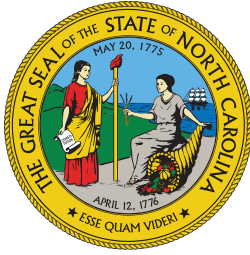




NORTH CAROLINA EARLY CHILDHOOD ACTION PLAN

FEBRUARY 2019

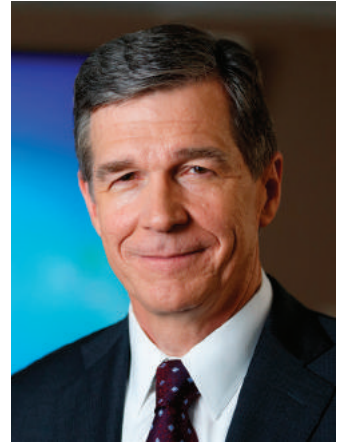




North Carolina's future depends on our children today. We know that the foundation for future learning, health and well-being is built during early childhood. When we commit to giving every child a strong foundation in their first years of life, we create healthy and vibrant communities for all of us.

Our state has been a national leader in advancing opportunities for young children, including founding Smart Start, the first statewide early childhood public-private partnership in the country, and implementing one of the highest quality pre-k programs in the country. We are, and should continue to be, proud of these accomplishments.

But our work is far from done. Too many of our young children face barriers that can hold them back from achieving everything they can. Too many experience hunger on a daily basis, or abuse and neglect at home. Too many are already behind on their reading levels by third grade. Too many babies die before their first birthday. We have a shared responsibility to take on racial and other disparities that impact young children's well-being. We must do more to provide families and communities across our state with better supports, tools and choices so that every child in North Carolina has the opportunity to succeed.



When I issued Executive Order 49 in the summer of 2018, I challenged our state's Department of Health and Human Services and the Early Childhood Advisory Council to spearhead the development of a statewide plan for achieving better outcomes for young children's health, safety, well-being, and learning success.

With the input of over a thousand North Carolinians, the Early Childhood Action Plan lays out a bold vision and roadmap for how we can create change for our young children by 2025.

I know we can reach these goals, but we can only get there if we do it together. Right now, today – whether you are a parent or grandparent, a small business owner, an educator, a pediatrician, a law enforcement officer, an elected official, or just someone who wants to make a difference for young children – I am asking you to take action for our young children.

My goals as Governor are to help all North Carolinians be better educated, healthier, and have more money in their pockets so that they can live more abundant, purposeful lives. There is no better place to start than at the beginning, by committing to our young children.

Thank you for all you do and will do for our children and our great state. Together, we will reach our goals.

Governor Roy Cooper



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What is the North Carolina Early Childhood Action Plan?

The North Carolina Early Childhood Action Plan provides a framework for galvanizing public and private action to achieve a bold vision and measurably improve outcomes for our state's young children by 2025. The plan prioritizes 10 goals for children from birth through age eight that, when achieved, will provide all North Carolina's children with a fair opportunity to grow up healthy in safe and nurturing families, schools and communities, so that they are learning and ready to succeed.

Why Should We Focus on Early Childhood?

The first years of a child's life are a critical period. During this time, children undergo tremendous brain growth that impacts multiple areas of cognitive, physical, social, emotional, and behavioral development. This brain growth and development is significantly impacted by the interplay between children's relationships with the people and environments around them. Early positive relationships with caring adults allow children to feel safe to explore and interact with their surrounding world and can have a lasting impact – positive or negative – on later outcomes in school and life.¹ Early experiences in a child's life can impact brain structure and development down to the cellular level. As a child's brain architecture is being built in those early years, positive experiences support healthy growth and development, while Adverse Childhood Experiences (ACES), such as experiences of abuse or neglect, can have a detrimental long-term impact.^{2,3}

Early childhood interventions have been shown in many studies to produce long-lasting impacts. For example, recent research conducted at Duke University indicates that participation in NC Pre-K and Smart Start-affiliated programs was related to improved academic scores in grades 6, 7, and 8 for North Carolina children.⁴ Moreover, research in economics quantifies the impact of early childhood investment: there is significant value in investing in early childhood programs and initiatives. According to one study, there is a \$2 to \$4 return for every \$1 invested in early childhood programs.⁵

Who Are North Carolina's Young Children?

North Carolina saw fast growth in the population of children ages 0-8 years-old over the 1990's and early 2000's. Since 2009, the total number of children in this age group decreased slightly but has remained relatively stable, with a population of over 1 million children ages 0-8 living in North Carolina in 2017 (see Figure 1). This population is heavily concentrated geographically, with over half living in just 13 counties across the state (see Figure 2 on page 5).⁶

Figure 3 indicates the distribution of race and ethnicity among children ages 0-8 in North Carolina. Data indicates that North Carolina's early childhood population has become progressively more diverse over time. Notably, there are substantial differences by race and ethnicity in the proportion of children who are experiencing the impact of poverty in North Carolina (see Figure 4 on page 5).⁷

FIGURE 1: NC POPULATION OF CHILDREN AGED 0-8 OVER TIME

Data Source: CDC Wonder Single Year Estimates

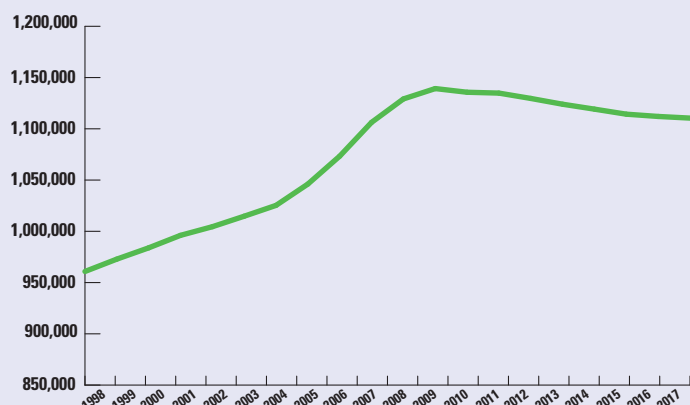
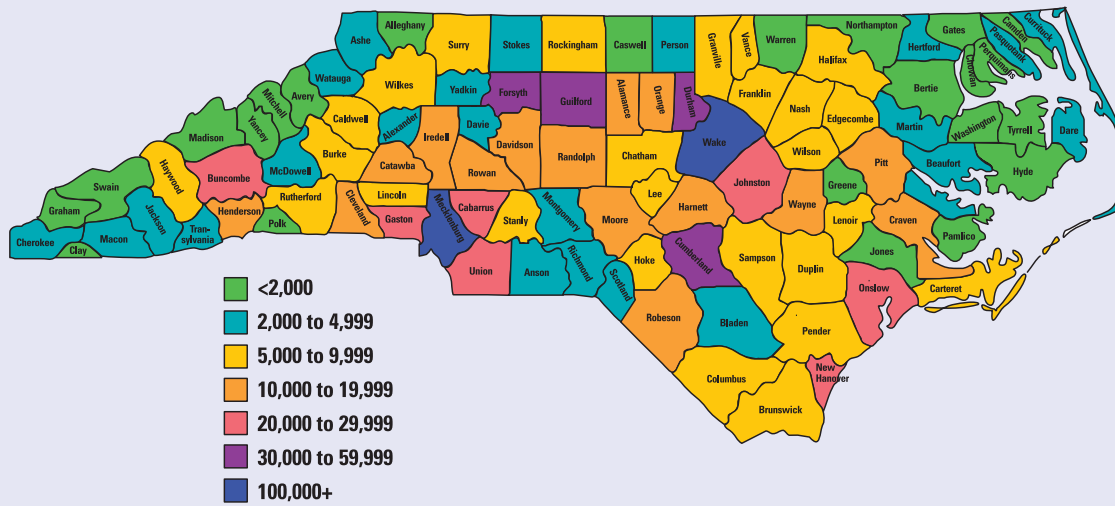
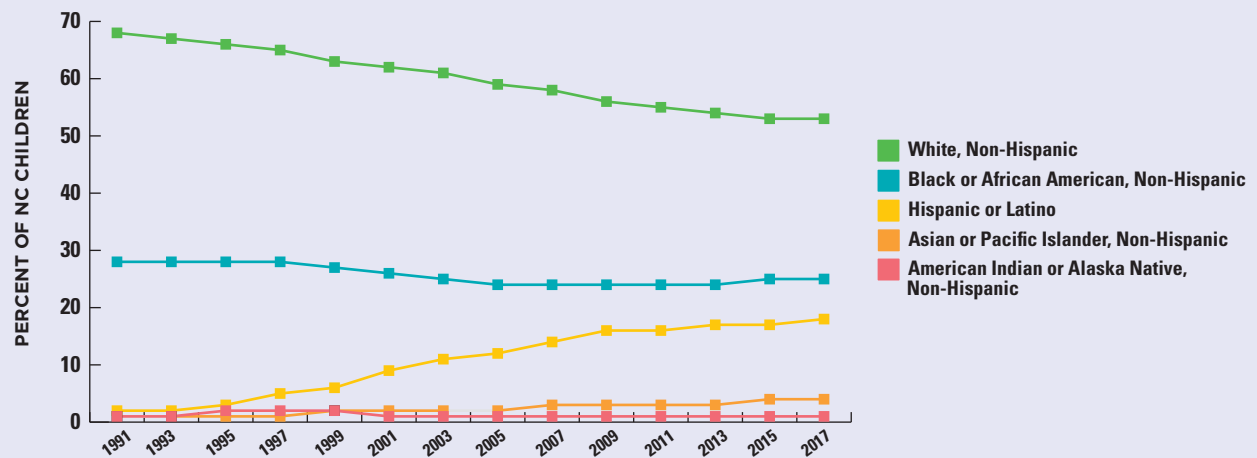
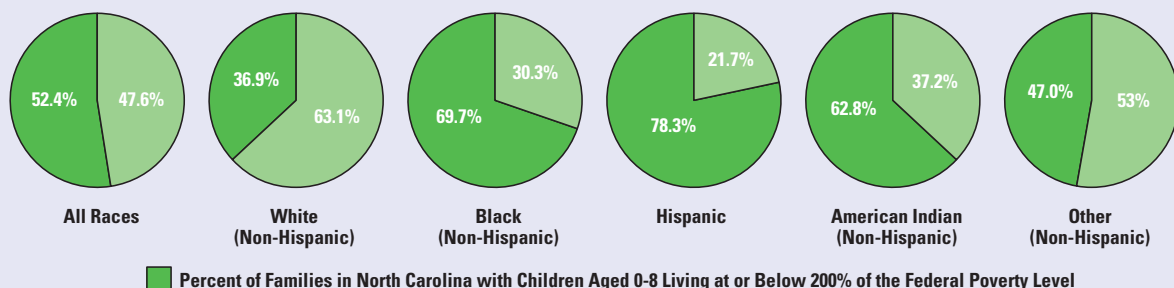


FIGURE 2: NUMBER OF YOUNG CHILDREN AGED 0-8, 2017*Data Source: CDC Wonder Single Year Estimates, 2017***FIGURE 3: NC POPULATION OF CHILDREN AGED 0-8 BY RACE AND ETHNICITY***Data Source: CDC Wonder Single Year Estimates***FIGURE 4: PERCENT OF FAMILIES IN NC WITH CHILDREN AGED 0-8 LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY BY RACE, ETHNICITY, 2016***Data Source: American Community Survey, U.S. Census Bureau*

What Challenges Do We Face?

