly associated with poor developmental outcomes, beginning in infancy but extending into adult life.³⁵ Low weight is often associated with pre-term delivery, but can occur also with

full-term births. Research points to a number of factors that can contribute to the likelihood of low weight at birth, including smoking during pregnancy; low weight gain during pregnancy, or low pre-pregnancy weight; and the pregnant parent's stress during pregnancy.³⁶ The National Center for Health Statistics defines low birth weight as a weight of less than 2,500 grams, or 5 pounds and 8 ounces.

Data for the *State of Babies Yearbook: 2023* were calculated using data from CDC Wonder. The numerator is the number of infants born with low birth weight, which is defined by the CDC as less than 2,500 grams, or 5.5 pounds. The denominator is the total number of infants whose birth weights are known.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: CDC Wonder contains very detailed information on the pregnant parent's race/ethnicity. After examining sample sizes, we are presenting the following subgroups: non-Hispanic American Indian and Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic more than one race, non-Hispanic Native Hawaiian or other Pacific Islander, non-Hispanic White, and Hispanic of all races. Births where the origin of the mother was unknown were included with non-Hispanic births in the CDC Wonder data. *Urbanicity*: CDC Wonder classifies the pregnant parent as living in a metro (urban) or non-metro (rural) area according to 2013 designations. The metro group includes counties in these categories: large central metro, large fringe metro, medium metro, and small metro. The non-metro group includes counties in these categories: micropolitan (non-metro) and noncore (non-metro). For the subgroups, the total/national average is out of states whose data is presented for that subgroup, rather than all states.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). About Natality, 2016-2020 expanded. <http://wonder.cdc.gov/natality-expanded-current.html>

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

Children are much more likely to die during the first year of life than they are at older ages. Infant deaths can reflect underlying problems, such as barriers to accessing prenatal care, living in violent neighborhoods, or circumstances that challenge parents' ability to adequately supervise their young children. They can also highlight inequities: for example, in access to health care or safe places to play, or exposure to environmental toxins. Among infants, the leading causes of death include congenital and chromosomal abnormalities, problems related to short gestation and low birthweight, and sudden infant death syndrome (SIDS).³⁷

The Centers for Disease Control and Prevention (CDC) website reports the infant mortality rate as the number of infant deaths per 1,000 live births.

This indicator can be disaggregated by mother's race/ethnicity. Subgroup data are from 2020. The included subgroups are non-Hispanic White, non-Hispanic Black, non-Hispanic American Indian and Alaska Native, non-Hispanic Asian, and non-Hispanic Native Hawaiian and Pacific Islander. Mother's reported race was used for the subgroup calculations.

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. (2023). About Linked Birth / Infant Death Records, 2017-2020 Expanded. <https://wonder.cdc.gov/lbd-current-expanded.html>

Ely, D.M. & Driscoll, A.K. (2020). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. National Vital Statistics Reports, 69(7). <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>

Percentage of infants/toddlers who had a preventive dental care visit in the past year

Early childhood tooth decay can be damaging to developing primary teeth,³⁸ and can negatively affect child oral health quality of life,³⁹ increase experience of dental pain, and negatively impact school performance.⁴⁰

The denominator is children ages 1-2. The numerator is children ages 1-2 who ever had one or more preventive dental visits. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and household income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic

White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some “Other” and “Two or More Races” categories, so those estimates are not presented. In 2019, the “some other race” race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups.

*Yearbook**Yearbook**Household Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Percentage of infants/toddlers who had a preventive medical care visit in the past year

Preventive medical care (also known as “well-child care”) is a critical opportunity to detect a developmental delay or disability, so that early treatment can reduce its impact on both the child and family.⁴¹ Well-child visits also allow medical providers to promote behaviors conducive to healthy development, and to share advice with the parents of infants and toddlers. For example, physician guidance increases the likelihood that parents will read to their child, or that a child will be breastfed.⁴²

The denominator is children ages 0-2. The numerator is children ages 0-2 who had one or more preventive medical visits in the past 12 months. Estimates in the *State of Babies Yearbook: 2023* are based on the 2019-2020 combined National Survey of Children’s Health (NSCH). Item language changed in the 2019 NSCH, restricting comparability to previous years.

This indicator can be disaggregated by household income. NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2019-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Source: Child and Adolescent Health Measurement Initiative. (2020). 2019 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Percentage of infants/toddlers receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19 through 35 months

Vaccines are important for infants and toddlers because many of the diseases vaccines prevent are more common, and more deadly, at this age. Vaccination protects not only the child who receives the vaccine, but also others in the child's community, including those who, for health reasons, cannot be vaccinated. The Centers for Disease Control and Prevention (CDC) recommends four doses of the diphtheria, tetanus, and pertussis (DTaP) vaccine, three or more doses of polio vaccine, one or more doses of the measles-mumps-rubella (MMR) vaccine, three or more doses of the *Haemophilus influenzae* type b (Hib) vaccine (or, for certain brands, four or more doses), the hepatitis B vaccine, and the varicella (chicken pox) vaccine.

The estimates reported here are from 2019. Technical notes on vaccine abbreviations, dose definitions and vaccine series for the National Immunization Survey (NIS) surveillance tables are available at: <https://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html>.

The numerator is the number of toddlers ages 19-35 months who received the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines. The denominator is the number of toddlers ages 19-35 months.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: Survey respondents reported the toddler's race. The public-use file includes the following categories: Hispanic, non-Hispanic White, non-Hispanic Black, and non-Hispanic other. The non-Hispanic other category includes Asian, American Indian and Alaska Native, Native Hawaiian and Pacific Islander, other races, and multiple races. These are the race/ethnicity categories presented with the indicator; however, the other and multiple race categories are very limited as they are an amalgamation of many different cultures. *Income*: NIS reports income-to-poverty ratios based on family income, number of persons in the household, number of children in the household, and the 2018 Census poverty thresholds. The imputed income-to-poverty ratio is used for the *State of Babies Yearbook: 2023*. Families with an income-to-poverty ratio less than 2 are considered low-income. Those with values greater than 2 are considered "not low-income."

Source: U.S. Department of Health and Human Services (DHHS) National Center for Immunization and Respiratory Diseases. (2022). *The 2020 National Immunization Survey – Child* [Dataset]. Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/imz-managers/nis/datasets.html>

Children's Mental Health Services

Medicaid plan covers infant and early childhood mental health services

Mental health concerns arising during the first years of life can develop into serious problems if not identified and treated promptly.⁴³ Families with low incomes may not be able to afford these services unless they are covered by Medicaid. To provide more robust services, state Medicaid plans can cover infant and early childhood mental health (I-ECMH) services in any of the following settings: home, pediatric/family medicine practices, and early care and education programs.

This indicator was not updated for the *State of Babies Yearbook: 2023*. A survey administered by the National Center for Children in Poverty asked participants if the state's Medicaid plan provides coverage for services to address a child's mental health needs provided by an early childhood mental health specialist in early care and education settings, pediatric settings, or family medicine settings. The data reflect policies as of 2018. Georgia's Medicaid only covers mental health services for children ages 4 and above.

