

NORTH CAROLINA'S 380,095 INFANTS, TODDLERS, AND THEIR FAMILIES

9% live with unemployed parents

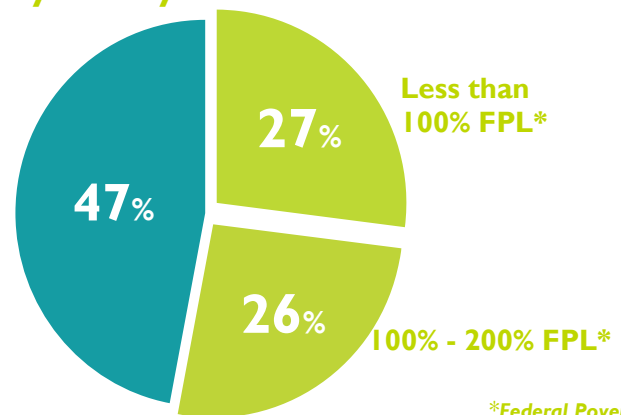
34% live with a single parent

66% have at least one risk factor known to increase the chance of poor health, school, and developmental outcomes

North Carolina ranks **38th** among all states for **child well-being**

53% of North Carolina infants and toddlers live in low-income families {U.S. is 46%}

North Carolina Infants & Toddlers by Family Income Level



*Federal Poverty Level

FEDERAL PROGRAMS HELP NORTH CAROLINA BUILD STRONG FAMILIES AND GROW HEALTHY AND PRODUCTIVE CHILDREN

All babies need **good health, strong families, and positive early learning experiences** to foster healthy brain development and realize their potential.

Brains develop at lightning speed in the first three years of life. A baby's early experiences shape the brain's architecture into a strong—or fragile—foundation for learning, health, and success in the workplace. Adverse early experiences, such as poverty, can weaken babies' brain development and follow them their entire lives.

As in the country as a whole, too many of North Carolina's babies grow up in families under great economic stress, without the resources to provide ingredients necessary for healthy development. These include adequate health care, food, housing, and early learning opportunities. More than half of North Carolina's babies live in families with income inadequate to meet these basic needs, at less than 200% of the Federal Poverty Level (FPL). More than one fourth live in outright poverty, defined as an income of \$22,350 or less for a family of four.

Our nation's prosperity is jeopardized when the future of young children is compromised. North Carolina's families benefit from important federal programs that help them secure resources needed to nurture their children's healthy development and realize their potential. Combinations of programs, such as nutrition and housing assistance, help buffer young children against the developmental effects of multiple hardships.

- Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) support physical health and provide fuel for healthy brains to develop.
- Home visiting and child welfare programs support families and protect and nurture children; housing assistance and the Low Income Home Energy Assistance Program (LIHEAP) help shelter them.
- Early Head Start (EHS), child care, and Part C Early Intervention provide positive early learning experiences and help parents support early development.

NORTH CAROLINA'S INFANTS, TODDLERS, AND FAMILIES: GOOD HEALTH AND NUTRITION

Good health is the foundation from which young children grow and develop physically, cognitively, emotionally, and socially. Quality medical care and adequate nutrition, starting before birth, are key building blocks for this healthy development.

- Lack of nutritious food during pregnancy increases the risk of infant mortality and poor long-term health
- Preterm babies may endure lifelong consequences like blindness, chronic lung disease, and other conditions
- Underweight babies are 166% more likely to be at developmental risk compared to normal weight babies

North Carolina Infant & Toddler Health Chart

9.1% have low birthweight {U.S. average 8.2%}	83% are born to mothers who receive early prenatal care {National Healthy People goal is 90%}
12.9% are born preterm, earning North Carolina a grade D compared to national objective	77% of two-year-olds are immunized {U.S. average 75%}

6 % of North Carolina's
youngest children don't
have health insurance

KEY FEDERAL PROGRAMS SUPPORT INFANTS & TODDLERS IN NORTH CAROLINA

Compared to the U.S. average of 8.9%, approximately 5.6% of North Carolina's young children under age 6 do not have health insurance. Insured children are 3 times more likely to have seen a doctor compared to uninsured children, and the need for health care during a child's earliest years is more crucial than at most other times in life, as preventative care and screening can catch problems early.