North Carolina children deserve the chance to grow, thrive, and succeed, starting in early childhood. Today, too many of our state's children face difficult challenges, some beginning as early as infancy. Throughout the North Carolina Early Childhood Action Plan, we will highlight our priorities of focus and growth as a state. Some of the challenges our youngest children face include:

- North Carolina has the 11th highest infant mortality rate in the country, with disparities driving that rate: African American births have an infant mortality rate 2.5 times higher than white births.^{8,9}
- More than 1 in 5 children in North Carolina face hunger.¹⁰
- More than half of 4- and 5-year-olds in NC's foster care system spend over 1,000 days in foster care before being adopted.¹¹
- Only 39% of North Carolina's fourth graders read proficiently according to a nationally normed reading assessment.¹²
- More than half of North Carolina's families with children under age 8 live at or below 200% of the federal poverty level.⁷

What are We Doing for North Carolina's Young Children?

Despite the challenges we face, North Carolina has a history of strong leadership in early childhood efforts. North Carolina introduced T.E.A.C.H. Scholarships in 1990 as a way to link higher education with increased compensation for early childhood educators. In 1993, the Smart Start network was founded, providing a nationwide model for public/private funding and coordination structures around early childhood through local partnerships. North Carolina was also one of the first states to implement a quality rating and improvement system through licensing early care and education programs across the state. Over the past two decades, there has been a strong emphasis on quality improvement and increasing preventive health services for children as part of the Community Care for North Carolina (CCNC) program. CCNC has

been nationally recognized for its work in improving health care services for Medicaid and other populations across North Carolina.

More recently, the North Carolina Early Childhood Action Plan builds on the extensive, years-long collaborative efforts of the [NC Pathways to Grade-Level Reading](#) initiative led by the NC Early Childhood Foundation. The Early Childhood Action Plan is also significantly informed by the work of the [NC Perinatal Health Strategic Plan](#), the North Carolina Institute of Medicine [Statewide Taskforce on Essentials for Childhood](#), North Carolina [Think Babies](#), and others. The North Carolina Early Childhood Action Plan was designed to build upon, align, and amplify ongoing efforts across the state in early childhood.

How was the Early Childhood Action Plan Created?

The North Carolina Department of Health and Human Services (NCDHHS) was charged by Governor Roy Cooper through [Executive Order No. 49](#) to spearhead the development of a statewide early childhood strategic plan in coordination with the Early Childhood Advisory Council (ECAC), other departments, and public and private stakeholders from across the state. NCDHHS partnered with a diverse group of more than 350 individuals throughout 2018 to create a draft of the guiding principles, vision, and goals.

On November 1, 2018, the first full draft of the Early Childhood Action Plan was shared with the public to provide input. Over the next two months, NCDHHS actively engaged with the public through weekly webinars and more than 30 in-person sessions.

By the end of the public comment period, NCDHHS received over 500 individual comments via email on various aspects of the plan. In total, nearly 1,500 people provided input, representing a diversity of perspectives including parents, families, healthcare providers, child care providers, educators, school administrators, child advocacy groups, and researchers. The feedback was overwhelmingly positive but also resulted in substantive changes to the original draft plan to make it even stronger. NCDHHS will continue to

work with the ECAC to ensure progress on the plan and partner with local communities across the state to ensure the Early Childhood Action Plan truly belongs to every North Carolinian.

A Living Plan

The Early Childhood Action Plan is designed to hold fast to its commitment to achieving measurable 2025 goals, while at the same time adapting and evolving to include new evidence, best practices, lessons learned and improved analytics. In particular, the plan's data sources will be reexamined regularly.

Several data sources were considered for the plan, but due to limitations in data access and usability, some key data were not available by the time of publication. Some of these key areas of data include:

- Statewide aggregate information on the Kindergarten Entry Assessment
- Statewide data on the percent of students in grades kindergarten through third grade who are chronically absent
- Statewide percent of eligible families receiving Supplemental Nutrition Assistance Program (SNAP) benefits
- Statewide rate of children who are reported to Child Protective Services for suspected maltreatment
- Statewide percent of eligible families receiving diversion services, or interventions in an effort to prevent homelessness
- Statewide statistics on mental health professionals trained in evidence-based treatments for early childhood
- Statewide measures of social-emotional well-being and resilience for young children



View the **NC Early Childhood Action Plan Data Dashboard**, and learn more details about the data collection and evaluation process by visiting www.ncdhhs.gov/early-childhood.

The North Carolina Early Childhood Action Plan Framework

How to read, understand, and use this plan as a helpful tool to take action.

Vision	What North Carolina wants to be true for young children ages birth to eight.
Guiding Principles	Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.
Goals	Areas where focused measurement and effort is needed to change outcomes for children.
Commitments	North Carolina's broad aspirational goals to work toward by 2025.
Targets	Specific and measurable child-level outcomes for young children from birth through age eight by 2025. A target may be aligned to just one aspect of the state's broader commitment toward one goal, or it may not yet be associated with a reliable data source. Most targets have a reliable statewide data source for the past five years, and are able to be disaggregated by county, race, ethnicity, or other demographics.
Sub-Targets	Annual measures that indicate trends toward the broader commitment and target. Changes in sub-targets allow for us to course-correct our actions over time. Each sub-target has a reliable statewide data source, and most are able to be disaggregated by county, race, ethnicity, or other demographics.
Strategies	High level ideas to drive change across North Carolina. Anyone across the state can look to the list of strategies provided as a component of the Early Childhood Action Plan and be able to apply them to their own specific context in order to take action. You'll find a recommended list of strategies in this plan.
Actions	Specific steps taken by individuals, agencies, groups, organizations, or others, to drive change toward statewide goals for young children. Actions will move the needle in North Carolina. You'll find a selection of example commitments to taking action online, and more information in this plan on how you can share your own actions.
Measuring Progress	Online data dashboard on progress toward 2025 targets and sub-targets. The dashboard will be regularly updated.



Guiding Principles

Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.

1. Children and families are at the center of our work.

North Carolina's early childhood systems serve children in the contexts of families and communities. Child development is a dynamic, interactive process that is not predetermined; it occurs in the context of relationships and communities. We know it is possible, and essential, to build resilience and healthy development by creating positive and protective factors in young children's lives, including strong relationships between children and caring adults.

2. Brain and developmental science are fundamental.

Brains are built through children's earliest experiences and through the environments around them. During a child's first eight years of life, brain architecture is forming a foundation for all future learning, behavior, and health. While positive experiences and environments can set up a child on a stronger life-long path, traumatic experiences or environments during those formative years can have long-lasting, detrimental impact.

3. Alleviate inequity to ensure that all of North Carolina's children can reach their fullest potential.

North Carolina is committed to equity of opportunity for all children by confronting disparities through strategic commitments across the state. Child outcomes that vary disproportionately across race, ethnicity, socioeconomic status, physical and developmental ability, and geography must be recognized in order to identify and implement strategic interventions.

4. Build upon existing strengths and partnerships in early childhood systems.

North Carolina has a rich history of innovation in early childhood. The Early Childhood Action Plan builds upon existing efforts and promotes diverse participation, cross-sector collaboration, and partnerships with families and organizations that have worked to improve child and family outcomes.

5. Set bold priorities and achievable goals for North Carolina's young children.

We must commit to a prioritized set of areas to tackle for our state's children, knowing that the process of prioritizing makes accomplishing outcomes more feasible. Not only must we prioritize, but we must hold ourselves accountable with measurable and achievable goals for each priority, because without accountability, we may not see the changes our children deserve.

6. Track progress toward all goals, ensuring transparency, accountability, and good stewardship of resources.

We will report on the outcomes of our work and use data to continuously improve our efforts to ensure cost-effective strategies that result in the highest impact for children. Effective early childhood interventions can yield significant positive returns on investment to communities through better outcomes in education, health, social behaviors, and employment.

Our Vision for NC's Children

Vision Statement: All North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

By 2025, all North Carolina young children from birth to age eight will be:

1. **Healthy:** Children are healthy at birth and thrive in environments that support their optimal health and well-being.
2. **Safe and Nurtured:** Children grow confident, resilient, and independent in safe, stable, and nurturing families, schools, and communities.
3. **Learning and Ready to Succeed:** Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.



Healthy

Children are healthy at birth and thrive in environments that support their optimal health and well-being

HEALTHY BABIES • PREVENTIVE HEALTH SERVICES • FOOD SECURITY





Goal 1: Healthy Babies

COMMITMENT: Babies across North Carolina from all backgrounds will have a healthy start in their first year of life.

2025 TARGET: By 2025, decrease the statewide infant mortality disparity ratio from 2.5 to 1.92, according to data provided by the State Center for Health Statistics.⁹

SUB-TARGETS:

1. Infant mortality rates, disaggregated by race and ethnicity

DATA SOURCE: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

For more details, visit the interactive [NC Early Childhood Action Plan Data Dashboard](#)

2. Percent of babies born at a low birth weight (<2,500g), disaggregated by race and ethnicity

DATA SOURCE: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

3. Percent of mothers indicating their pregnancy was intended

DATA SOURCE: Pregnancy Risk Assessment Monitoring System (PRAMS), State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Increasing

4. Percent of women ages 18-44 years with preventive health visit in last year

DATA SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Increasing

5. Percent of infants breastfed:

- Ever breastfed
- Breastfed at 6 months-old

DATA SOURCE: [National Immunization Survey, Centers for Disease Control and Prevention](#)

TREND BY 2025: Increasing

6. Percent of families living at or below 200% of the federal poverty level

DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

TREND BY 2025: Decreasing

DEFINITIONS:

Infant Mortality Disparity Ratio: The ratio of the statewide non-Hispanic, African-American mortality rate to the statewide non-Hispanic white infant mortality rate.

Infant Mortality Rate: The number of infant (aged under 1 year) deaths per 1,000 live births.

EXPLANATION:

Every North Carolina baby deserves to have a healthy start. Unfortunately, too many babies in our state face great challenges at birth, such as preterm birth and low birth weight. Infant mortality can be used as a measure of child, family and community health. It is a rate of infant death, but is also used more broadly to indicate societal health, poverty levels, racial disparities, and the availability and quality of health services in a community.¹⁴

In North Carolina, stark disparities in infant mortality exist. For example, African American infant deaths persistently occur at over double the rate of white infant deaths.⁹ There are also significant disparities between American Indian and white rates of infant mortality.