Source: Smith, S., Granja, M. R., Nguyen, U. T., & Rajani, K. (2018). *How states use Medicaid to cover key infant and early childhood mental health services: Results of a 50-state survey (2018 Update)*. National Center for Children in Poverty. <https://academiccommons.columbia.edu/doi/10.7916/d8-8rre-9y19>

State Medicaid plan covers social-emotional screening for young children (ages 0 through 6 years) with a tool specifically designed for this purpose

Because young children's social-emotional development is so critical to their present well-being, as well as their later success, an accurate assessment of their status in this area is important.⁴⁴ To fully understand social-emotional development, health care providers should use an instrument that identifies young children at risk of behavioral health problems, specifically, not just a general developmental screening.

This indicator was not updated for the *State of Babies Yearbook: 2023*. A survey administered by The National Center for Children in Poverty asked Medicaid officials if the state's Medicaid plan covers social-emotional screening for children ages 0-6 years with a tool specifically designed for the purpose of identifying young children who may need further evaluation for social-emotional and behavioral difficulties.

Source: Smith, S., Granja, M. R., Nguyen, U. T., & Rajani, K. (2018). *How states use Medicaid to cover key infant and early childhood mental health services: Results of a 50-state survey (2018 Update)*. National Center for Children in Poverty. https://www.nccp.org/wp-content/uploads/2018/11/text_1211.pdf

Strong Families

Basic Needs

Percentage of families with infants/toddlers living below 100 percent of the federal poverty line that receive TANF benefits

The Temporary Aid to Needy Families program (TANF) was designed to help lower income families with minor children with cash assistance, particularly while parents are seeking employment. However, states are allowed to spend TANF funds for a variety of other activities (for example, administrative costs, child care and pre-K programs, child welfare services, and work support activities) in addition to directly supporting families. TANF's reach has declined over the years to the point where, in 2019, 23 of every 100 families living in poverty received any TANF benefits, with access being especially challenging for Black families.⁴⁵

The numerator is the number of TANF families whose youngest child was under 3 for Fiscal Year 2020 (October 2019-September 2020). The denominator is the number of families whose youngest child was under 3 and who lived below 100 percent of the Federal Poverty Line based on estimates from the 2020 - 2022 Current Population Survey (Annual Social and Economic Supplement) which spans March 2019 - February 2022. For the *State of Babies Yearbook:2023* we do not include territories in the national count. We combine 3 years of data for the denominator in order to improve indicator reliability for the *State of Babies Yearbook:2023* and 2022. This should be considered an improved estimate and not a new estimate that can be compared directly to the 2021, 2020, or 2019 yearbook estimates. Values greater than 100 percent are suppressed.

Sources: U.S. Department of Health and Human Services Administration for Children and Families, Office of Family Assistance. (2021). Characteristics and financial circumstances of TANF recipients, fiscal year 2020. [Tables]. <https://www.acf.hhs.gov/ofa/data/characteristics-and-financial-circumstances-tanf-recipients-fiscal-year-2020>

Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Housing instability (percentage of infants/toddlers who have moved three or more times since birth)

The stability of housing—as measured by the frequency of residential moves—plays a role in young children's well-being. Frequent moves can disrupt many aspects of families' lives and have been linked to adverse health outcomes.⁴⁶ High rates of moving may also be indicative of economic insecurity and parents' tenuous hold on employment.

The denominator is children ages 0-2. The numerator is children ages 0-2 who moved to a new address three or more times since they were born, as reported by parents. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races"

categories, so those estimates are not presented. In 2019, the "some other race" race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Crowded housing (percentage of infants/toddlers who live in crowded housing)

Overcrowded living conditions can also be associated with negative outcomes. In homes where families are crowded, parents may have fewer opportunities to be adequately responsive to infants and toddlers, and more likely to use punitive discipline.⁴⁷ Crowding has also been associated with children's health problems, including respiratory conditions, injuries, and infectious diseases, and with young children's food insecurity.⁴⁸

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live in homes with more than two household members per bedroom, or, if no bedrooms, more than one person per room.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler's race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of nine categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we created seven mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic Multiple Races, and Non-Hispanic White. *Urbanicity*: Urban residence is defined as living within a metropolitan area. Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data that do not include estimates for Puerto Rico for the urbanicity indicator subgroups.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S., & Schouweiler, M. (2023). *American Community Survey 2020, five-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Percentage of infants/toddlers living in unsafe neighborhoods, as reported by parents

Living in neighborhoods that are unsafe can be a source of stress and may pose threats—through violence or pollutants—to physical well-being. Neighborhoods that are unsafe are associated with high rates of infant mortality

and low birthweight, child abuse and neglect, and poor motor and social development among young children.⁴⁹ Parents in these neighborhoods may restrict children's opportunities for outdoor play out of concern for safety.⁵⁰

The denominator is children ages 0-2. The numerator is children ages 0-2 whose parents somewhat or definitely disagree that their children are safe in the neighborhood. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races" categories, so those estimates are not presented. In 2019, the "some other race" race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2019). 2018 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Percentage of households with infants/toddlers experiencing low or very low food security

A lack of sufficient nutritious food is associated with a number of serious health, behavior, and cognitive deficits in children. Children living with food insecurity have poorer health than children who are in food-secure households.⁵¹ Infants who experience food insecurity are more likely to perform poorly on tests of cognitive development.⁵² For infants and toddlers, even mild levels of food insecurity may result in developmental deficits during this period of rapid brain growth.⁵³

The denominator is the number of households with one or more children ages 0-2. The numerator is the number of households with one or more children ages 0-2 who experienced low or very low food security (not child- or adult-specific). This indicator includes three years of data (2018-2020).

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only,

Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Urbanicity*: Metropolitan areas include central cities, metro area outside of central cities, and metro areas with central city status unknown. Non-metropolitan areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R. & Westberry, M. (2022). *Current Population Survey*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Child Well-being and Resilience

Percentage of families with infants/toddlers who report “family resilience”

How families cope with challenges can make a difference in their overall well-being. Children who learn that families can solve problems together, participate in decision-making, and reduce conflict gain valuable skills related to planning, communication, managing emotions, and optimism that can improve their chances of being resilient when encountering their own challenges.⁵⁴

The denominator is children ages 0-2. The numerator is children ages 0-2 who live in a family that responded “most of the time” or “all of the time” to all four family resilience items. The 4 family resilience items are: “When your family faces problems, how often are you likely to do each of the following?” (a) Talk together about what to do, (b) Work together to solve our problems, (c) Know we have strengths to draw on, and (d) Stay hopeful even in difficult times. Response options to the four items are none of the time, some of the time, most of the time, or all of the time. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children’s Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child’s race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some “Other” and “Two or More Races” categories, so those estimates are not presented. In 2019, the “some other race” race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2018). 2017 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2019). 2018 National Survey of Children’s Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2020). 2019 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Percentage of infants/toddlers who have experienced one adverse childhood experiences: two or more adverse childhood experiences

Exposure to unmanageable stress can interfere with the normal development of the body's neurological, endocrine, and immune systems, leading to increased susceptibility to disease. Because their brains are developing rapidly, infants and toddlers are especially vulnerable, and the damage may be long-lasting.⁵⁵ Survey items asked parents to indicate whether their child had ever experienced one or more of the following: economic hardship, divorce/separation of parent, death of a parent, a parent who served time in jail, being a witness to domestic violence, being a victim of or witness to neighborhood violence, living with someone who was mentally ill or suicidal, living with someone with an alcohol/drug problem, or being treated or judged unfairly due to race/ethnicity.