Federal programs can help ensure North Carolina's babies get a healthy start in life. These federal programs include Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

MEDICAID IN NORTH CAROLINA

- **51%** of births are covered by Medicaid
- **93%** of infants on Medicaid receive at least one EPSDT screening
- **68%** of children on public insurance have a medical home

Medicaid is critical in ensuring that the youngest children have access to high quality, affordable, and consistent health care. Research demonstrates that Medicaid's impact on the health outcomes of very young children is especially pronounced.

Due in large part to Medicaid, the national rate of uninsured low-income children of all ages fell from 28% in 1998 to 10.4% in 2010.

SNAP AND WIC IN NORTH CAROLINA

- **18%** of SNAP recipients are under age 5
- **266,793** mothers, infants, and children receive WIC
- **27%** of WIC recipients are infants

Nutrition programs play a key role in protecting the health of the most vulnerable infants and toddlers. Nationwide, mothers who participate in WIC are 44% less likely to have low-birthweight babies and also experience fewer preterm births.

Children who receive WIC and SNAP benefits experience lower levels of food insecurity, which has been shown to increase risk for poor health and developmental delays.

NORTH CAROLINA'S INFANTS, TODDLERS, AND FAMILIES: STRONG FAMILIES

Young children develop in the context of their families, where supportive relationships nurture their growth. Especially during an economic downturn, it can be challenging for parents to provide their children the necessities of life. Factors like family stress, difficult economic situations, environmental effects, and abuse and neglect can impair the development of infants and toddlers.

North Carolina Family Index



An estimated **7,811** homeless children are under age 6

16% of children under age 3 experience residential mobility

43% of children living with their grandparents are under age 6

15-20% of children under age 6 are in families spending more than half of their income on rent

28% of North Carolina's maltreated children are under age 3

KEY FEDERAL PROGRAMS SUPPORT INFANTS & TODDLERS IN NORTH CAROLINA

Chronic, unrelenting stress, particularly stress that results from abuse and neglect, can be toxic to the developing brain. More than 1 in 4 of North Carolina's maltreated children is an infant or toddler. Toxic stress can alter their brain development and leave lasting negative effects both in childhood and later in life. Other factors that can cause toxic stress and impact a family's physical and mental health include insecure and inadequate housing and heating. Family residential stability, on the other hand, is highly associated with a child's educational success. Key federal programs provide families with resources needed to support healthy development.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

35% of TANF families in North Carolina have at least one child under age 3. TANF helps states provide resources such as income support, transportation, and child care to families while they train or look for work.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

29% of North Carolina households receiving heating assistance through LIHEAP have a child under age 6. Young children in low-income households receiving LIHEAP are less likely than their counterparts to be undernourished, require emergency hospitalization, or incur developmental problems.

CHILD WELFARE

33% of North Carolina children entering foster care are under age 3. These children rely on the child welfare system to make good decisions on their behalf, including placement into a foster home, maintenance of visitation with parents, and movement towards permanency. Federal funding through Title IV-B and IV-E of the Social Security Act, along with other programs, provides 51% of North Carolina's child welfare funds.

VOLUNTARY HOME VISITING

An estimated 12,556 North Carolina families or individuals are served through a variety of seven home visiting models. Home visiting is effective in increasing school readiness, improving development, reducing child abuse and neglect, and enhancing parents' ability to respond to their child's physical, cognitive, and emotional needs. The Maternal, Infant, and Early Childhood Home Visiting Program created by the Affordable Care Act will boost North Carolina's efforts to support the development of its babies.

NORTH CAROLINA'S INFANTS, TODDLERS, AND FAMILIES: POSITIVE EARLY LEARNING EXPERIENCES

Positive early learning experiences can ensure each child is able to seize his or her potential for future success. Development is cumulative, and the earliest experiences lay the foundation for all the learning that follows. During the first 3 years of life, the brain undergoes its most dramatic development and children acquire the ability to think, speak, learn, and reason. By 16-18 months, word learning is significantly affected by economic background. Gaps between children of different income levels in the amount of talk, vocabulary growth, and style of interaction appear early and widen long before a child's scholastic career begins.