The leading causes of infant mortality in North Carolina are preterm birth and low birth weight, birth defects, Sudden Unexpected Infant Death (SUID), maternal complications of pregnancy, labor, and delivery, and other perinatal conditions.¹⁵ The rate is impacted by a wide range of social, behavioral and health risk factors, including poverty, racism, education, tobacco use, obesity, and access to medical care before and during pregnancy.^{14,16,17}

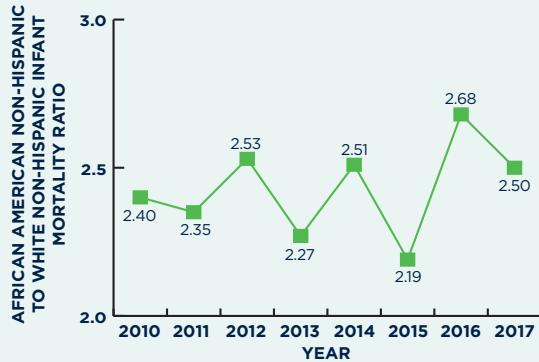
North Carolina has the 11th highest infant mortality rate in the country, at a rate of 7.2 per 1,000 live births, compared to the national rate of 5.9 per 1,000.⁸ North Carolina's infant mortality rate has essentially plateaued despite achieving North Carolina's lowest infant mortality rate of 7.0 in 2010 and 2013 (see Figure 7 on page 13).⁹ For decades, racial and ethnic disparities across the state have remained intractably high.⁹ In particular, the infant mortality disparity ratio between white non-Hispanics and black Non-Hispanics was 2.5 in 2017 (rates of 5.0 and 12.5, respectively).⁹ In other words, African American infants die at more than twice the rate of white infants in North Carolina. Healthy NC 2020 established a goal of reducing this disparity to 1.92, which would mark a 10% improvement from the pace of the state's 1999-2008 progress on this measure.¹⁶



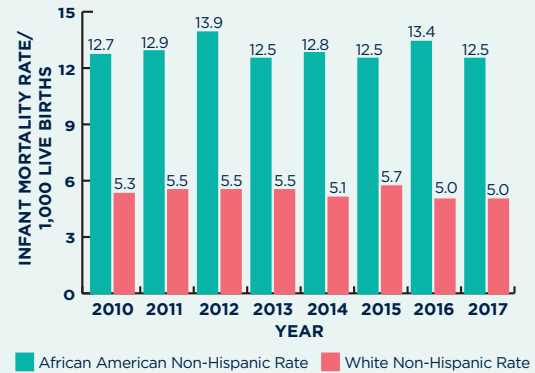
HISTORICAL TRENDS:

FIGURE 5: NC INFANT MORTALITY RATE DISPARITY RATIO

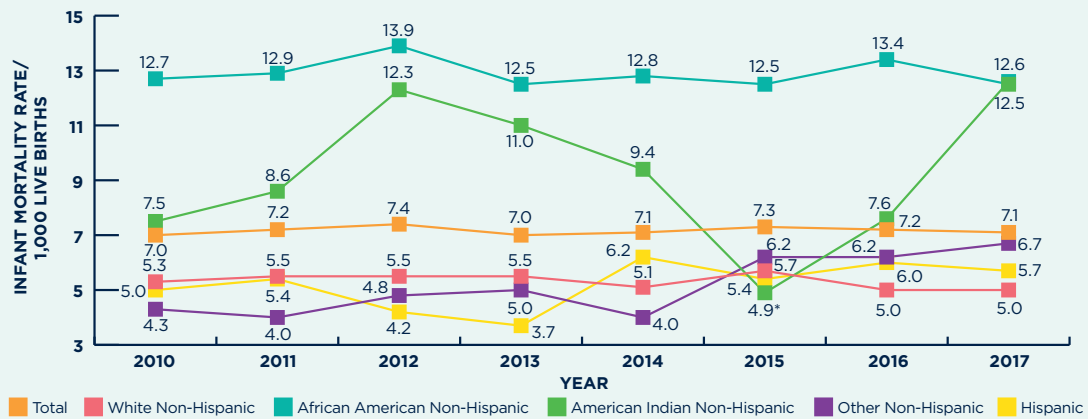
Data Source: NC State Center for Health Statistics

**FIGURE 6: NC INFANT MORTALITY RATE DISPARITY**

Data Source: NC State Center for Health Statistics

**FIGURE 7: TRENDS IN INFANT MORTALITY IN NC**

Data Source: NC State Center for Health Statistics



* TECHNICAL NOTE: American Indian Non-Hispanic rate for 2015 is based on small numbers (fewer than 10 deaths) and is considered unstable & should be interpreted with caution.



Goal 2: Preventive Health Services

COMMITMENT: Babies, toddlers, young children, and their families will have regular, ongoing access to high-quality health services.

2025 TARGET: By 2025, increase the percentage of North Carolina's young children enrolled in Medicaid and Health Choice who receive regular well-child visits as part of a healthcare delivery process that provides comprehensive, patient-centered, accessible, quality care as recommended for certain age groups, according to data provided through NC Medicaid and HEDIS measures.¹⁸

- For children ages 0-15 months, increase from 63.9% to 68.7%.
- For children ages 3-6 years, increase from 69.8% to 78.5%.

SUB-TARGETS:

1. Percent of individuals with health insurance

- Children aged 0-8 years
- Heads of household with young children

DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

TREND BY 2025: Increasing



*For more details, visit the
interactive [NC Early Childhood
Action Plan Data Dashboard](#)*

2. Percent of 19–35-month-old children who are up-to-date on immunizations

- **Combination 6:** 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, and 1 or more doses of Varicella
- **Combination 7:** 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV

DATA SOURCE: National Immunization Survey

TREND BY 2025: Increasing

3. Percent of children enrolled in Medicaid or Health Choice aged 0-9 who had at least one dental service during the year:

- Age <1 year
- Ages 1-2 years
- Ages 3-5 years
- Ages 6-9 years

DATA SOURCE: Dental Quality Alliance Utilization of Services Measures, NC Medicaid

TREND BY 2025: Increasing

4. Percent of children receiving 4 or more varnishings by 42 months of age

DATA SOURCE: NC Medicaid

TREND BY 2025: Increasing

5. Percent of children ages 1 and 2 years receiving lead screening

DATA SOURCE: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Increasing

6. Percent of families living at or below 200% of the federal poverty level

DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

TREND BY 2025: Decreasing

DEFINITIONS:**The required components of a well-child visit are:**

- Comprehensive health and developmental history that assesses physical, developmental, and mental health
 - Hearing and vision screening
 - Oral health (dental) screening
 - Assessment of nutritional status (including risks or concerns for being underweight, overweight or obese)
 - Developmental and behavioral screening
 - Autism screening
 - For infant visits: maternal depression screening
- Comprehensive, unclothed physical examination
- Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices
- Laboratory testing, including anemia and blood lead screening appropriate for age and risk factors
- Health education and anticipatory guidance for both the child and caregiver

A regular well-child visit is defined in Medicaid and Health Choice enrollment as follows:

- A child aged 0-15 months is considered to have received regular well-child visits if he or she attends at least 6 visits.
- A child aged 3-6 years is considered to have received regular well-child visits if he or she attends at least 1 annual visit.

EXPLANATION:

Timely health check-ups are essential to support the optimal health and well-being of babies, toddlers and young children across North Carolina. During well-child visits, healthcare professionals provide preventive care, such as immunizations, lead screenings, and developmental and social-emotional screenings, to identify possible health concerns as early as possible. Parents also have a chance to talk about their concerns, get information, guidance and advice about their child's health and development, and get connected to the right services for their child.

NC Medicaid has seen an upward trend in well-child visits for children aged 0-15 months, as well as 3-6 years, from the years 2012-2017 (see Figure 8 and 9 on page 17).¹⁸ Previously, Healthcare Effectiveness Data and Information Set (HEDIS) measures tracked well-child visits for children aged 12-24 months and 25 months-6 years, but due to consistently high performance on a national level, as well as overlap with other measurement periods, the measures were adjusted to track well-child visits for children aged 0-15 months and 3-6 years.

Both parts of the 2025 target are informed by the national 2016 Quality Compass Medicaid HMO 75th Percentile Benchmarks. Medicaid Managed Care Plans will be accountable for achieving the 75th Percentile Benchmarks as part of the Quality Strategy for Medicaid Managed Care. For children under 15 months, this benchmark is 68.7%. For children ages 3-6 years, this benchmark is 78.5%.

While the primary targets in the NC Early Childhood Action Plan focus on well-child visits for children covered by Medicaid and Health Choice, it will take more to reach the broader commitment of ensuring that all young children receive regular, ongoing access to high-quality preventive health services. Related sub-targets that capture comprehensive preventive care are also included in the plan. For example, access to health insurance for children and families is critical to ensure that children receive preventive care. Lead screening, immunizations, dental care, and preventive oral care services are all essential forms of preventive care that protect children from potential harmful environmental exposures and disease.

HISTORICAL TRENDS:

FIGURE 8: PERCENTAGE OF CHILDREN (0-15 MONTHS OLD) ENROLLED IN MEDICAID ATTENDING WELL-CHILD VISITS

Data Source: NC Medicaid, HEDIS Measures

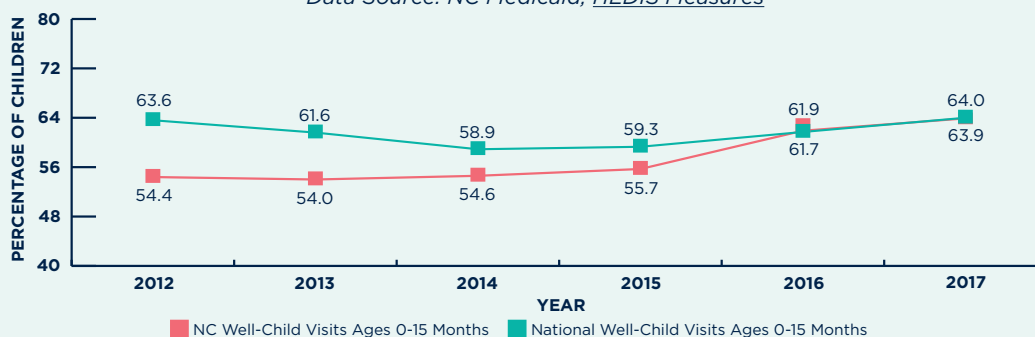
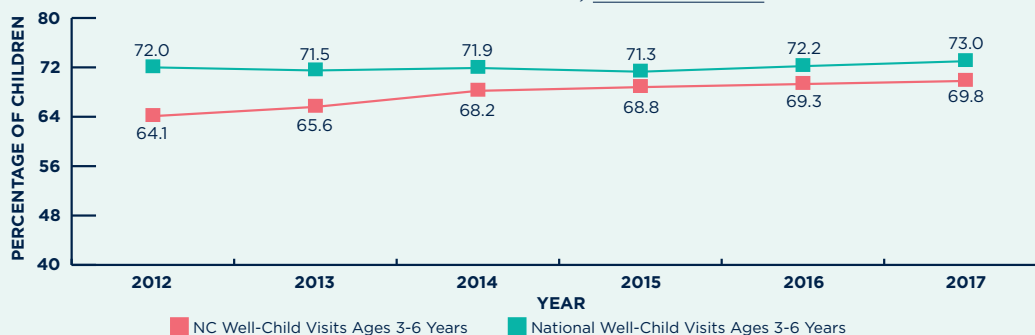


FIGURE 9: PERCENTAGE OF CHILDREN (3-6 YEARS OLD) ENROLLED IN MEDICAID ATTENDING WELL-CHILD VISITS

Data Source: NC Medicaid, HEDIS Measures





Goal 3: Food Security

COMMITMENT: Babies, toddlers, young children, and their families across North Carolina will have access to enough healthy food every day.