The denominator is children ages 0-2. The numerator is children ages 0-2 with whose parent reports one adverse experience or two or more adverse childhood experiences (ACEs), respectively. There are nine ACE items in the survey: hard to get by on family's income; parent or guardian divorced or separated; parent or guardian died; parent or guardian served time in jail; saw or heard parents or adults slap, hit, kick, or punch one another in the home; was a victim of violence or witnessed violence in neighborhood; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol or drugs; and treated or judged unfairly due to race/ethnicity. A response of "somewhat often" or "very often" to the question "How often has it been very hard to get by on your family's income?" was coded as an adverse childhood experience. The remaining survey items are dichotomous "Yes/No" response options, with "Yes" coded as an ACE. The wording of the economic insecurity item was changed in the 2018 NSCH. Data for that item is no longer comparable to earlier versions of the NSCH, however, the composite measure may continue to be compared. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in *SoBY 2022*, which were based on four years of NSCH data (2016 - 2019). They should be considered improved estimates, not new estimates that can be compared directly to the 2022 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and household income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races" categories, so those estimates are not presented. Missing responses were imputed and categorized into existing race groups. *YearbookHousehold Income*: The NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). *2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set*. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2018). *2017 National Survey of Children's Health (NSCH) Stata Constructed Data Set*. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org.

Child and Adolescent Health Measurement Initiative. (2019). *2018 National Survey of Children's Health (NSCH) Stata Constructed Data Set*. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org.

Child and Adolescent Health Measurement Initiative. (2020). 2019 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org.

Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org.

Maltreatment rate per 1,000 infants/toddlers

Infants and toddlers are the age group most likely to suffer abuse and neglect, accounting for more than a quarter of all incidents that are formally substantiated.⁵⁶ By far, the most prevalent form of maltreatment is neglect, defined as “the absence of sufficient attention, responsiveness, and protection that are appropriate to the ages and needs of a child.”⁵⁷ Child maltreatment is influenced by a number of factors, including inadequate access to education about child development, substance abuse, other forms of domestic violence, and mental illness. Although maltreatment occurs in families at all economic levels, abuse—and especially neglect—are more common in economically disadvantaged families than in families with higher incomes.⁵⁸ Note that the data source for this indicator is reports that are substantiated by the child welfare agency or a court, not actual prevalence of maltreatment.

The numerator is the number of unique maltreatment victims under 1, age 1, and age 2 as reported in the Child Maltreatment 2020 report. The denominator is the total number of children under 1, age 1, and age 2 in 2020, according to the Child Maltreatment 2020 report.

Use caution when comparing this indicator across states, as states' child welfare systems vary significantly.

Source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). *Child Maltreatment 2020*. <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

Percentage of infants/toddlers exiting foster care achieving permanency who are reunified, placed with guardian, placed with non-guardian relative, or adopted

Young children fare best when they experience stable and consistent caregiving. One stated goal of the child welfare system is to “ensure that every child and youth has a permanent family or family connection.”⁵⁹ Multiple temporary placements, by contrast, can disrupt a young child's sense of trust and security and contribute to emotional and behavioral problems.⁶⁰ This indicator examines the types of permanency that infants and toddlers attain when leaving foster care. The most common permanency outcome is reunification with their own parents. Other types of permanency are placement with a guardian, placement with a relative, and adoption.

For the percentage of infants/toddlers exiting foster care who are reunified, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are reunified with the parent.

For the percentage of infants/toddlers exiting foster care who are placed with a guardian, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are placed with a guardian.

For the percentage of infants/toddlers exiting foster care who are placed with a relative, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are placed with a relative.

For the percentage of infants/toddlers exiting foster care who are adopted, the denominator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who achieve permanency. The numerator is children exiting foster care during fiscal year who are ages 0-2 at the time of exit who are adopted.

Use caution when interpreting this group of indicators, as states' child welfare systems can vary significantly.

These indicators can be disaggregated by race/ethnicity. Classification of infants and toddlers into racial and ethnic groups may vary from state to state, but typically a caseworker enters this information into the database. The included subgroups are non-Hispanic American Indian/ Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic Native Hawaiian/Pacific Islander, Hispanic (of any race), non-Hispanic multi-racial, and non-Hispanic White.

Source: Children's Bureau Administration on Children, Youth and Families. (2021). *Adoption and Foster Care Analysis and Reporting System (AFCARS), Foster Care File 2020, Version 1* [Data set]. National Data Archive on Child Abuse and Neglect (NDACAN). <https://doi.org/10.34681/PGQ6-1Y26>

Number of infants/toddlers who have been removed from home and placed in foster care, per 1,000

Unstable conditions at home can cause infants and toddlers to be placed in out-of-home care.

The denominator is the number of infants and toddlers ages 0-2 in the population. The numerator is the number of infants and toddlers who were removed from home and placed in foster care.

These indicators can be disaggregated by race/ethnicity. Classification of infants and toddlers into racial and ethnic groups may vary from state to state, but typically a caseworker enters this information into the database. The included subgroups are non-Hispanic American Indian/ Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic Native Hawaiian/Pacific Islander, Hispanic (of any race), non-Hispanic multi-racial, and non-Hispanic White.

Sources: Children's Bureau Administration on Children, Youth and Families. (2021). *Adoption and Foster Care Analysis and Reporting System (AFCARS), Foster Care File 2020, Version 1* [Data set]. National Data Archive on Child Abuse and Neglect (NDACAN). <https://doi.org/10.34681/PGQ6-1Y26>

U.S. Census Bureau, Population Division. (2021). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021*. <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>

Percentage of infants/toddlers in out-of-home placement who exited care in less than 12 months

The U.S. Department of Health and Human Services recognizes four ways a young child can exit the child welfare system: through reunification with the parents or caregivers, legal adoption, placement with other relative(s), or through a placement with a non-relative legal guardian(s).⁶¹ Stability and permanency are crucial for children's wellbeing.⁶² The Adoption and Safe Families Act of 1997 (ASFA) was passed to ensure timely permanency and placement for children in the child welfare system, but, the youngest infants stay in foster care longer than their counterparts ages 3-12 months.⁶³

The denominator is all infants and toddlers ages 0-2 who entered care in 2019, and who either left care in 2019 or 2020. The numerator is the number of infants and toddlers in this cohort who exited care in less than 12 months. For the *State of Babies Yearbook: 2023* we updated our methodology to improve the accuracy of the estimates. They should be considered improved estimates, not new estimates that can be compared directly to previous yearbook estimates.

These indicators can be disaggregated by race/ethnicity. Classification of infants and toddlers into racial and ethnic groups may vary from state to state, but typically a caseworker enters this information into the database. The included subgroups are non-Hispanic American Indian/ Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic Native Hawaiian/Pacific Islander, Hispanic (of any race), non-Hispanic multi-racial, and non-Hispanic White.