North Carolina Infant & Toddler Early Learning Progress Report

55% of parents read to their 0-5 year-old each day


64% of parents tell stories and sing to their 0-5 year-old

29% of children age 0-5 have parents who had to make emergency child care arrangements or change jobs for child care reasons

27% of children are determined to be at moderate or high risk for developmental or behavioral problems

62% of North Carolina mothers with infants are in the labor force

KEY FEDERAL PROGRAMS SUPPORT INFANTS & TODDLERS IN NORTH CAROLINA



For infants and toddlers, learning unfolds in many settings, including the home, child care centers, and Early Head Start. High-quality care that promotes positive early learning can have lasting effects into adulthood, particularly for low-income children who often start school behind their peers. In North Carolina, 69% of mothers with children under age 6 are in the labor force, as compared to 67% nationwide. This high proportion of working mothers with young children increases the need for key federal programs that provide families with resources needed to lay the foundation for children's success.

CHILD CARE

19,682 North Carolina infants and toddlers receive Child Care Development Fund (CCDF) support each month. The cost of child care for a North Carolina infant is 39% of a single mother's median income and 12% of a two-parent family's median income. With tough economic times and a growing number of mothers entering the labor force, child care is more important than ever for the overall health and well-being of families.

EARLY HEAD START (EHS)

2,999 North Carolina infants and toddlers participate in EHS. EHS plays an important role in children's success in school, family self-sufficiency, and parent support of their child's development. Currently, only a small portion of low-income children are served by federal EHS and state EHS initiatives, leaving the majority of eligible infants and toddlers without access to this proven program.

EARLY INTERVENTION PART C

2.48% of North Carolina's infants and toddlers receive Part C services. For infants and toddlers with a disability or developmental delay, intervening early can make all the difference in the world and can serve as a protective buffer against multiple adverse influences that may hinder their developmental progress.

NORTH CAROLINA BABY FACTS

RESOURCE LIST

North Carolina's 380,095 Infants, Toddlers, and their Families

1. 380,095 infants and toddlers live in North Carolina.
National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2011, www.nccp.org.
2. North Carolina ranks 38th among all states for child well-being.
The Annie E. Casey Foundation, *2011 Kids Count Data Book*. The Annie E. Casey Foundation, 2011. <http://datacenter.kidscount.org>.
3. 9% of North Carolina infants and toddlers live with unemployed parents.
National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2011, www.nccp.org.
4. 34% of North Carolina infants and toddlers live with a single parent.
National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2011, www.nccp.org.
5. 66% of North Carolina infants and toddlers have at least one risk factor that increases chance of poor outcomes.
National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2011, www.nccp.org.
6. 53% of North Carolina infants and toddlers live in low-income families.
National Center for Children in Poverty, *State Profiles*. National Center for Children in Poverty, 2011, www.nccp.org.
7. 46% of U.S. infants and toddlers live in low-income families.
National Center for Children in Poverty, *State Profiles*. National Center for Children in Poverty, 2011, www.nccp.org.
8. 27% of infants and toddlers in North Carolina live in families with incomes below 100% of the Federal Poverty Line.
Pie chart adapted from:
National Center for Children in Poverty, *North Carolina Early Childhood Profile*. National Center for Children in Poverty, 2011, www.nccp.org.
9. The 2011 poverty guidelines define poverty as an income of \$22,350 for a family of four.
U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, "The 2011 HHS Poverty Guidelines." U.S. Department of Health and Human Services, 2011, <http://aspe.hhs.gov>.

Good Health

10. Lack of nutritious food during pregnancy increases the risk of infant mortality or long-term health effects.
Partnership for America's Economic Success. *Reading, Writing, and Hungry: The Consequences of Food Insecurity on Children, and on Our Nation's Economic Success*. Partnership for America's Economic Success. Washington, DC. 2008.
11. Preterm babies may endure lifelong consequences like blindness, chronic lung disease, and other conditions.
March of Dimes, *Maternal, Infant, and Child Health in the United States 2008*. March of Dimes, 2008, www.marchofdimes.com.
12. Underweight babies are 166% more likely to be at developmental risk compared to normal weight babies.
Stephanie Ettinger de Cuba, Deborah A. Frank, and Ruth Rose-Jacobs, *Nourishing Development: A Report on Food Insecurity and the Precursors to School Readiness among Very Young Children*. Children's Health Watch, 2008, www.childrenshealthwatch.org.
13. 9.1% of North Carolina's babies have low birthweight.
The Annie E. Casey Foundation Kids Count Data Center, "Data Across States: Low-birthweight babies (Percent) – 2008." Kids Count Data Center, 2009, <http://datacenter.kidscount.org>.
14. 8.2% of U.S. babies have low birthweight.
The Annie E. Casey Foundation Kids Count Data Center, "Data Across States: Low-birthweight babies (Percent) – 2008." Kids Count Data Center, 2009, <http://datacenter.kidscount.org>.
15. 12.9% of North Carolina's babies are born pre-term, scoring North Carolina a grade D.
March of Dimes, *March of Dimes 2010 Premature Birth Report Card (North Carolina)*. March of Dimes Foundation, 2010, www.marchofdimes.com.