2025 TARGET: By 2025, decrease the percentage of children living across North Carolina in food insecure homes from 20.9% to 17.5% according to data provided [Feeding America](#).¹⁰

SUB-TARGETS:

1. Percent of eligible families receiving state and federal supplemental food/nutrition assistance benefits

- **Women, Infants, and Children (WIC)**

DATA SOURCE: [NC Women, Infants, and Children \(WIC\) Program](#), Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Increasing

2. Children aged 0-17 years with low access to food

- **Statewide**
- **County-level**

DATA SOURCE: [United States Department of Agriculture](#)

TREND BY 2025: Decreasing

3. Rates of young children who are obese or overweight

- **Percent of children aged 2-4 years who receive WIC and who are classified as either overweight or obese**

DATA SOURCE: [NC Women, Infants, and Children \(WIC\) Program](#), Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

4. Percent of families living at or below 200% of the federal poverty level

DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

TREND BY 2025: Decreasing



For more details, visit the [interactive NC Early Childhood Action Plan Data Dashboard](#)

DEFINITIONS:**Food Insecure Homes includes the following two definitions:**

- Low food security: Reports of reduced quality, variety or desirability of diet.
- Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake

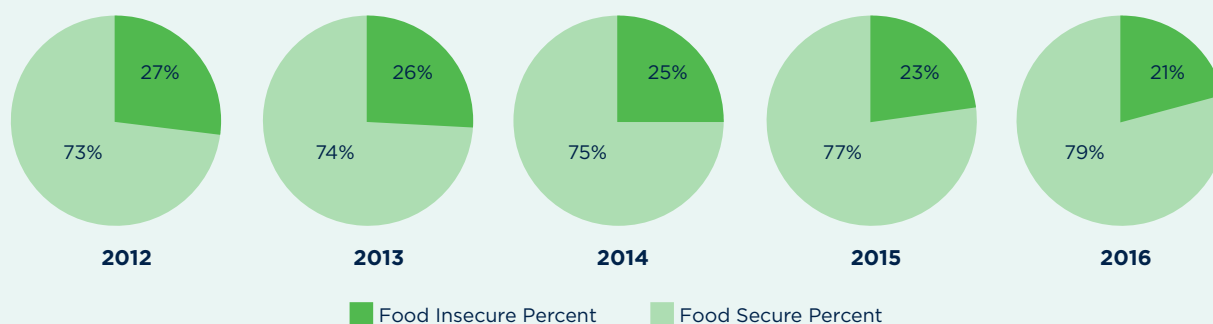
EXPLANATION:

Today, too many North Carolina children do not know if there will be enough food for them every day, or do not get enough quality, nutritious food. Food insecurity puts young children at risk for negative health, developmental, behavioral and academic outcomes.¹⁹⁻²² Food insecurity also puts young children's parents and other caregivers at risk for poor physical and mental health, and can lead to family conflict.^{23,24}

While the rate of food insecurity has gone down slightly in recent years, multiple reports indicate that North Carolina's families face food insecurity at higher rates than much of the country. A recent [United States Department of Agriculture](#) report on overall food insecurity in the US ranks North Carolina as the 9th highest rate hunger of any state in the nation.²⁵ Feeding America ranks North Carolina 10th for the percent of children under age 18 who are food insecure. More than 1 in 5 children across the state, totaling almost 500,000, lived in food insecure homes in 2016.¹⁰ According to those same data, in some North Carolina counties, nearly 1 in 3 children face food insecurity.

Over the last decade, North Carolina has made progress on lowering the percent of children facing hunger. To continue this progress, the NC Early Childhood Action Plan sets a target to lower our current rate of child food insecurity from 20.9% to the current national average of 17.5% by 2025.¹⁰

While decreasing rates of food insecurity is critical, healthy eating and child obesity must also be addressed to reach the broader commitment to ensure that all young children have regular access to healthy foods. Therefore, additional sub-targets to track the percent of young children who received supplemental nutrition services, and who are classified as either overweight or obese are also included.

HISTORICAL TRENDS:**FIGURE 10: NC CHILDREN FACING FOOD INSECURITY***Data Source: Feeding America*

Safe and Nurtured

Children grow confident, resilient and independent in safe, stable, and nurturing families, schools and communities

SAFE AND SECURE HOUSING • SAFE AND NURTURING RELATIONSHIPS • PERMANENT FAMILIES FOR CHILDREN IN FOSTER CARE • SOCIAL-EMOTIONAL HEALTH AND RESILIENCE





Goal 4: Safe and Secure Housing

COMMITMENT: Babies, toddlers, young children, and their families across North Carolina will have access to safe, secure, and affordable housing.

2025 TARGET*:

- Part 1) By 2025, decrease the percentage of children across North Carolina under age six experiencing homelessness by 10% from 26,198 to 23,578, according to data from the [Administration for Children and Families \(ACF\)](#).²⁶
- Part 2) By 2025, decrease the number of children kindergarten through third grade enrolled in NC public schools who are experiencing homelessness by 10% from 9,970 to 8,973, according to data provided by the NC Department of Public Instruction (NCDPI).²⁷

SUB-TARGETS:

1. Percent of young children ages 0-8 in families with high housing cost burden

DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

TREND BY 2025: Decreasing

2. Number of homeless children participating in education programs:

- High-quality early care and learning
- NC Public Schools, Pre-K – 3rd Grade

DATA SOURCE: NC Department of Public Instruction (NCDPI), NC Department of Health and Human Services (NCDHHS), Division of Child Development and Early Education (DCDEE)

TREND BY 2025: Decreasing

3. Rate of emergency department visits for asthma care for young children

DATA SOURCE: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

4. Percent of young children tested with confirmed elevated blood lead levels

DATA SOURCE: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing



For more details, visit the [interactive NC Early Childhood Action Plan Data Dashboard](#)

* In setting these targets, we acknowledge that current counts are likely to be an underestimation of homelessness among young children and that rates could increase as identification methods improve.

5. Percent of families living at or below 200% of the federal poverty level**DATA SOURCE:** American Community Survey (ACS), U.S. Census Bureau**TREND BY 2025:** Decreasing**DEFINITIONS:****There are two federal definitions of *homelessness* addressed in the 2025 Target, with one applying to Part 1, and the other applying to Part 2.**

Part 1) According to the US Department of Housing and Urban Development (HUD) as outlined in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003), homelessness includes individuals who are:

- Living in a place not meant for human habitation, an emergency shelter, or transitional housing
- Exiting an institution where they temporarily resided
- Losing their primary nighttime residence within 14 days and lack resources or support networks to remain in housing
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state
- Fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing

Part 2) For the US Department of Health and Human Services (HHS) and the US Department of Education (DOE), homelessness is defined in section 330(h)(5)(A) of the McKinney Vento Act as individuals who:

- Lack permanent or unstable housing (without regard to whether the individual is a member of a family), including individuals who live on the streets; whose primary residence is a shelter, mission, single room occupancy facility, or abandoned building or vehicle; or who are residents in transitional housing
- Are unable to sustain a permanent housing situation and must stay with a series of friends and/or family
- Are previously homeless and are to be released from a prison or a hospital and do not have stable housing to which they can return

EXPLANATION:

Too many children across North Carolina do not have a safe and stable place to sleep at night. Some families may be living in shelters, in their cars, or temporarily living with friends or relatives. Unstable housing is stressful, especially for families with young children.²⁸ This puts these children at a higher risk for poor physical health, and mental health and behavioral problems.²⁹⁻³¹ They are also at risk for delayed language and literacy skills, attention difficulties, and poor self-regulation.^{30,32,33} They may also struggle in school with relationships with their classmates and their teachers.³¹

Children living in unsafe or unstable conditions also often face greater challenges at home and in their communities, such as family and neighborhood violence, maltreatment, food insecurity, chronic illness, and lack of proper healthcare.³⁴⁻³⁶ They may face unhealthy home environments that expose them to things such as lead, pests, poor ventilation, or mold, that could lead to health problems such as asthma, or physical dangers that could lead to injury.

Further, caregivers of young children who experience homelessness often report poor health, signs of maternal depression or other mental illness, putting them at risk for low confidence in parenting and using harsh parenting practices.³⁷

According to the recent [Administration for Children and Families report](#) in 2015, 1 in 28 North Carolina children under age 6 experienced homelessness.²⁶ In 2016, 33% of North Carolina children ages 0-8 lived in households that spent more than 30% of their income on housing.⁷ According to data from the NC Department of Public Instruction, 9,970 children from kindergarten through third grade enrolled in NC public schools experienced homelessness in the 2017-18 school year (see Figure 11 and 12 below).²⁷

The NC Early Childhood Action Plan includes quantitative measures based on the estimates available of young children facing homelessness and housing insecurity, recognizing the limitations on being able to accurately identify this population in North Carolina. While methods of identifying families with young children who face housing insecurity may improve, which would in turn increase counts of the North Carolina homeless population, the current target is to decrease counts of young children facing homelessness and housing insecurity by 10 percent.

HISTORICAL TRENDS:

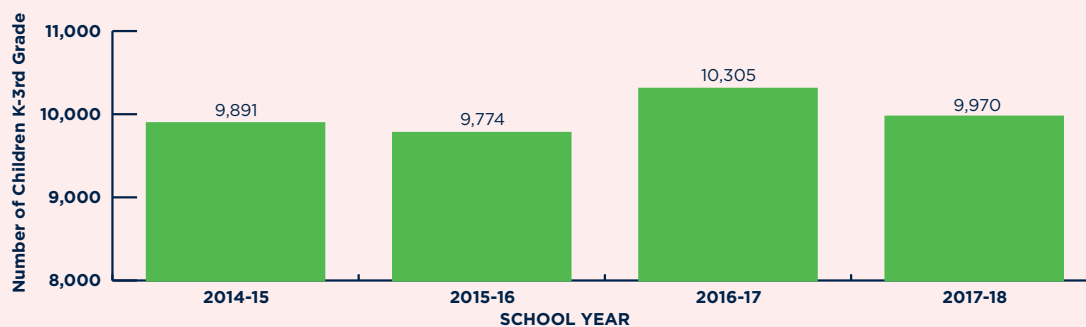
FIGURE 11: NUMBER OF CHILDREN UNDER AGE SIX EXPERIENCING HOMELESSNESS IN NC

Data Source: Administration for Children and Families



FIGURE 12: NUMBER OF CHILDREN K-3RD GRADE ENROLLED IN NC PUBLIC SCHOOLS EXPERIENCING HOMELESSNESS

Data Source: NC Department of Public Instruction





Goal 5: Safe and Nurturing Relationships

COMMITMENT: Babies, toddlers, and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

2025 TARGET*:

By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment.

- For children ages 0-3 years, reduce from 20.1 to 18.1 per 1,000 children
- For children ages 4-5 years, reduce from 14.5 to 13.1 per 1,000 children
- For children ages 6-8 years, reduce from 13.4 to 12.1 per 1,000 children

All data for this target is provided by the Division of Social Services Central Registry, and NC FAST.