Sources: Children's Bureau, Administration On Children, Youth And Families, Administration For Children And Families, U. S. Department Of Health And Human Services (2020). *Adoption and Foster Care Analysis and Reporting System (AFCARS), Adoption File 2019, Version 2* [Dataset]. National Data Archive on Child Abuse and Neglect. <https://doi.org/10.34681/te2e-5s03>

Children's Bureau Administration on Children, Youth and Families. (2021). *Adoption and Foster Care Analysis and Reporting System (AFCARS), Foster Care File 2020, Version 1* [Data set]. National Data Archive on Child Abuse and Neglect (NDACAN). <https://doi.org/10.34681/PGQ6-1Y26>

Percentage of infants/toddlers who could benefit from evidence-based home visiting services and are receiving those services

Home visiting is a two-generation approach to serving the varied needs of families with an infant or toddler. Trained home visitors teach parents about milestones of early development and other appropriate expectations for very young children, and help parents promote good health and keep their homes safe for babies and toddlers, use effective parenting practices, and access additional resources within their communities. A number of home visiting programs have been shown to be effective at improving one or more aspects of family well-being.⁶⁴ Yet, in most communities, the need for home visiting services far outpaces current capacity.⁶⁵

The denominator is the number of children ages 0-2 who could benefit from home visiting according to the source document, which is calculated as the number of children ages 0-2 based on the American Community Survey. The numerator is calculated by multiplying the number of children who received home visiting by the percentage of children who received home visiting who were ages 0-2. The national total was calculated from the data provided in the National Home Visiting Resource Center National Profile, which included children served in the tribal and US

territory communities. All of the other state data were pulled from each individual state profile, also located on the National Home Visiting Resource Center website.

Source: National Home Visiting Resource Center. (2022). *2022 Home Visiting Yearbook: State & Tribal profiles*. James Bell Associates and the Urban Institute. https://nhvrc.org/state_profile/alabama-2022/

Supportive Policies

State has a paid family leave program

In the absence of a federal paid family leave policy, states vary widely on if and how they require paid family leave. Family leave is used primarily to care for a newborn child, but also to meet other exceptional caregiving needs, such as for an older, disabled, or chronically ill relative, or a newly adopted child. In addition to economic benefits for families, paid family leave promotes parent-infant bonding, can increase the likelihood of breastfeeding, lessen the likelihood of maternal depression, promote fathers' involvement in childrearing, increase mothers' attachment to the labor force, and reduce reliance on public assistance.⁶⁶

The National Partnership for Women and Families (NPWF) produced a table summarizing state paid family and medical leave insurance laws, as of October 2022. States that have enacted a policy, but whose policy has not yet taken effect are counted as having a policy. NPWF references the term "family leave" to mean time off to care for another person in the family, such as a newborn or newly adopted child, child, spouse, or parent with a serious health condition.

Source: National Partnership for Women and Families. (2022). *State Paid Family and Medical Leave Insurance Laws*. <https://nationalpartnership.org/economic-justice/state-paid-leave-laws/>

State requires employers to provide paid sick days that cover care for child

While the Family and Medical Leave Act provides *unpaid* sick leave for some employees,⁶⁷ there is not a national paid sick leave policy. States, therefore, vary on provisions for paid sick leave. Paid sick leave may enable working parents to take care of sick children and provide them with routine medical care. For example, parents with access to paid sick leave are more likely to take their children to the doctor than parents without access to paid sick leave.⁶⁸

This indicator documents whether the state has a policy covering paid sick time for the care of family members, including care for children, as reported by the National Partnership for Women and Families. The data reflect laws and policies as of July 2022.

Source: National Partnership for Women and Families. (2022). *Paid sick days: State and district statutes*. <https://nationalpartnership.org/wp-content/uploads/2023/02/paid-sick-days-statutes.pdf>

State offers a child tax credit

The federal Child Tax Credit (CTC) is a federal program for parents with low and moderate earnings.⁶⁹ For a child to be eligible, the parent must answer certain qualifying questions regarding the child's age, relationship to the parent, support, dependency, citizenship, and residence. Because the CTC serves middle-income and most upper-middle income families, in addition to low- and moderate-income families, more families are able to receive this tax credit than families under the Earned Income Tax Credit (EITC). The CTC helps to pay for the cost of raising children.⁷⁰ Research suggests that families receiving a larger refundable tax credit have children who do better in school, have a higher chance of going to a university, and will likely earn more as adults.⁷¹ Some states have also implemented a child tax credit to complement the federal CTC.

This indicator documents which states have a state child tax credit. Details on states' child tax credits, including their amounts and their eligibility requirements are available in the source document. For the *State of Babies Yearbook: 2023*, we updated the source document in order to report more recently enacted state tax credits. We recoded North Carolina to "yes" to align with previous years of the Yearbook.

Source: National Conference of State Legislatures (2022). *Brief child tax credit overview*. <https://www.ncsl.org/human-services/child-tax-credit-overview>

TANF work exemption for single parents of infants

The Temporary Aid to Needy Families program (TANF) was designed to help families with low incomes with minor children by providing cash assistance, particularly while parents are seeking employment. However, states are allowed to spend TANF funds for a variety of other activities (for example, administrative costs, child care and pre-K programs, child welfare services, and work support activities) in addition to directly supporting families.

Certain work-related activities are required in order for each state to meet the annual work participation rates, which are determined by the federal government.⁷² States can determine exemptions that can be made for single-parent unit households with different household circumstances.

This indicator documents whether a state exempts a single parent “head of unit” over 21 years old from TANF work-related activity if caring for a child less than 12 months old. The source document contains details about lengths and conditions of exemptions. For some states, the exemption is only valid for a single child. Policies are current as of July 2020.

Source: Dehry, I., Knowles, S., Shantz, K., Minton, S., and Giannarelli, L. (2022). *Welfare Rules Databook: State TANF Policies as of July 2020*, OPRE Report 2021-147, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/opre/report/welfare-rules-databook-state-policies-july-2020>

State offers an earned income tax credit

The federal Earned Income Tax Credit (EITC) is a federal tax credit for working people with low and moderate earnings. The EITC provides workers with a tax credit that is applied to some or all of a worker’s federal tax obligation, and thus can serve as a supplemental source of income.⁷³ The EITC is currently targeted towards workers who are raising children, with eligibility depending on the worker’s income, marital status, and number of children. State EITCs provide an additional benefit to families by reducing their state income tax liability.⁷⁴ Research has found that children who are beneficiaries of greater state or federal EITCs obtain better test scores, compared to similar families who are receiving lesser amounts.⁷⁵

For this indicator, states that have enacted a law regarding EITC that has not yet gone into effect are counted as having the policy. Both refundable and non-refundable state EITC policies are included.

Source: Urban Institute. (2022). *State Earned Income Tax Credits*. <https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/state-earned-income-tax-credits>

Positive Early Learning Experiences

Elements that Support Child Care Quality

Adult/child ratio for infants and toddlers in CCDF licensed center-based child care

The Child Care Development Fund (CCDF) program requires states to describe their standards for child-to-provider ratios in their CCDF plans. Although each state has the ability to set their own standards for child-to-provider ratios, the Office of the Administration for Children & Families (ACF) advises states to refer to the recommended standards in the *Caring for Our Children: National Health and Safety Performance Standards*. The child-to-provider ratio states the maximum number of children that should be allowed under each adult/provider. Smaller child-to-provider ratios promote improved quality of caregiving and improved verbal interactions between the provider and the child. Additionally, children’s safety and sanitation could get compromised if the providers are busy meeting the needs of all the other children.⁷⁶

The Early Head Start (EHS) standard for adult-to-child ratio for children ages 0 to 3 years old is one teacher for every four children.⁷⁷ This indicator is a count of whether the state’s ratio requirements meet or exceed EHS standards of 1:4 at the following ages: 11 months, 19 months, and 30 months, as reported in their CCDF plans. States received one point for meeting this benchmark at each age.