16. 83% of North Carolina's babies are born to mothers who receive early prenatal care.
March of Dimes PeriStats, "Early Prenatal Care: North Carolina, 1998-2008." March of Dimes Foundation, 2011, www.marchofdimes.com.
17. The National Healthy People Goal is 90%. The National Healthy People 2010 Goal is that at least 90% of all pregnant women receive prenatal care in the first trimester of pregnancy.
Led by the U.S. Department of Health and Human Services, Healthy People 2010 (HP2010) is a ten-year health promotion program for improving the health of all Americans, <http://healthypeople.gov>.
18. 77% of North Carolina's two-year-olds are immunized.
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Estimated Vaccination Coverage with 4:3:1:0:3:1 Among Children 19-35 Months of Age by Race/Ethnicity and by State and Local Area." In *US National Immunization Survey, Q1/2010-Q4/2010*. U.S. Department of Health and Human Services, 2010, www.cdc.gov.
19. 75% of two-year-olds are immunized nationwide.
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Estimated Vaccination Coverage with 4:3:1:0:3:1 Among Children 19-35 Months of Age by Race/Ethnicity and by State and Local Area." In *US National Immunization Survey, Q1/2010-Q4/2010*. U.S. Department of Health and Human Services, 2010, www.cdc.gov.
20. 5.6% of North Carolina's youngest children don't have health insurance.
U.S. Census Bureau, "Health Insurance Coverage Status by Sex by Age: Table B27001." In *2010 American Community Survey*, U.S. Census Bureau, 2011, www.census.gov.
21. 8.9% of the youngest children in the U.S. don't have health insurance.
Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, "Income, Poverty, and Health Insurance Coverage in the United States: 2010." U.S. Census Bureau, 2011, www.census.gov.
22. Insured children are 3 times more likely to have seen a doctor compared to uninsured children.
Jennifer Sullivan, *No Shelter from the Storm: America's Uninsured Children*. Families USA, 2006, www.familiesusa.org. Percentage of all uninsured children who are under the age of 3 are calculated based on data provided in U.S. Census Bureau, "Table HIA-3: Health Insurance Coverage Status and Type of Coverage."
23. 51% of North Carolina births are covered by Medicaid.
National Governor's Association, *Issue Brief: 2010 Maternal and Child Health Update: States Make Progress Towards Improving Systems of Care*. National Governor's Association Center for Best Practices, 2011, www.nga.org.
24. 93% of eligible North Carolina infants (under age 1) on Medicaid receive at least one EPSDT screening.
National Center for Children in Poverty, *North Carolina Early Childhood Profile*. National Center for Children in Poverty, 2011, www.nccp.org.
25. 68% of children on public insurance in North Carolina have a medical home.
National Center for Children in Poverty, *North Carolina Early Childhood Profile*. National Center for Children in Poverty, 2011, www.nccp.org.
26. Medicaid's impact on the health outcomes of very young children is especially pronounced.
The Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, *The Impact of Medicaid and SCHIP on Low-Income Children's Health*. Kaiser Commission on Medicaid and the Uninsured, 2009, www.kff.org/about/kcmu.cfm.
27. Due in large to Medicaid, the national rate of uninsured low-income children of all ages fell from 28% in 1998 to 10.4% in 2010.
The Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, *The Impact of Medicaid and SCHIP on Low-Income Children's Health*. Kaiser Commission on Medicaid and the Uninsured, 2009, www.kff.org/about/kcmu.cfm.
Children's Defense Fund, *Who Are the Uninsured Children, 2010: Profile of America's Uninsured Children*. Children's Defense Fund, 2011, www.childrensdefense.org.
28. 18% of North Carolina's SNAP recipients are children under age 5.
Joshua Leftin, Andrew Gothro, and Esa Eslami, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2009*. U.S. Department of Agriculture, Food and Nutrition Service, 2010, www.fns.usda.gov.
29. 266,793 mothers, infants, and children receive WIC in North Carolina.
Patty Connor, Susan Bartlett, Michele Mendelson, Katherine Condon, James Sutcliffe, et al., *WIC Participant and Program Characteristics 2008*. U.S. Department of Agriculture, Food and Nutrition Service, 2010, www.fns.usda.gov.
30. 27% of North Carolina WIC recipients are infants.
Patty Connor, Susan Bartlett, Michele Mendelson, Katherine Condon, James Sutcliffe, et al., *WIC Participant and Program Characteristics 2008*. U.S. Department of Agriculture, Food and Nutrition Service, 2010, www.fns.usda.gov.