SUB-TARGETS:

1. Percent of children ages 0-8 with two or more adverse childhood experiences

DATA SOURCE: National Survey of Children's Health (NSCH),
U.S. Department of Health and Human Services

TREND BY 2025: Decreasing



*For more details, visit the
interactive [NC Early Childhood
Action Plan Data Dashboard](#)*

2. Percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post-partum

DATA SOURCE: NC Medicaid

TREND BY 2025: Increasing

3. Rate of emergency department visits for injuries for young children

DATA SOURCE: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

* In setting this target, it is critical to note the limitations of these data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment.

DEFINITIONS:

Child maltreatment: Abuse and neglect of a child under the age of 18 by a parent, guardian, custodian or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency.

EXPLANATION:

Strong, positive relationships between children and their caregivers is a key ingredient for healthy brain development. When young children face severe adversity, such as abuse, neglect or witnessing violence, the structure and function of their brain and bodies can change. For some children, the level of stress produced by severe adversity causes their bodies to respond by staying set on high-alert, which can result in long-term health consequences.^{38,39,40} Caregivers play an active role in shielding children from feeling overwhelming amounts of stress.

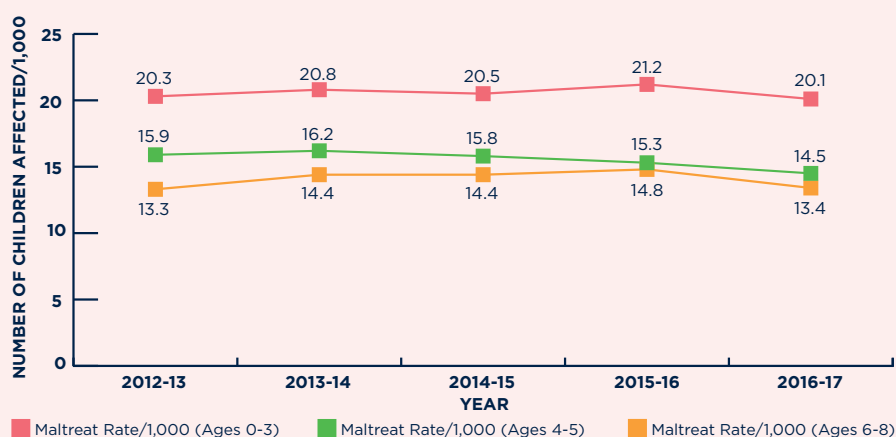
Child maltreatment is defined as abuse and neglect of a child under the age of 18 by a parent, guardian or caregiver. While child maltreatment occurs within families from all economic backgrounds, it is more common among children in low-income families.⁴¹ Factors that can contribute to child maltreatment include the presence of adults who face substance use disorders, mental illness (notably maternal depression) and intimate partner violence.⁴²

Young children are especially vulnerable for experiencing maltreatment.⁴³ Trends data reveal that maltreatment rates are highest for children ages 0 to 3 years in North Carolina (see Figure 13 below). For children in foster care (10,242 in January 2018), 28% were under age 5.⁴⁴

In FFY 2016, the national child maltreatment rate was 14.48 per 1,000 children aged 0-3 years and 12.97 per 1,000 children aged 0-5 years.⁴³ The Early Childhood Action plan sets a target of reducing the current rates by 10 percent.

HISTORICAL TRENDS:**FIGURE 13: NC MALTREATMENT RATES PER 1,000 CHILDREN**

Data Source: Division of Social Services Central Registry and NC FAST





Goal 6: Permanent Families for Children in Foster Care

COMMITMENT: Babies, toddlers, and young children in North Carolina's foster care system will grow up in stable, consistent, and nurturing families, whether that is with the child's birth family or through an adoptive family.

2025 TARGET:

Part 1) Reunification: By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate.

- For children aged 0-3 years, decrease the median number of days from 371 to 334.
- For children aged 4-5 years, decrease the median number of days from 390 to 351.
- For children aged 6-8 years, decrease the median number of days from 371 to 334.

Part 2) Adoption: By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.

- For children aged 0-3 years, decrease the median number of days from 822 to 730.
- For children aged 4-5 years, decrease the median number of days from 1,006 to 730.
- For children aged 6-8 years, decrease the median number of days from 988 to 730.

All data for this target is provided by the Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST.

SUB-TARGETS:

1. Percent of child welfare cases that are adjudicated within 60 days

DATA SOURCE: Juvenile Court Record Database (JWISE),
NC Administrative Office of the Courts (AOC)

TREND BY 2025: Increasing

2. Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home

DATA SOURCE: Juvenile Court Record Database (JWISE),
NC Administrative Office of the Courts (AOC)

TREND BY 2025: Increasing

3. Median number of days to termination of parental rights

DATA SOURCE: Juvenile Court Record Database (JWISE),
NC Administrative Office of the Courts (AOC)

TREND BY 2025: Decreasing

For more details, visit the
[interactive NC Early Childhood
Action Plan Data Dashboard](#)

DEFINITIONS:

Foster Care Placement: Court-ordered temporary substitute care provided to a child who must be separated from his or her own parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care.

Reunification: A child in foster care is placed back into legal custody with his or her birth family or original primary caregiver. The most common outcome for a child placed into the foster care system is to be reunified with his or her family.

Adoption: An adoption is a lasting, nurturing, legally secure relationship with at least one adult that is characterized by mutual commitment. The adoption of a child in foster care can occur when a child's biological parents' rights are terminated by the court. Both reunification and adoption are considered permanent placements for children.

EXPLANATION:

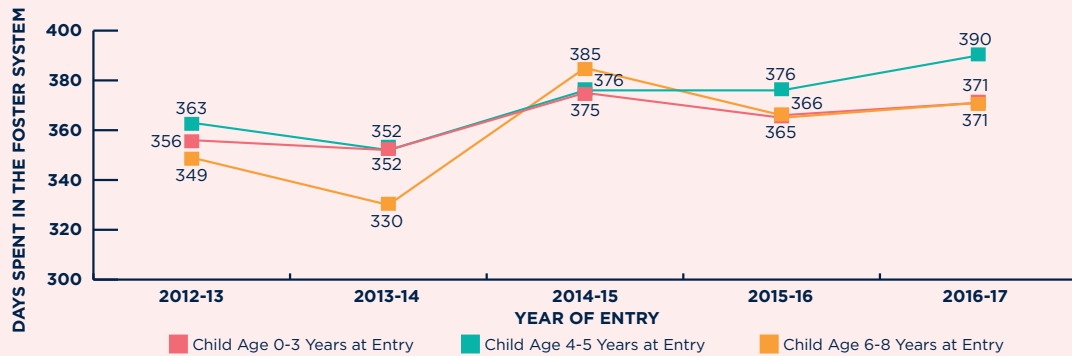
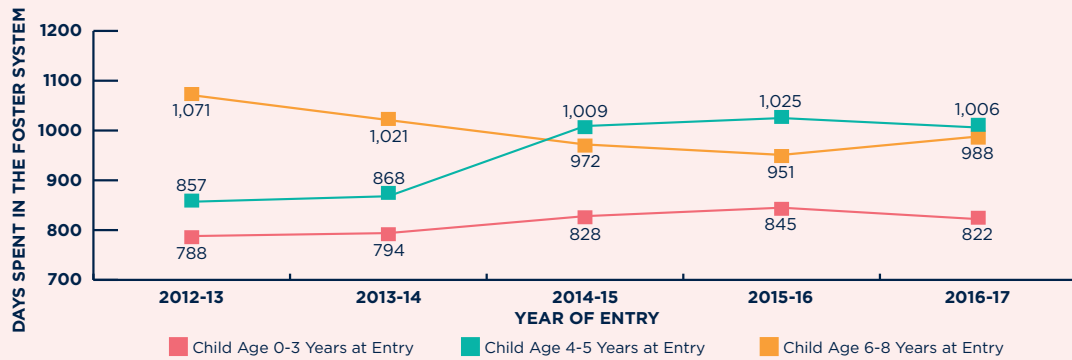
Young children need safe, permanent homes with nurturing and secure relationships with adults for healthy growth and development.^{31,45} Right now, too many of North Carolina's children in foster care spend hundreds of days in the foster care system before being placed in a permanent home.

For children who must be placed in foster care, being removed from their home and placed in a foster home may be stressful. In general, reunification with the child's family is preferred. However, before this can occur, it is important that the underlying reasons which led to the child's removal are addressed. Sometimes families are unable to make these changes within the 12 month time frame allotted by the state, which is a more defined timeframe than the federal standard of 15 of the most recent 22 months as set through the Adoption and Safe Families Act of 1997.

According to historical data, the median days to permanency for reunification, guardianship or custody appear to be higher for all age groups in 2016-17 compared to 2012-13 (see Figure 14 on page 28).⁴⁶ This means that more children are spending more time in foster care. Adoption is evaluated separately from the rest of the permanency outcomes because it can only be pursued as a primary permanency plan after efforts to reunify a child with their family of origin have failed. For children aged 6-8 years at entry, the number of days to adoption has decreased compared to 2012-13, while for children aged 4-5 at entry, the number of days has increased (see Figure 15 on page 28).⁴⁶ Efforts to reunify a family will typically take over a year and can last longer than that.

The NC Early Childhood Action Plan sets targets in the following ways: For Part 1, the 2025 target represents a 10% reduction in the median number of days a child spends in foster care before being reunified. For Part 2, the 2025 target brings North Carolina in line with the federal expectation that adoptions be completed within 24 months of a child entering foster care. The median rather than the average was chosen because it offers a more stable measure of duration. The median number of days to permanence allows for direct comparisons of various parts of the placement episode (e.g., the number of days from removal to permanence, and the number of days from the initial adoption petition to permanence).

HISTORICAL TRENDS:

FIGURE 14: NC TIME TO REUNIFICATION, GUARDIANSHIP OR CUSTODY*Data Source: Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST***FIGURE 15: NC TIME TO ADOPTION***Data Source: Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST*



Goal 7: Social-Emotional Health and Resilience

COMMITMENT: Babies, toddlers, and young children across North Carolina will express, recognize, and manage their emotions in a healthy way, especially under stress.

2025 TARGET: By 2025, North Carolina will have a reliable, statewide measure of young children's social-emotional health and resilience at the population level.

SUB-TARGETS: Data not yet available.

DEFINITIONS:

Social and emotional health is a broad domain. The [National Association for the Education of Young Children \(NAEYC\)](#) states that children who are socially and emotionally healthy tend to exhibit the following behaviors:

- Usually in a positive mood
- Listen and follow directions
- Have close relationships with caregivers and peers
- Care about friends and show interest in others
- Recognize, label, and manage their own emotions
- Understand others' emotions and show empathy
- Express wishes and preferences clearly
- Gain access to ongoing play and group activities
- Play, negotiate, and compromise with others

Resilience is defined by the American Psychological Association as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress...It means ‘bouncing back’ from difficult experiences.”⁴⁷

EXPLANATION:

Social-emotional skills, such as the ability to recognize and manage one's emotions and the ability to understand the emotions of others, provide a foundation for building trusting relationships that are important at home, school and the work place. For example, skills like cooperation and helpfulness have been linked to positive outcomes later in life such as having a job, being physically and mentally well, and being less criminally involved.^{48,49}



*For more details, visit the
[interactive NC Early Childhood
Action Plan Data Dashboard](#)*

The importance of social-emotional health and resilience for young children is becoming increasingly recognized nationwide. However, currently a strong statewide data source on young children's social-emotional health and resilience does not exist. North Carolina has an opportunity to be a national leader in developing the ability to track social emotional well-being for young children at a state level. The state has already begun work to identify appropriate data sources that would allow for this to be tracked.