Source: Administration for Children and Families, Office of Child Care. (2022). *Approved CCDF Plans (FY 2022-2024)*. <https://www.acf.hhs.gov/occ/form/approved-ccdf-plans-fy-2022-2024>

Teacher qualifications for infants and toddlers in CCDF licensed center-based child care

One of the most important factors contributing to a child's development is the care setting they are exposed to. The Child Care and Development Fund (CCDF) program requires states to develop a system for continuing professional development for teachers. Additionally, each state sets its own requirements around teacher qualifications. Teacher qualifications play a role in early childhood education quality and can help bring about the conditions for the positive interactions and experiences that are associated with positive child outcomes.⁷⁸

This indicator documents the states' teacher qualifications for infants and toddlers, as reported in their CCDF plans. We classified qualifications into five categories: No credential beyond a high school diploma; CDA or state equivalent credential; Specific infant/toddler credential or CDA with an infant/toddler credential; Associate degree; and Bachelor's degree. Most states did not differentiate requirements by age within infants and toddlers. When requirements did vary by age, we selected the lowest qualifications. If the state made a distinction between types of teachers, qualifications for the lead teacher were used. For the *State of Babies Yearbook: 2023*, we re-assessed the coding for Florida, although the wording in the new CCDF plan was identical to the old plan.

Source: Administration for Children and Families, Office of Child Care. (2022). *Approved CCDF Plans (FY 2022-2024)*. <https://www.acf.hhs.gov/occ/form/approved-ccdf-plans-fy-2022-2024>

Group size for infants and toddlers in CCDF licensed center-based child care

The Child Care Development Fund (CCDF) program requires states to describe their standards for group sizes in their CCDF plans. Although each state has the ability to set their own standards for group size, the Office of the Administration for Children & Families (ACF) advises states to refer to the recommended standards in the *Caring for Our Children: National Health and Safety Performance Standards*. Group size specifically refers to the number of children assigned to a designated space/classroom under a specific teacher or group of teachers in that classroom. Research has found that smaller infant and toddler group sizes are associated with positive interactions and better developmental outcomes.⁷⁹

The Early Head Start (EHS) standard for group size for children ages 0 to 3 years old is eight children.⁸⁰ This indicator is a count of whether the state's group size requirements meet or exceed EHS standards at the following ages: 11 months, 19 months, and 30 months, as reported in their CCDF plans. States received one point for meeting this benchmark at each age.

Source: Administration for Children and Families, Office of Child Care. (2022). *Approved CCDF Plans (FY 2022-2024)*. <https://www.acf.hhs.gov/occ/form/approved-ccdf-plans-fy-2022-2024>

State has adopted a professional credential for infant/toddler teachers

The quality of a child's care and education depends on the care environment and the interactions that take place there. A professional credential can expose a teacher to a greater variety of knowledge and skills, which in turn benefit the classroom where the child spends most of the day.⁸¹

This indicator was not updated for the *State of Babies Yearbook: 2023*. This indicator denotes whether a state has adopted a professional credential for infant and toddler teachers. There is not a consensus definition of infant/toddler professional credentials; they can include continuing education hours and credit programs. This information was collected by Zero To Three from the State Capacity Building Center and was supplemented with information from the National Center on Early Childhood Development, Teaching, and Learning (NCECDTL). These data have not been vetted with states.

Source: *Zero to Three*. (2019). State Policy Tracker. <https://www.zerotothree.org/resource/state-policy-tracker/>

Activities that Support Early Learning

Percentage of parents who report reading to their infants/toddlers every day

Long before they are able to read, infants and toddlers develop literacy skills and an awareness of language.⁸² Since language development is fundamental to many areas of learning, skills developed early in life help set the stage for later school success. By reading aloud to their young children, parents help them acquire the skills they will need to be ready for school.⁸³ Young children who are regularly read to have a larger vocabulary; higher levels of phonological, letter name, and sound awareness; and better success at decoding words.⁸⁴

The denominator is children ages 0-2. The numerator is children ages 0-2 whose family members report reading to them every day. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races" categories, so those estimates are not presented. In 2019, the "some other race" race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2018). 2017 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2020). 2019 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Percentage of parents who report singing songs or telling stories to their infants/toddlers every day

Reading is not the only way parents can promote their young child's language development. Singing songs and telling stories are language-rich activities that are also typically rich in cultural traditions, thus contributing to a child's positive identity. Important features of many songs and stories are repetition, internal structure, and multiple perspectives—all features that help children develop the skills that underlie school success. Not all parents are comfortable with reading or have the appropriate materials, so encouraging parents to use songs and stories to nurture their child's language development is a smart strategy.

The denominator is children ages 0-2. The numerator is children ages 0-2 whose family members report singing or telling stories to them every day. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

This indicator can be disaggregated by race/ethnicity and income. *Race/ethnicity*: The child's race/ethnicity is reported by their caregiver, and the included subgroups are Hispanic of all races, Non-Hispanic White, Non-Hispanic

Black, and Non-Hispanic Asian. The US Census Bureau recommends against using state or national population estimates for the following groups with the NSCH since these categories are not controlled independently: American Indian and Alaska Native, Hawaiian or Pacific Islander, and some "Other" and "Two or More Races" categories, so those estimates are not presented. In 2019, the "some other race" race category was removed from the questionnaire. Missing responses were imputed and categorized into existing race groups. *Income*: NSCH derives household income-to-poverty ratios based on family income and household size. Missing values were imputed by the Census Bureau, and the single imputation version provided in the 2016-2020 data files is used. Households with incomes less than 200 percent of the federal poverty line are classified as low-income. Households with incomes at or above 200 percent of the federal poverty line are considered not low-income.

Sources: Child and Adolescent Health Measurement Initiative. (2017). 2016 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

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Child and Adolescent Health Measurement Initiative. (2019). 2018 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2020). 2019 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Child and Adolescent Health Measurement Initiative. (2021). 2020 National Survey of Children's Health (NSCH) Stata Constructed Data Set. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Access to Early Learning Programs

Percentage of infants/toddlers below 100 percent of the federal poverty line with access to Early Head Start

Early Head Start (EHS) is a comprehensive child development and family support program for infants, toddlers, and pregnant women in families experiencing poverty. Apart from family income, each EHS program sets its own eligibility criteria, targeting their services to best meet the needs of families and children in their community. Services may be delivered in centers, family child care homes, or individual family homes.^{85,86} A recent study found that, among families participating in EHS, children had enhanced cognitive development, attention, and engagement; their parents had less stress and family conflict, and were more likely to be responsive, warm, and supportive. EHS families had lower rates of subsequent child maltreatment than those in a control group.⁸⁷

This indicator was not updated for *State of Babies Yearbook: 2023*. The National Head Start Association reports the percentage of eligible children ages 0-2 who had access to Early Head Start during the 2018 fiscal year. Due to the pandemic, more recent data are not available. The denominator for this indicator is the number of children ages 0-2 below 100 percent of the federal poverty line, according to the 2018 U.S. Census Bureau's Current Population Survey, Annual Social and Economic Supplement. The numerator is total funded EHS slots, based on the 2019 Head Start Program Information Report. This percentage does not account for eligibility criteria beyond income.