31. Nationwide, mothers who participate in WIC are 44% less likely to have low birth weight babies and also experience fewer preterm births.
Children's Health Watch. *Feeding our Future: Growing Up Healthy with WIC*. Children's Health Watch, 2009, www.childrenshealthwatch.org.
32. Children who receive WIC and SNAP benefits experience lower levels of food insecurity, which has been shown to increase risk for poor health and developmental delays.
Annie Gayman, Stephanie Ettinger de Cuba, MPH, John T. Cook, Ph.D., Elizabeth L. March, MCP, and Sharon Coleman, MS, MPH, *WIC Improves Child Health and School Readiness*, Children's Health Watch, 2010, www.childrenshealthwatch.org.
Avi Perry, Stephanie Ettinger de Cuba, MPH, John Cook, Ph.D., and Deborah A. Frank, MDs, *Food Stamps as Medicine: A New Perspective on Children's Health*, Children's Sentinel Nutrition Assessment Program, 2007, www.childrenshealthwatch.org.
John T. Cook, Ph.D., Elizabeth L. March, MCP, and Stephanie Ettinger de Cuba, MPH, *Even Very Low Levels of Food Insecurity Found to Harm Children's Health*. Children's Health Watch, 2009, www.childrenshealthwatch.org.

Strong Families

33. An estimated 7,811 homeless children are under age 6 in North Carolina.
National Center on Family Homelessness, *America's Youngest Outcasts: State Report Card on Child Homelessness*. National Center on Family Homelessness, 2009, www.HomelessChildrenAmerica.org.
34. 16% of North Carolina children under age 3 experience residential mobility.
National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2011, www.nccp.org.
35. 43% of North Carolina children living with their grandparents are under age 6.
U.S. Census Bureau, "Grandchildren Under 18 Years Living With A Grandparent Householder By Age Of Grandchild: Table B10001." In *2010 American Community Survey*, U.S. Census Bureau, 2011, www.census.gov.
36. 15-20% of North Carolina children under age 6 are in families spending more than half of their income on rent.
Partnership for America's Economic Success, *The Hidden Costs of the Housing Crisis: The Impact of Housing on Young Children's Odds of Success*. Partnership for America's Economic Success, July 2008, www.PartnershipforSuccess.org.
37. 28% of North Carolina's maltreated children are under age 3.
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Outcomes Report Data, "Child Maltreatment Data: Age of Child Victims." U.S. Department of Health and Human Services, 2009, <http://cwoutcomes.acf.hhs.gov>.
38. Family residential stability is highly associated with a child's educational success.
D. Aaronson, "A Note on the Benefits of Homeownership." *Journal of Urban Economics* 47 (2000): 356-369.
39. 35% of TANF families in North Carolina had at least one child under age 3.
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance, "Table 34: Temporary Assistance for Needy Families – Active Cases, Percent Distribution of TANF Youngest Child Recipient by Age Group." U.S. Department of Health and Human Services, 2009, www.acf.hhs.gov.
40. 29% of North Carolina households receiving heating assistance through LIHEAP have a child under age 6.
U.S. Department of Health and Human Services Administration for Children and Families, *Low Income Home Energy Assistance Program Report to Congress for Fiscal Year 2007*. U.S. Department of Health and Human Services, 2010, <http://www.acf.hhs.gov/programs/ocs/liheap/publications/liheap07rc.pdf>.
41. Young children in low-income households receiving LIHEAP are less likely than their counterparts to be undernourished, require emergency hospitalization, or incur developmental problems.
John T. Cook, PhD, Stephanie Ettinger de Cuba, MPH, Elizabeth L. March, MCP, Annie Gayman, Sharon Coleman, MS, MPH, and Deborah A. Frank, MD, *Energy Insecurity is a Major Threat to Child Health: Children's HealthWatch Policy Action Brief*. Children's HealthWatch, 2010, www.childrenshealthwatch.org.
42. 33% of North Carolina children entering foster care are under the age of 3.
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Outcomes Report Data, "Child Maltreatment Data: Age of Child Victims." U.S. Department of Health and Human Services, 2009, <http://cwoutcomes.acf.hhs.gov>.
43. Federal funding through Title IV-B and IV-E of the Social Security Act, along with other programs, provide 51% of North Carolina's child welfare funds.
Casey Family Programs, State Child Welfare Policy Database, "Federal, State, and Local share of all expenditures." www.childwelfarepolicy.org/maps.