Promising examples of data sources for monitoring social-emotional health and resilience are outlined below. In the future, such data could be collected on privately insured and uninsured children to ensure seamless and universal representation in social-emotional health services as well as data tracking.

- **Measures from the National Survey for Children's Health (NSCH)** may provide a useful source for information on children's social-emotional well-being and resilience. The NSCH is a nationwide population-level survey that includes data down to the state level. The state of Vermont, as well as the organization ZERO TO THREE, have utilized composite measures aggregating specific survey questions in order to evaluate children's social-emotional well-being and resilience. One example is the health indicator for flourishing for young children, age 6 months through 5 years. This indicator was designed to provide data on child well-being and resilience and is based on answers to four survey questions that capture information about domains of thriving.

Example question on this screening:

- "How true are each of the following statements about this child: (1) child is affectionate and tender, (2) child bounces back quickly when things don't go his/her way, (3) child shows interest and curiosity in learning new things, and (4) child smiles and laughs a lot."

- **The Survey of Well-Being of Young Children (SWYC)** is a freely-available screening assessment for children under age 5. It assesses three domains for child functioning: 1) developmental, 2) emotional/behavioral, and 3) family context. Since the screening covers all three areas in one tool, it may be useful for health providers.

Examples questions on this screening:

- 2 months: "Please tell us how much your child is doing each of these things... Makes sounds that let you know he or she is happy or upset (Not yet, somewhat, or very much)"
- 1.5 years: "Think about what you would expect of other children the same age, and tell us how much each statement applies to your child...Have a hard time calming down? (Not at all, somewhat, or very much)"
- 1 month-5.5 years: "In the last year, have you ever drunk alcohol or used drugs more than you meant to?"

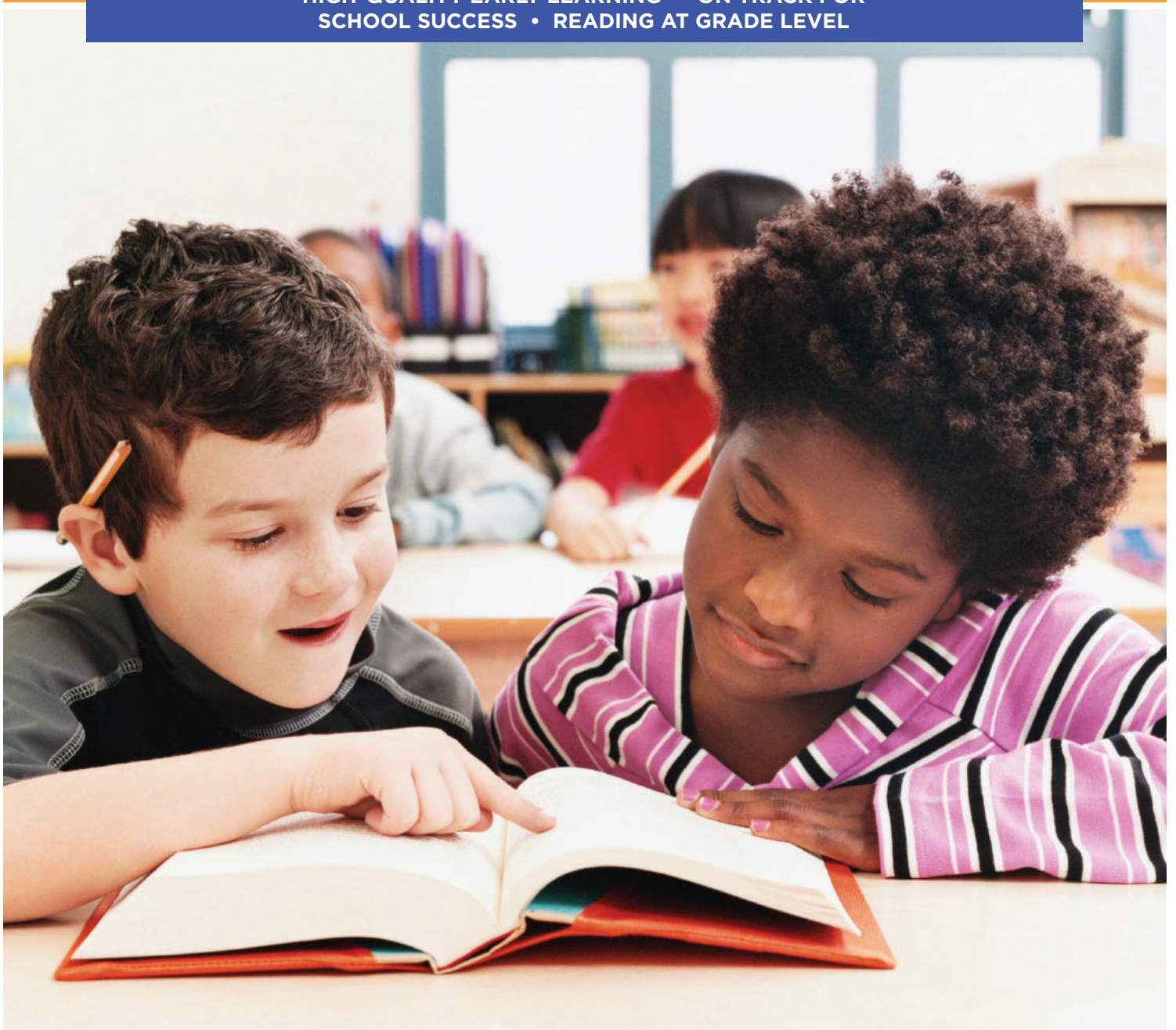
- **Medicaid claims data: Using modifiers for developmental or behavioral health screens.** Following the work of Massachusetts, North Carolina could add modifiers to the Medicaid billing codes for general developmental and behavioral screenings that note the presence or absence of a developmental/behavioral health need.

HISTORICAL TRENDS: Data not yet available.

Learning and Ready to Succeed

Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life

HIGH-QUALITY EARLY LEARNING • ON TRACK FOR SCHOOL SUCCESS • READING AT GRADE LEVEL





Goal 8: High-Quality Early Learning

COMMITMENT: Babies, toddlers, and young children across North Carolina will be able to participate in high-quality early learning programs.

2025 TARGET:

Part 1) By 2025, increase the percentage of income-eligible children enrolled in NC Pre-K statewide from 47% to 75%.⁵⁰

Part 2) By 2025, decrease the percent of family income spent on child care, according to data provided by Child Care Aware America:⁵¹

- Infant Care: Decrease from 11.6% to 7.0%
- Toddler Care: Decrease from 10.5% to 7.0%
- Four-Year-Olds: Decrease from 10.0% to 7.0%

For more details, visit the interactive [NC Early Childhood Action Plan Data Dashboard](#)

SUB-TARGETS:

1. Percent of eligible children whose families receive child care subsidy and are enrolled in 4- or 5-star centers and homes:

- Ages 0-2 years
- Ages 3-5 years

DATA SOURCE: Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Increasing

2. Percent of eligible children enrolled in Head Start:

- Ages 0-2 years
- Ages 3-5 years

DATA SOURCE: North Carolina Head Start State Collaboration Office

TREND BY 2025: Increasing

3. Percent of early childhood teachers with post-secondary early childhood education

- Degree type

DATA SOURCE: Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Increasing

4. Workforce turnover: statewide separation rates for full-time teachers

DATA SOURCE: Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

DEFINITIONS:

Income Eligibility: NC Pre-K: four year-olds in North Carolina whose families earn 75% or below of the State Median Income (SMI)

Percent of Family Income Spent on Child Care: Average child care expenditures for a married couple as a share of the state median income for families with children under age 18, as calculated by Child Care Aware.

EXPLANATION:

High-quality early care and education programs help prepare children physically, academically, socially and emotionally. While children from all backgrounds can benefit from attending high-quality and affordable child care and education programs, children facing challenges related to poverty, disabilities or limited English proficiency often benefit the most from these programs.⁵² A growing amount of evidence shows that high-quality child care programs help better prepare children become more on-track for school success, which supports them in becoming healthy, successful adults.^{53,54} Research also shows that employers benefit when employees' children are in quality child care arrangements.³⁸ When parents know their children are provided quality care that fosters healthy development, they are more productive and focused on work.

The NC Early Childhood Action Plan target focuses on two measures of families' ability to access child care programs in North Carolina: rates of eligible families enrolled in NC Pre-K, and the affordability of child care programs.

Part 1 of the target focuses on increasing the percent of eligible children attending NC Pre-K. This aligns with the recommendations outlined in the recent report from the National Institute for Early Education Research (NIEER), [Barriers to Expansion of NC Pre-K: Problems and Potential Solutions](#). This report analyzes statewide preschool data to determine the true unmet need for NC Pre-K among eligible children and identifies key barriers to access.⁵⁵ As shown in the Figure 16 below, 47.4% of eligible children enrolled in NC Pre-K in the most recent year.

Recognizing that more children under age five attend other child care and early learning programs, the plan includes sub-targets that track two other types of high-quality child care and learning programs: Head Start and 4- and 5-Star Programs for families who receive child care subsidy.

Part 2 of the target focuses on decreasing the percent of household income devoted to child care is based on the rate recommended by the US Department of Health and Human Services for a household.⁵⁶

HISTORICAL TRENDS:

FIGURE 16: NC PERCENT OF ELIGIBLE CHILDREN ENROLLED IN NC PRE-K

*Data Source: Division of Child Development and Early Education (DCDEE),
NC Department of Health and Human Services (NCDHHS)*

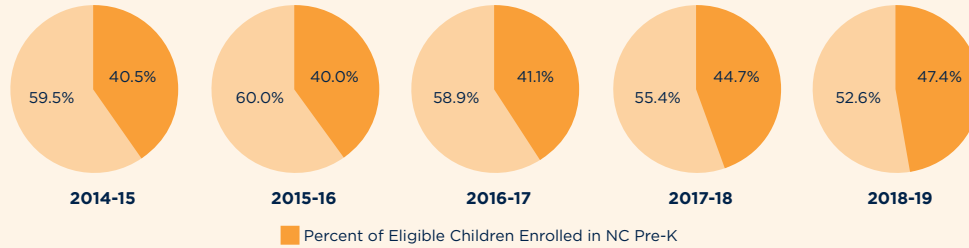


FIGURE 17: NC PERCENT OF FAMILY INCOME SPENT ON CHILD CARE

Data Source: Child Care Aware America

11.6% of median family income spent on infant care in NC

10.5% of median family income spent on toddler care in NC

10.0% of median family income spent on four-year-old care in NC



Goal 9: On Track for School Success

COMMITMENT: Young children across North Carolina will reach their developmental goals by the time they enter Kindergarten.

2025 TARGET*: By 2025, increase the percentage of children across North Carolina who enter kindergarten at a level typical for their age group, according to the five domains of the NCDPI Kindergarten Entry Assessment (KEA).