Source: National Head Start Association. (2021). *Access to Head Start in the United States state-by-state fact sheets*. Retrieved October 22, 2022, from <https://www.nhsa.org/national-head-start-fact-sheets>

Income eligibility level for child care subsidy is at or above 200 percent of the federal poverty line

Families in every state need an income at least twice the federal poverty line to meet basic needs for food, housing, child care, transportation, and health care. In states with a lower income threshold for subsidy eligibility, families with an infant or toddler cannot afford child care without sacrificing other essentials.⁸⁸

The National Women's Law Center reports the income eligibility limits for a child care subsidy as a percentage of the 2021 federal poverty level for a family of three. The data source reflects policies as of February 2021. We recoded these data to capture eligibility limits that are equal to or above 200 percent of the federal poverty level. In Colorado, Texas, and Virginia, counties set their income limits and the median eligibility limit depending on the different regions, so it is not possible to compute this indicator for these states.

Source: Schulman, K. (2022). *At the Crossroads: State Child Care Assistance Policies 2021*. National Women's Law Center. <https://nwlc.org/wp-content/uploads/2022/06/NWLC-State-Child-Care-Assistance-Policies-2021.pdf>

State child care subsidy system reimburses center-based child care at or above the 75th percentile of current market rates

Higher-quality child care and early education has been found to benefit low-income children in promoting positive child development outcomes to a greater extent than their more affluent peers.⁸⁹ In response to federal efforts to expand high-quality child care to more children, some states have begun to reimburse center-based child care for children receiving a child care subsidy at or above the 75th percentile of the current market rates.

Increasing the state reimbursement percentile allows more families to access higher-quality child care using a child care subsidy. Additionally, higher reimbursement rates allow providers to serve more families receiving a subsidy, since the cost for serving those families is covered.⁹⁰

The National Women's Law Center reports whether state payment rates are at or above the 75th percentile of current market rates in Table 4b of the source document. Payment rates are considered to be at this level if rates for all (or nearly all) categories—such as different regions, age groups, types of care, and quality levels (including the base rate)—are at or above the 75th percentile of current market rates.

Source: Schulman, K. (2022). *At the Crossroads: State Child Care Assistance Policies 2021*. National Women's Law Center. <https://nwlc.org/resource/at-the-crossroads-state-child-care-assistance-policies-2021/>

Percentage of infants/toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy

The federal Child Care and Development Fund (CCDF) is the primary source of financing for states' child care subsidy programs. Within broad federal requirements, states set their own eligibility requirements. Even in the most generous states, however, various barriers (including waiting lists or frozen intake, high family copayments, and low reimbursement rates for care providers) restrict access to these programs.⁹¹ This indicator captures the reach of these child care subsidies among families with incomes equal to or less than 150 percent of the state median income within states.

The denominator is the number of children ages 0-2 with family incomes less than or equal to 150 percent of the state median income. In order to calculate the denominator, we took the following steps: a) obtained the state median incomes for 4-person families by state from the Low-Income Home Energy Assistance Information Memorandum; b) multiplied those numbers by 1.5 to get 150 percent state median income for 4-person families; c) calculated 150 percent of the state median income for families of different configurations using the conversion provided in a table footnote in the Low-Income Home Energy Assistance Information Memorandum; d) applied the relevant state median income threshold to each respondent in the 2021 1-year American Community Survey (ACS), based on their state and family size. The denominator covers January 2020 - December 2021. The numerator is the number of children ages 0-2 who received CCDF-funded care in FY 2020 based on estimates from the Administration for Children and Families Office of Child Care (October 2019 - September 2020). When data were accessed Georgia had not yet reported data for FY 2020, while Alaska had submitted 10 months of data, Mississippi had submitted 11 months data, North Carolina had submitted 8 months data, and Ohio had submitted 10 months of data. For the *State of Babies Yearbook: 2023* we do not include territories in the national count.

Sources: Administration for Children and Families, Office of Child Care. (2022). *FY 2020 CCDF Data Tables (Preliminary)*. <https://www.acf.hhs.gov/occl/data/fy-2020-ccdf-data-tables-preliminary>

Administration for Children and Families, Office of Community Services. (2021). *The Low-Income Home Energy Assistance Program IM-2021-03 State Median Income Estimates for Optional Use in FY 2021*. <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2021-03-state-median-income-estimates-optional-use-fy-2021>

Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S., and Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Average state cost of center-based infant care as a percentage of median income for married families/single parents

Providing care for infants and toddlers is more expensive than for older children, because higher adult-child ratios are required, and additional costs are associated with maintaining appropriate hygiene around diapering, bottle feeding, bedding, and so on. Parents can pay more than \$20,000 per year for center-based infant care, depending on where they live.⁹² The federal standard is that families should spend no more than 7 percent of their income for child care.⁹³

This indicator was not updated for *State of Babies Yearbook: 2023*. Data were provided by Child Care Aware of America, based on their 2021 survey, through a data request process. In the calculation of cost of care for married parent families, the denominator is the median income for married parent families, the numerator is the 2020 annual cost of center-based infant care, and percentages. In the calculation of cost of care for single parent families, the denominator is the median income for single parent families, the numerator is the 2020 annual cost of center-based infant care, and percentages.

Source: Child Care Aware of America. (2021). *Child Care Prices as a Percentage of Median Household Income, 2020*. Retrieved July 23, 2021, from <https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/>

Early Intervention

Percentage of infants/toddlers, ages 9 through 35 months, who received a developmental screening using a parent-completed tool in the past year

Developmental screening is an efficient, cost-effective way to identify potential health or behavioral problems. In primary health care settings, the most effective screening tools rely on parent-reported information.⁹⁴ Children who get screened are more likely to have delays identified, be referred for early intervention, and be determined eligible for early intervention services.⁹⁵ The American Academy of Pediatrics recommends that children receive developmental screening from their physicians at least three times before their third birthday.⁹⁶

The denominator is children ages 9 through 35 months. The numerator is children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year, as reported by parents. *State of Babies Yearbook: 2023* estimates are based on a five year (2016-2020) combined sample of the National Survey of Children's Health (NSCH). These results are more reliable than the results presented in SoBY 2022, which were based on four years of NSCH data (2016 - 2019), SoBY 2021, which were based on three years of NSCH data (2016-2019), SoBY 2020, which were based on two years of NSCH data (2016-2017), or SoBY 2019, which were based on 2016 NSCH data. They should be considered improved estimates, not new estimates that can be compared directly to the 2022, 2021, 2020 or 2019 yearbook estimates.