44. An estimated 12,556 North Carolina families or individuals are served through a variety of seven home visiting models. North Carolina Department of Health and Human Services, *North Carolina Maternal, Infant and Early Childhood Home Visiting Program*. North Carolina Department of Health and Human Services, 2010, www.ncdhhs.gov.
45. Home visiting is effective at increasing school readiness, improving child development, reducing child abuse and neglect, and enhancing parents' ability to respond to their child's physical, cognitive, and emotional needs. Elizabeth DiLauro, *Reaching Families Where They Live: Supporting Parents and Child Development Through Home Visiting. ZERO TO THREE*, 2009, www.zerotothree.org.

Positive Early Learning Experiences

46. By 16-18 months, word learning is significantly affected by economic background. Betty Hart and Todd R. Risley, *Meaningful Differences in the Everyday Experience of Young American Children*. Baltimore, MD : Paul H. Brookes, 1995.
47. Gaps between children of different income levels in the amount of talk, vocabulary growth, and style of interaction appear early and widen long before a child's scholastic career begins. Betty Hart and Todd R. Risley, "The Early Catastrophe: The 30 Million Word Gap by Age 3: American Educator, Spring 2003, www.aft.org.
48. 55% of North Carolina parents read to their 0-5 year old each day. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children's Health 2007*, U.S. Department of Health and Human Services, 2009, www.mchb.hrsa.gov.
49. 64% of North Carolina parents tell stories and sing to their 0-5 year old each day. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children's Health 2007*, U.S. Department of Health and Human Services, 2009, www.mchb.hrsa.gov.
50. 29% of North Carolina children age 0-5 have parents who had to make emergency child care arrangements or change jobs for child care reasons. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, *The National Survey of Children's Health 2007*. U.S. Department of Health and Human Services, 2009, www.mchb.hrsa.gov.
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55. 19,682 North Carolina infants and toddlers receive CCDF support each month. National Infant & Toddler Child Care Initiative at ZERO TO THREE, *State Profile*, National Infant & Toddler Child Care Initiative, 2011, <http://nitcci.nccic.acf.hhs.gov>.
56. In North Carolina, the cost of child care for an infant is 39% of a single mother's median income and 12% of a two-parent family's median income. National Association of Child Care Resource and Referral Agencies, *Child Care in America: 2011 State Fact Sheets*.

National Association of Child Care Resource and Referral Agencies, 2011, www.naccrra.org.

57. 2,999 North Carolina infants and toddlers participate in EHS.
National Infant & Toddler Child Care Initiative at ZERO TO THREE, *State Profile*, National Infant & Toddler Child Care Initiative, 2011, <http://nitcci.nccic.acf.hhs.gov>.
58. 2.48% of North Carolina's infants and toddlers receive Part C services.
IDEA Infant and Toddler Coordinators Association, "Percentage of all children under 3 receiving services." IDEA Infant and Toddler Coordinators Association, 2009, www.ideainfanttoddler.org.