SUB-TARGETS:

- 1. Percent of children enrolled in Medicaid receiving general developmental screening in first 3 years of life**

DATA SOURCE: NC Medicaid Child Core Set

TREND BY 2025: Increasing

- 2. Percent of children who receive early intervention and early childhood special education services to address developmental risks and delays as compared to NC Census data**

- Infant Toddler Program
- Exceptional Children Program

DATA SOURCE: NC Early Intervention Program, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS), NC Preschool Exceptional Children, NC Department of Public Instruction (NCDPI)

TREND BY 2025: Increasing

- 3. Percent of children receiving early intervention and early childhood special education services to address developmental risks and delays who demonstrate improved positive social-emotional skills and acquisition and use of knowledge and skills**

- Infant Toddler Program
- Exceptional Children Program

DATA SOURCE: NC Early Intervention Program, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS), NC Preschool Exceptional Children, NC Department of Public Instruction (NCDPI)

TREND BY 2025: Increasing



For more details, visit the [interactive NC Early Childhood Action Plan Data Dashboard](#)

* Data not yet available.

DEFINITIONS:

The **KEA** is administered statewide by NCDPI to all incoming kindergarten students in North Carolina public schools. It is a formative assessment administered by teachers in the classroom during the normal course of daily instruction within the first 60 days of school in order to capture the development of each child at kindergarten entry. While currently there is no public reporting of this assessment, state-level reporting is under consideration by NCDPI.

Domains of Developmental Progress for Young Children, according to the NC Kindergarten Entry Assessment (KEA) administered by NC Department of Public Instruction:

- Approaches to Learning: Engagement in Self-Selected Activities
- Cognitive Development: Object Counting
- Emotional-Social Development: Emotional Literacy
- Health and Physical Development: Grip Manipulation, Crossing Midline, Hand Dominance
- Language Development and Communication: Following Directions, Letter Naming, Book Orientation, Print Awareness

EXPLANATION:

A child's development when they enter kindergarten has been linked to success in school and into adulthood.^{41,53,54} Assessments of a child's ongoing development before they get to kindergarten allow for referrals and services for the supports a child may need to reach his or her developmental goals. North Carolina is committed to ensuring that all children will enter kindergarten having received the health and learning supports they needed along the way.

The North Carolina Early Childhood Action Plan sets a primary target to increase the percent of children across North Carolina who enter kindergarten at a level typical for their age group, according to the five domains of the NCDPI Kindergarten Entry Assessment (KEA). As NCDPI plans for public reporting on the KEA at a statewide aggregate level, the Early Childhood Action Plan will be updated accordingly to incorporate those measures and set a 2025 target.

There is no singular method to measure or assess a child's developmental abilities, and thereby deem them "ready" or not for school. Therefore, the NC Early Childhood Action Plan includes multiple sub-targets that address developmental screening and supports for children who need them to achieve their developmental goals.

HISTORICAL TRENDS: Data not yet available.



Goal 10: Reading at Grade Level

COMMITMENT: Young children across North Carolina will read on grade level in elementary school, with a particular focus on African American, American Indian, and Hispanic children who face the greatest systemic barriers to reading success.

2025 TARGET:

By 2025, increase the percentage of children across the state achieving high levels of reading proficiency according to the following measures:

- Part 1) Increase the percentage of students reading above proficiency from 45.8% to 61.8% for 3rd – 8th grade students on statewide end of grade tests (EOGs), consistent with the state's Every Student Succeeds Act (ESSA) Plan 2025 reading proficiency benchmark.^{57,58}
- Part 2) Increase reading proficiency from 39% to 43% according to the fourth grade National Assessment of Educational Progress (NAEP).¹²

SUB-TARGETS:

1. 3rd grade End of Grade (EOG) rates above proficiency

- Statewide
- African-American
- American Indian
- Hispanic



For more details, visit the [interactive NC Early Childhood Action Plan Data Dashboard](#)

DATA SOURCE: [NC Department of Public Instruction \(NCDPI\)](#)

TREND BY 2025: Increasing

2. 4th grade National Assessment of Educational Progress (NAEP) scores for priority populations:

- African-American
- American Indian
- Hispanic

DATA SOURCE: [Nation's Report Card](#)

TREND BY 2025: Increasing

3. Percent of students reading or exhibiting pre-literacy behaviors at or above grade level by the end of the year according to mCLASS Reading 3D

- Kindergarten
- 1st grade
- 2nd grade

DATA SOURCE: [NC Department of Public Instruction \(NCDPI\)](#)

TREND BY 2025: Increasing

4. Percent of families living at or below 200% of the federal poverty level

DATA SOURCE: [American Community Survey \(ACS\)](#)

TREND BY 2025: Decreasing

DEFINITIONS:

Reading Proficiency: North Carolina end of grade tests (EOGs) are administered to all public school students third through twelfth grade and above. Reading EOGs are scored on five performance levels, with Level 1 being the lowest and Level 5 the highest. Students scoring at or above Level 3 are considered proficient.

The state's Every Student Succeeds Act (ESSA) Plan sets goals higher than standard proficiency, instead focusing around levels 4 and 5 on EOG performance, denoting College and Career Readiness. Part 1 of this target, therefore, measures the percent of students scoring above proficient.⁵⁸

The National Assessment of Educational Progress (NAEP) provides another measure of reading proficiency based on a sample of students in each state. Scores are grouped into three performance levels; basic, proficient, and advanced. The 4th grade NAEP reading assessment is given every two years. Part 2 of this target measures the percent of students scoring at or above proficient.¹²

EXPLANATION:

Reading at grade-level in third grade is linked to children's early success in school, graduating ready for college or a career after high school, and becoming productive adults.⁴¹ Beyond third grade, time in the classroom is less and less devoted to the fundamentals of learning to read, so learning to read well early is important for young children.^{59,60} It is often said that a child learns to read until third grade and then reads to learn after third grade. Across North Carolina and the country, there are significant differences in reading achievement by race and ethnicity because of systemic factors that hold students back from being able to reach their full potential.⁶¹

Over the past five years, the percent of 3rd-8th grade students meeting the College and Career Ready standard for reading on end of grade testing has remained relatively flat, with a slight upward trend in 2017-18 (see Figure 19 on page 39).⁵⁷ North Carolina's End of Grade exams reinforce that stark racial disparities exist in reading proficiency.

Another assessment that is used to evaluate reading proficiency in North Carolina is the National Assessment of Educational Progress (NAEP). Fourth grade reading assessment scores from the NAEP are evaluated to monitor the percent of North Carolina children reading proficiently over time and compared to national levels of reading proficiency. According to NAEP data, about the same percentage of NC 4th graders are reading proficiently currently as two years ago—39 percent in 2017 vs. 38 percent in 2015 (see Figure 20 on page 40).¹² As noted by the NC Early Childhood Foundation, scores for specific subgroups of children shifted from 2015 to 2017, revealing that progress differed based on certain socioeconomic factors. For example, the percent of students eligible for free or reduced-price lunch that scored "below basic" increased significantly from 2015 to 2017, indicating that economically disadvantaged students are struggling to meet the lowest level of performance.⁶¹ Also, as compared to national data, the percentages of English-Language Learner students in North Carolina who scored at the "basic" and "proficient" levels or higher were significantly lower.⁶¹

In 2018, NCDPI submitted the [state plan for the Every Student Succeeds Act \(ESSA\)](#), sharing statewide learning goals to achieve by 2030.⁴⁸ This plan set a statewide goal for 3rd-8th grade reading proficiency rates, with a benchmark for the 2024-25 school-year at 61.8% performing above proficiency. To align efforts and to share accountability for achieving goals, the NC Early Childhood Action Plan incorporates NCDPI's 2025 benchmark into Part 1 of this target.

In 2017, 39% of North Carolina 4th graders were proficient readers according to the NAEP. The Part 2 of the target is to reach the NAEP proficiency rate of the top achieving state in the region, Virginia, which would be about a 10% improvement from North Carolina's current rate.

HISTORICAL TRENDS:

FIGURE 18: NC EOG ASSESSMENT 3RD GRADE READING - PERCENT OF STUDENTS COLLEGE AND CAREER READY BY RACE, ETHNICITY

Data Source: NC Department of Public Instruction (NCDPI)

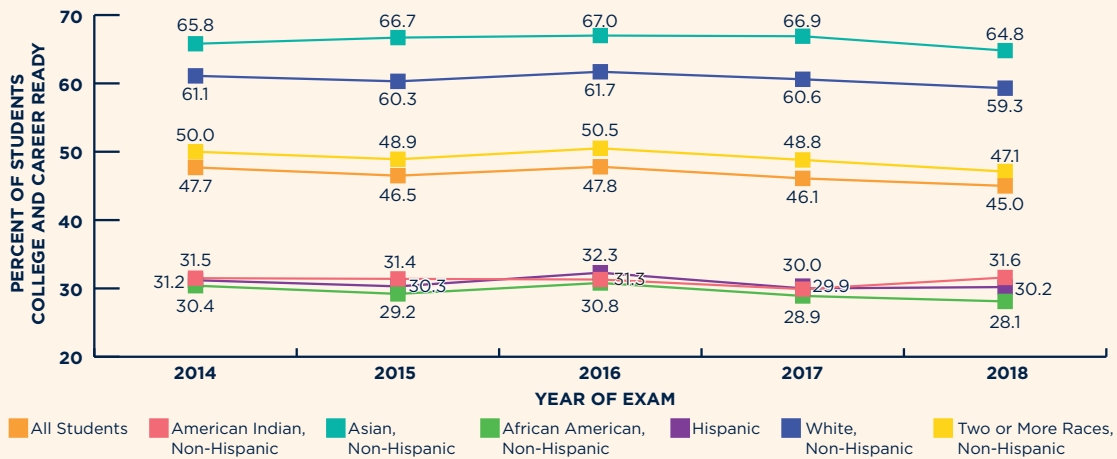


FIGURE 19: NC EOG ASSESSMENT 3RD-8TH GRADE READING - PERCENT OF STUDENTS COLLEGE AND CAREER READY BY RACE, ETHNICITY

Data Source: NC Department of Public Instruction (NCDPI)