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State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays

The federal Program for Infants and Toddlers with Disabilities, which is Part C of the Individuals with Disabilities Education Act (IDEA), is a grant program that aids states' provision of early intervention services for infants and toddlers with disabilities, ages birth through 2 years.⁹⁷

Under IDEA Part C, states provide services to children who are experiencing developmental delays, and children who have been diagnosed with a mental or physical condition putting them at high risk for developmental delay.⁹⁸ States vary in their eligibility criteria for Part C services, and in their inclusion of "at-risk infants and toddlers" and/or their way of defining "at-risk infants and toddlers." Among states that have included "at-risk" as part of their eligibility criteria, these conditions may include established risk, biological or medical risk, or environmental risk.

States reported whether their Part C eligibility criteria include "at-risk" children as eligible for IDEA Part C services and whether they serve "at-risk" children in their Annual Progress Reports. Section 618 data was used to cross-check whether states' eligibility criteria include "at-risk" children.

Sources: The Office of Special Education Programs (OSEP). (2022). *2022 SPP/APR and State Determination Letters PART C*. <https://sites.ed.gov/idea/spp-apr-letters>

U.S. Department of Education. (2022). *IDEA Section 618 Data Products: State Level data files: Part C: 2020-2021 Child Count and Settings*. <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#cccs>

Percentage of infants/toddlers receiving services under the Individuals with Disabilities Education Act Part C

Early intervention services, also known as the Program for Infants and Toddlers with Disabilities, provide services for infants and toddlers with disabilities and their families.⁹⁹ In some states, eligibility extends to those who are at risk for developing a disability. States' eligibility criteria for early intervention services vary, as do the services they offer.

The numerator is the cumulative number of infants and toddlers with disabilities ages 0-2 who received early intervention services under IDEA, Part C during the most recent 12-month period for which data are available. The denominator is the number of children ages 0-2 in the population.

Source: U.S. Department of Education. (2021). *IDEA Section 618 Data Products: Static tables. Part C Child Count and Settings*. <https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html>

Timeliness of Part C services

Individual Family Service Plans (IFSPs) are early intervention plans for children, ages birth to three, who qualify under the Individuals with Disabilities Education Act (IDEA). The IFSP documents the child's level of development, desired outcomes, and services to meet those goals. It is unique in that it uses a family-focused lens. This approach requires a partnership between the family and professionals to create an early intervention that is respectful of the child and family's values and practices.¹⁰⁰

The federal Program for Infants and Toddlers with Disabilities (Part C of IDEA) requires that the initial evaluation, assessment of the family and child, and an initial IFSP meeting take place within 45 days of receiving a child's referral.¹⁰¹

The denominator is the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted. The numerator is the number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline. Infants and toddlers whose services were delayed due to exceptional family circumstances are counted as meeting the 45-day timeline.

Source: The Office of Special Education Programs. (OSEP) (2022). *2022 SPP/APR and State Determination Letters PART C*. <https://sites.ed.gov/idea/spp-apr-letters>

Demographics

Number of infants/toddlers

We use vintage 2021 population estimates for the number of infants and toddlers in the United States. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021*. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infant/toddler population

The denominator is the total population of all ages, based on the Census Bureau's vintage 2021 population estimates. The numerator is the population ages 0-2. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021*. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are Hispanic

The denominator is the total population of all ages, based on the Census Bureau's vintage 2021 population estimates. The numerator is the Hispanic population ages 0-2. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021*. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are non-Hispanic White

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the non-Hispanic White population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021*. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are non-Hispanic Black

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the non-Hispanic Black population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are non-Hispanic Asian

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the non-Hispanic Asian population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are non-Hispanic American Indian and Alaska Native

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the non-Hispanic American Indian and Alaska Native population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are Hispanic American Indian and Alaska Native

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the Hispanic American Indian and Alaska Native population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are non-Hispanic Native Hawaiian and Pacific Islander

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the non-Hispanic Native Hawaiian and other Pacific Islander population ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers who are non-Hispanic multiple races

The denominator is the total population ages 0-2, based on the Census Bureau's vintage 2021 population estimates. The numerator is the non-Hispanic population of multiple races ages 0-2. Hispanic origin is considered an ethnicity, not a race, and Hispanic individuals may be of any race. The estimates are based on the 2020 Census; the Census Bureau adds births, subtracts deaths, and adds net migration to the enumerated resident population from the 2020 Census.

Source: U.S. Census Bureau, Population Division. (2021). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/pope-st/2020s-state-detail.html>

Percentage of infants/toddlers living in two-parent families

The denominator is the total number of children ages 0-2. The numerator is those who have two parents present in their household. The definition of parent includes biological as well as social (step or adoptive) parents, and unmarried partners of a parent. Families with two same-sex parents present in the household are included as two-parent families.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers living in one-parent families

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who have one parent present in their household. The definition of parent includes biological as well as social (step or adoptive) parents.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan

(urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers living with no parents

The denominator is the total number of children ages 0-2. The numerator is those who have no parents present in their household. The definition of parent includes biological as well as social (step or adoptive) parents.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers living in grandparent-headed households

The denominator is the total number of children ages 0-2. The numerator is those who live in a household headed by their grandparent. Note that this classification is not mutually exclusive with other family structure categories.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers that have mothers in the labor force

The denominator is the number of children ages 0-2 who live with their mothers. The numerator is those whose mother is in the labor force (either employed or unemployed but looking for work). People in the armed forces

are not in the universe for labor force participation. If there are two mothers in the household, the labor force participation of only the first mother is considered. Mothers are all age 16 or older.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers who live with no working parents

The denominator is the total number of children ages 0-2 who live with at least one parent. The numerator is the number of children ages 0-2 who live with only disconnected parents (i.e., parents who were not working in the past 12 months and were not working for a reason other than going to school). All residential parents must be disconnected, according to the above definition, in order to qualify as living with disconnected parents. We combined three years of data (2020-2022) to increase the reliability of the estimates, and used weights adjusted to account for non-random non-response related to COVID-19.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers below the poverty line who live with no working parents

The denominator is the total number of children ages 0-2 below the poverty line who live with at least one parent. The numerator is the number of children ages 0-2 below the poverty line who live with only disconnected parents (i.e., parents who were not working in the past 12 months and were not working for a reason other than going to school). All residential parents must be disconnected, according to the above definition, in order to qualify as living

with disconnected parents. We combined three years of data (2020-2022) to increase the reliability of the estimates, and used weights adjusted to account for non-random non-response related to COVID-19.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers who live with at least one parent working full time

This is a new indicator for the *State of Babies Yearbook: 2023*. The denominator is the total number of children ages 0-2 who live with at least one parent. The numerator is the number of children ages 0-2 who live with at least one parent who works full-time (at least 35 hours a week, 50-52 weeks a year). We combined three years of data (2020-2022) to increase the reliability of the estimates, and used weights adjusted to account for non-random non-response related to COVID-19.

This indicator can be disaggregated by race/ethnicity, income, and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Income*: Income is asked only on the March Annual Social and Economic (ASEC) supplement of the CPS. Total family income is divided by the official poverty rate cutoff provided by CPS to calculate the ratio of family income to the federal poverty line. Infants and toddlers are considered to live in low-income families if this ratio is less than 2. Infants and toddlers are considered to live in non-low-income families if their family's total income is at least twice the federal poverty line. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers below the poverty line who live with at least one parent working full time

This is a new indicator for the *State of Babies Yearbook: 2023*. The denominator is the total number of children ages 0-2 below the poverty line who live with at least one parent. The numerator is the number of children ages 0-2 below the poverty line who live with at least one parent who works full-time (at least 35 hours a week, 50-52 weeks a year). We combined three years of data (2020-2022) to increase the reliability of the estimates, and used weights adjusted to account for non-random non-response related to COVID-19.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Race/ethnicity is reported by the survey respondent who is likely the child's caregiver. The Current Population Survey includes race and ethnicity data for the following single categories as well as specific combinations or two or three categories and unspecified combinations of the races: White only, Black or African American only, American Indian and Alaska Native only, Asian only, Native Hawaiian or other Pacific Islander only. Ethnicity is asked as a separate question. Responses of

Mexican, Puerto Rican, Cuban, Dominican, Salvadoran, Other Hispanic, Central American (excluding Salvadoran) and South American are coded as Hispanic, regardless of response to the race item. We then group the remaining non-Hispanic respondents into the following race categories for analyses: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Asian, Non-Hispanic Hawaiian and Pacific Islander, and Non-Hispanic two or more races. *Urbanicity*: Metropolitan (urban) areas include central cities, metro areas outside of central cities, and metro areas with central city status unknown. Non-metropolitan (rural) areas are areas outside of metropolitan areas.

Source: Flood, S., King, M., Rodgers, R., Ruggles, S., Warren, J.R., & Westberry, M. (2022). *Current Population Survey 2021*. (IPUMS, Current Population Survey: Version 10.0) [Dataset]. IPUMS. <https://doi.org/10.18128/D030.V10.0>

Percentage of infants/toddlers living below 50 percent of the federal poverty line

This is a new indication for the *State of Babies Yearbook: 2023*. The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live below 50 percent of the federal poverty line. For the *State of Babies Yearbook: 2023* we report estimates using the 2021 ACS 1-year data because the Census Bureau did not release its standard 2020 ACS 1-year estimates due to the effects of the COVID-19 pandemic.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler's race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of 9 categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we create the following mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic Multiple Races, and Non-Hispanic White. *Urbanicity*: Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data from 2021 that do not include estimates for Puerto Rico for the urbanicity indicator. Puerto Rico is not included in the urbanicity subgroup analysis for indicators derived from the Puerto Rico Community Survey.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S. & Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Percentage of infants/toddlers living in families with incomes below 100 percent of the federal poverty line

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live below 100 percent of the federal poverty line. For the *State of Babies Yearbook: 2023* we report estimates using the 2021 ACS 1-year data because the Census Bureau did not release its standard 2020 ACS 1-year estimates due to the effects of the COVID-19 pandemic.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler's race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of 9 categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we create the following mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic Multiple Races, and Non-Hispanic White. *Urbanicity*: Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data from 2021 that do not include estimates for Puerto Rico for the urbanicity indicator. Puerto Rico is not included in the urbanicity subgroup analysis for indicators derived from the Puerto Rico Community Survey.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S. & Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Percentage of infants/toddlers living in families with incomes between 100-199 percent of the federal poverty line

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live at or above 100 percent and below 200 percent of the federal poverty line. For the *State of Babies Yearbook: 2023* we report estimates using the 2021 ACS 1-year data because the Census Bureau did not release its standard 2020 ACS 1-year estimates due to the effects of the COVID-19 pandemic.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler's race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of 9 categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we create the following mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic Multiple Races, and Non-Hispanic White. *Urbanicity*: Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data from 2021 that do not include estimates for Puerto Rico for the urbanicity indicator. Puerto Rico is not included in the urbanicity subgroup analysis for indicators derived from the Puerto Rico Community Survey.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S. & Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Percentage of infants/toddlers living in families with incomes at or above 200 percent of the federal poverty line

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 who live at or above 200 percent of the federal poverty line. For the *State of Babies Yearbook: 2023* we report estimates using the 2021 ACS 1-year data because the Census Bureau did not release its standard 2020 ACS 1-year estimates due to the effects of the COVID-19 pandemic.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler's race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of 9 categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we create the following mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic Multiple Races, and Non-Hispanic White. *Urbanicity*: Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data from 2021 that do not include estimates for Puerto Rico for the urbanicity indicator. Puerto Rico is not included in the urbanicity subgroup analysis for indicators derived from the Puerto Rico Community Survey.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S. & Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Percentage of infants/toddlers living in families with incomes below 150 percent of state median income

The denominator is the total number of children ages 0-2. The numerator is the number of children ages 0-2 with family incomes less than or equal to 150 percent of the state median income. In order to calculate the numerator, we took the following steps: a) obtained the state median incomes for 4-person families by state from the Low-Income Home Energy Assistance Information Memorandum; b) multiplied those numbers by 1.5 to get 150 percent of the state median income for 4-person families; c) calculated 150 percent of the state median income for families

of different configurations, using the conversion provided in a table footnote in the Low-Income Home Energy Assistance Information Memorandum; d) applied the relevant state median income threshold to each respondent in the 2021 1-year American Community Survey (ACS), based on their state and family size; and e) counted respondents whose family income was less than or equal to the 150 percent state median income threshold.

This indicator can be disaggregated by race/ethnicity and urbanicity. *Race/ethnicity*: Survey respondents report the infant or toddler's race and ethnicity. Respondents can select one or more of many racial categories or fill in their race. The Census Bureau then assigns each respondent into one of 9 categories (American Indian and Alaska Native, Black/African American, Chinese, Japanese, Other Asian or Pacific Islander, Other race, Two major races, Three or more major races, and White). Ethnicity is asked as a separate question. Responses of Mexican, Puerto Rican, Cuban, and Other Hispanic are coded as Hispanic, regardless of response to the race item. With these categories and ethnicity, we create the following mutually exclusive race/ethnicity categories: Hispanic, Non-Hispanic Asian/PI, Non-Hispanic Black, Non-Hispanic American Indian and Alaska Native, Non-Hispanic Other, Non-Hispanic Multiple Races, and Non-Hispanic White. *Urbanicity*: Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. We relied on ACS data from 2021 that do not include estimates for Puerto Rico for the urbanicity indicator. Puerto Rico is not included in the urbanicity subgroup analysis for indicators derived from the Puerto Rico Community Survey.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S. & Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>

Administration for Children and Families, Office of Community Services. (2021). *The Low-Income Home Energy Assistance Program IM 2020-3 state median income estimates for optional use in FY 2020 and mandatory use in FY 2021*. <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2021-03-state-median-income-estimates-optional-use-fy-2021>

Percentage of infants/toddlers living outside of metro areas

The denominator is the total number of children ages 0-2. The numerator is those who live outside of metro areas. Metropolitan areas include central/principal cities, metro areas outside of central/principal cities, and metro areas with central/principal city status indeterminable. Non-metropolitan areas are areas outside of metropolitan areas. Cases whose metropolitan status is indeterminable or mixed are excluded from the urbanicity subgroup analysis. For the *State of Babies Yearbook: 2023* we report estimates using the 2021 ACS 1-year data because the Census Bureau did not release its standard 2020 ACS 1-year estimates due to the effects of the COVID-19 pandemic.

Source: Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S. & Schouweiler, M. (2023). *American Community Survey 2021, one-year estimates*. (IPUMS USA: Version 13.0) [Data set]. <https://doi.org/10.18128/D010.V13.0>