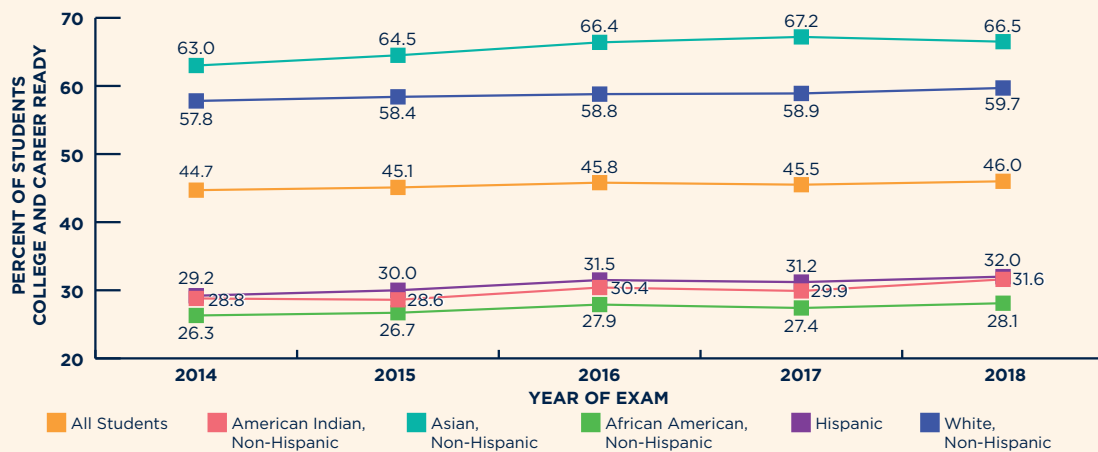


FIGURE 20: PERCENTAGE OF ALL STUDENTS AT OR ABOVE PROFICIENCY, 4TH GRADE NAEP READING

Data Source: *National Assessment of Educational Progress (NAEP)*

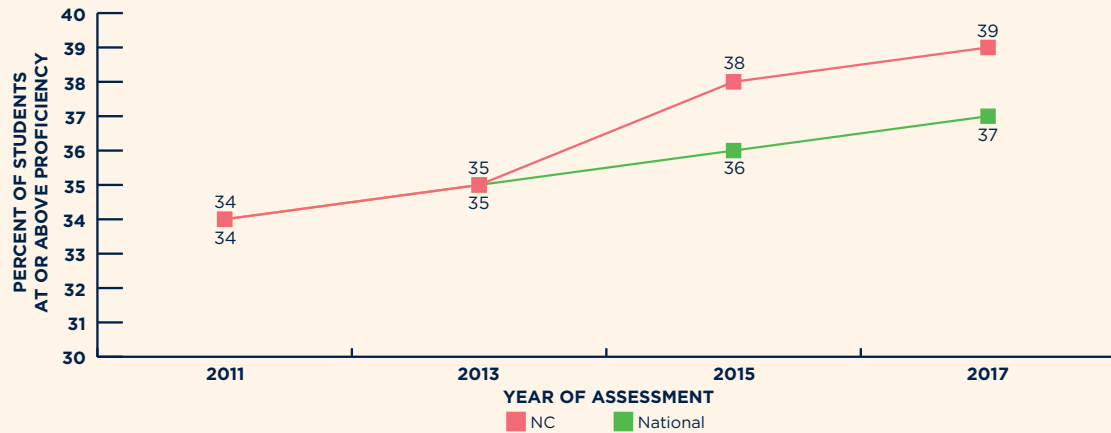
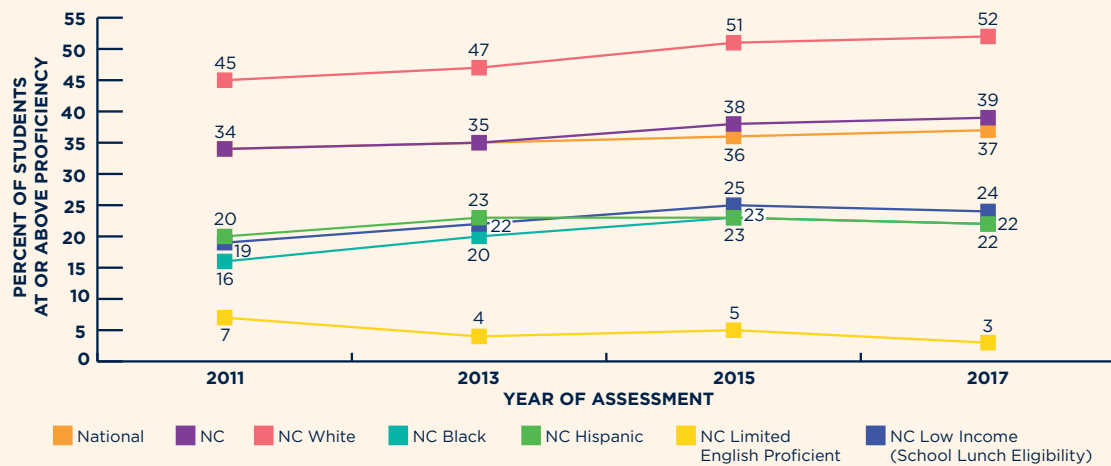


FIGURE 21: PERCENTAGE OF ALL STUDENTS BY DEMOGRAPHIC AT OR ABOVE PROFICIENCY, 4TH GRADE NAEP READING

Data Source: *National Assessment of Educational Progress (NAEP)*



COMMITTING TO ACTION: Strategies for All of Us

As North Carolinians, we all have a role in improving the health, safety and well-being, and early learning of young children from birth through age 8. Whether you are a parent, a health care provider, a policymaker, a business leader, a teacher or anyone else who is committed to our state's future, each of us can right now commit to actions that will create a better future for young children, their families and all of us.

Public and private partners across the state have come together to create an initial list of strategies that will help North Carolina move the needle on the 10 Early Childhood Action Plan goals by 2025, and toward the plan's statewide vision for children. This list of strategies is particularly informed by [NC Pathways to Grade-Level Reading](#), the [Perinatal Health Strategic Plan](#), the [NCIOM Essentials for Childhood Task Force](#), and [NC Think Babies](#).

Healthy: Children are healthy at birth and thrive in environments that support their optimal health and well-being.



North Carolinians can support young children's healthy growth and development by:

- Closing the insurance coverage gap to ensure more families have regular access to physical, mental and oral health services.
- Increasing access, particularly in rural areas, to healthcare providers, including pediatricians, OB/GYNs, oral health providers and pediatric specialists, through methods such as increasing reimbursement rates in Medicaid and through other insurers to healthcare providers.
- Making it easier for young women to visit a primary care provider more regularly, which can help support healthy future pregnancies, and provide access to services such as substance use intervention, tobacco cessation and prevention, reproductive life planning, and chronic disease management.
- Making it easier for pregnant women and families to navigate the healthcare system by providing care coordination and case management services.
- Promoting referrals to and participation in early intervention services for infants and young children with developmental delays and disabilities and their families.
- Making it easier for eligible families to enroll in supplemental food and nutrition benefits programs, especially during times of disaster and recovery.
- Making it easier for families to receive mental and physical health supports during times of disaster and during recovery.
- Collecting and analyzing reliable data on young children's health, well-being, social-emotional development, housing status, academic performance and other factors in order to track children's progress across multiple years, and then using those data to make better policy decisions for their care.
- Promoting opportunities for young children to access breakfast and after-school meals during the traditional school year, as well as opportunities to receive meals on weekends and school breaks.
- Promoting exercise and healthy eating habits for young children in early care and learning programs, kindergarten through third grade classrooms, and at home with their families.



North Carolinians can create healthy environments for young children by:

- Encouraging breastfeeding-friendly policies and services in local communities.
- Increasing children's access to safe, clean drinking water and indoor and outdoor air.
- Increasing access to high-quality outdoor play and learning environments.
- Assessing and addressing the impacts of climate change on young children in NC.

- Measuring, reliably tracking and reducing children's exposure to toxic substances, such as lead.
- Making more safe and affordable housing available for low-income families with young children, such as affordable housing development, supporting home loans and increasing funding for vouchers.
- Making more safe and affordable transportation available for low-income families with young children, including to and from early care and education programs, schools and health services, especially in rural communities.

Safe and Nurtured: Children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.



North Carolinians can support safe, stable and nurturing families by:

- Promoting evidence-based home visiting and parent education programs.
- Improving care for mothers experiencing depression.
- Providing increased access to research-based mental health services to children and adults who need them.
- Improving the process for getting children who are in the foster care system into permanent families.
- Measuring the social-emotional well-being and resilience of young children across the state.
- Investing in family-centered systems like the Smart Start network.

- Eliminating or minimizing the use of suspension and expulsion in birth through third grade classrooms.
- Promoting family-friendly work places, such as paid sick leave, paid parental leave and reliable work schedules.
- Increasing wages and promoting tax policies for working families that support a high quality of life, such as policies that prevent families from losing child care subsidy if their wages increase just past the threshold required to receive the benefit.
- Promoting access to higher education to improve young parents' ability to increase his or her income.



North Carolinians can support safe, stable and nurturing schools and communities by:

- Hiring more staff in supportive roles such as school counselors, social workers and school nurses.
- Training professionals who work with young children on best practices in mental health and resilience, including doctors, teachers, law enforcement and others.



Learning and Ready to Succeed: Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.



North Carolinians can support making high-quality early learning available to more families by:

- Expanding access to NC Pre-K, 4- and 5-star early learning programs and other high-quality early childhood programs.
- Increasing funding for child care subsidy for eligible families.
- Increasing funding to public schools and early learning programs that serve children with the highest barriers to success, including children from low-income families.
- Improving the rigor and responsiveness of birth through third grade teacher and administrator preparation programs, such as aligning best practices and curriculum across grade levels.
- Raising wages to attract, recruit and retain highly-qualified birth through third grade teachers, by efforts such as increasing base salaries and/or promoting wage supplement programs.
- Making transitions between preschool and kindergarten easier for children, families and teachers.
- Increasing access to high-quality early childhood programs for children who are homeless, in foster care, or from immigrant families.
- Expanding access to high-quality early learning programs and ongoing classroom supports for young children with disabilities and other special healthcare needs.
- Providing business development supports to create new child care facilities or improve existing early learning centers and homes to address the prevalence of child care deserts, such as providing low-interest loans and capital funds.

Building Racial and Cultural Equity: Barriers along lines of race, ethnicity and other factors can limit a young child's access to opportunities.



North Carolinians can help build racial and cultural equity by:

- Giving families and youth of color a seat at the table in program and policy design and implementation.
- Promoting learning environments for young children that are free from systemic racism and implicit bias.
- Training leaders who support young children and families in racial equity and cultural competence by offering training on implicit bias, cultural variations in communication and interaction, adverse childhood experiences (ACEs), building resiliency, and child development.
- Using diagnostic and assessment tools in education and healthcare that are free of linguistic, racial and cultural bias.
- Re-evaluating and replacing early childhood data sources and methods of collecting information across sectors in order to eliminate measures that may demonstrate racial, ethnic, geographic or other kinds of bias.
- Hiring a diverse workforce of child and family-facing providers across sectors, such as healthcare, education and law enforcement, in order to ensure more racial, ethnic and geographic representation.

What other strategies can we add? Where can you take action now? Visit www.ncdhhs.gov/early-childhood to commit to take action today!



NC EARLY CHILDHOOD ACTION PLAN

Take Action Today!

In order to reach our goals, all of us as North Carolinians must take action to improve the lives of our young children. Using the strategies and goals listed in the NC Early Childhood Action Plan as inspiration, share what you will do to help.

Consider the following ways to get started:

- Visit www.ncdhhs.gov/early-childhood to view examples of commitments to taking action or to find more resources on supporting young children in North Carolina.
- Bring together a group of friends, co-workers or neighbors to discuss the needs of young children in your community.
- Find opportunities to align your organization's priorities with the goals of the NC Early Childhood Action Plan.
- Find opportunities to shift financial resources to programs, policies or initiatives that benefit young children and families.

What will you do to help young children in North Carolina?

Share your commitments to taking action by sending an email to ECAP@dhhs.NC.gov.

By _____, _____ will
[DATE] [YOU, YOUR ORGANIZATION/AGENCY OR OTHER GROUP]



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