



NORTH CAROLINA EARLY CHILDHOOD ACTION PLAN

ALAMANCE COUNTY DATA REPORT

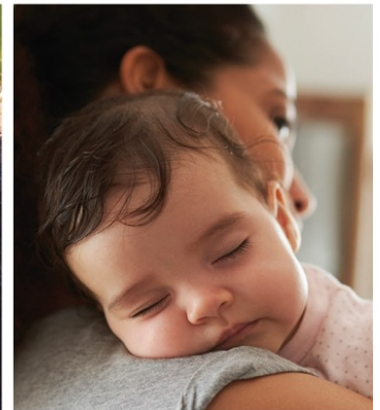


Table of Contents

Introduction.....	3
County Demographics.....	4
Goal 1: Healthy Babies.....	7
Goal 2: Preventive Health Services.....	10
Goal 3: Food Security.....	13
Goal 4: Safe and Secure Housing.....	15
Goal 5: Safe and Nurturing Relationships.....	18
Goal 6: Permanent Families for Children in Foster Care.....	21
Goal 7: Social-Emotional Health and Resilience.....	26
Goal 8: High-Quality Early Learning.....	27
Goal 9: On Track for School Success.....	29
Goal 10: Reading at Grade Level.....	32
Additional County Data Resources.....	38
Acknowledgements.....	39

Introduction: NC Early Childhood Action Plan County Data Reports

The NC Early Childhood Action Plan County Reports provide local data for the 10 goals and more than 50 measures that are the foundation of the state's Early Childhood Action Plan to achieve a bold vision: all North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities. North Carolina government, public, and private organizations have committed to making progress by 2025 with accountability to defined benchmarks for each goal. The plan was created with input from more than 1,500 people representing a diversity of perspectives, including parents, families, healthcare providers, child care providers, educators, school administrators, child advocacy groups and researchers. For more information about the goals of the statewide NC Early Childhood Action Plan, visit www.ncdhhs.gov/early-childhood.

About the County Data Reports

- Reports are accessible for all 100 counties, and include county data when it is available for all measures in the NC Early Childhood Action Plan.
- Not every goal has an existing data source. For example: there is ongoing collaboration across NC to better assess the social and emotional wellness of young children.
- Data for some measures may be suppressed at the county level when a population is too small to show reliable information that preserves the privacy of families.

Making Meaning

For data to be actionable, it requires context, engaging diverse perspectives to understand root causes, and intentional focus to acknowledge and then set aside assumptions. In addition, while the quantitative data shared in these reports is an essential tool, it is insufficient on its own. Lived experience is important data, particularly when it comes to understanding racial inequities in outcomes.

Starting questions to consider include:

- What do you notice when you look at the data?
- Do you notice any patterns in the data?
- Which groups of children and families are falling behind the most?
- How does the data align with your direct experience with children and families?
- Whose perspective is needed to understand the data?

Taking Action

Stakeholder Engagement. Engage community stakeholders representing diverse perspectives in a data conversation. Stakeholders should be diverse in age, gender, income-level, and race and ethnicity. Think about who impacts the issue (e.g., policymakers, local government agencies, community-based organizations, early childhood programs), who is impacted by the issue, and who is trusted by those impacted (e.g., faith community, advocacy organizations). Data can be a tool to create community buy-in for aligned action.

Strategic Planning. The information shared in the Early Childhood Action Plan County Reports can be used to support ongoing efforts on the local or statewide level that require detailed pictures of county-level outcomes for young children, such as using this information to inform goal-setting for future changes in outcomes.

Development Opportunities. Many foundations and other organizations devoted to philanthropic giving want to understand local data when making decisions about where to invest resources. Use the County Reports in your development activities and collaborate with potential funders in better understanding the needs of your community.

We hope the information provided in these reports is helpful. Please visit www.ncdhhs.gov/early-childhood to view the NC Department of Health and Human Services' commitments to young children. There you can view the full North Carolina Early Childhood Action Plan, featuring our top ten goals as a state, and all Early Childhood County Reports.

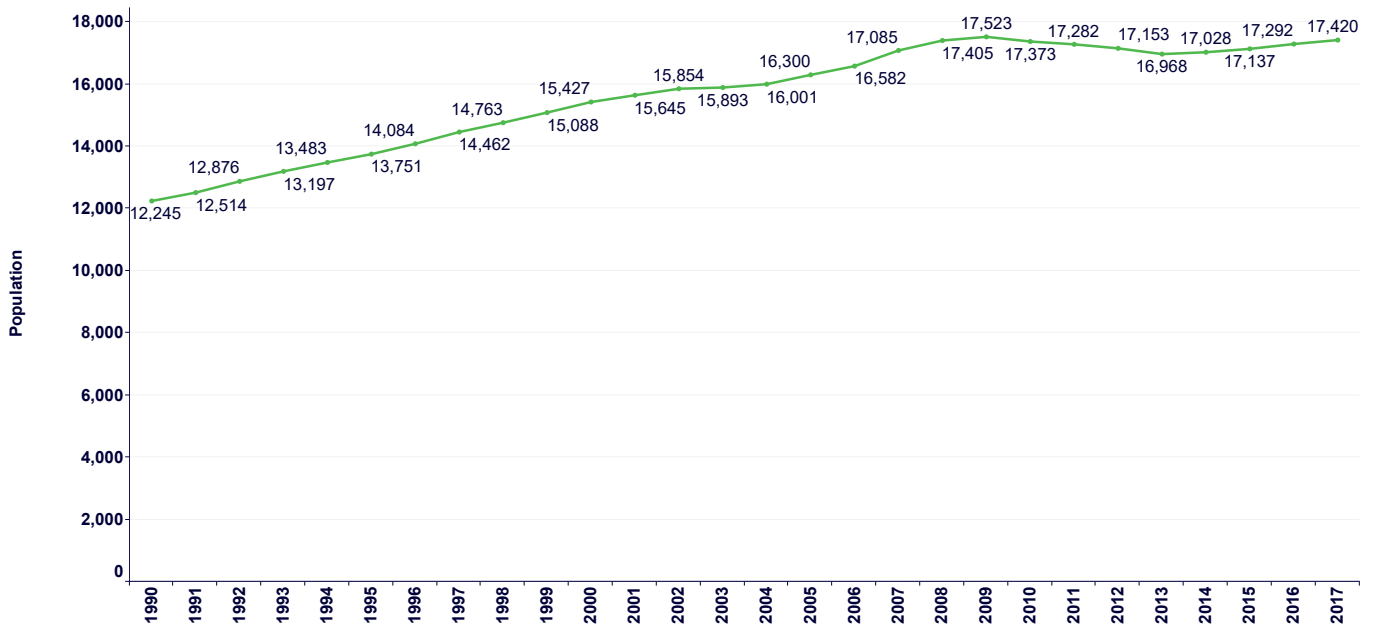
For more information and resources on collaborative data analysis, see:

- School Reform Initiative: www.schoolreforminitiative.org/download/data-driven-dialogue/
- Idea Data Center – Data Meeting Toolkit: <https://ideadata.org/data-meeting-toolkit>
- Idea Data Center – Engaging Stakeholders with State Data: https://ideadata.org/sites/default/files/media/documents/2019-06/Engaging_Stakeholders_With_State_Data_0.pdf
- Collective Impact Forum: www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf
- Racial Equity Toolkit: An Opportunity to Operationalize Equity: www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/

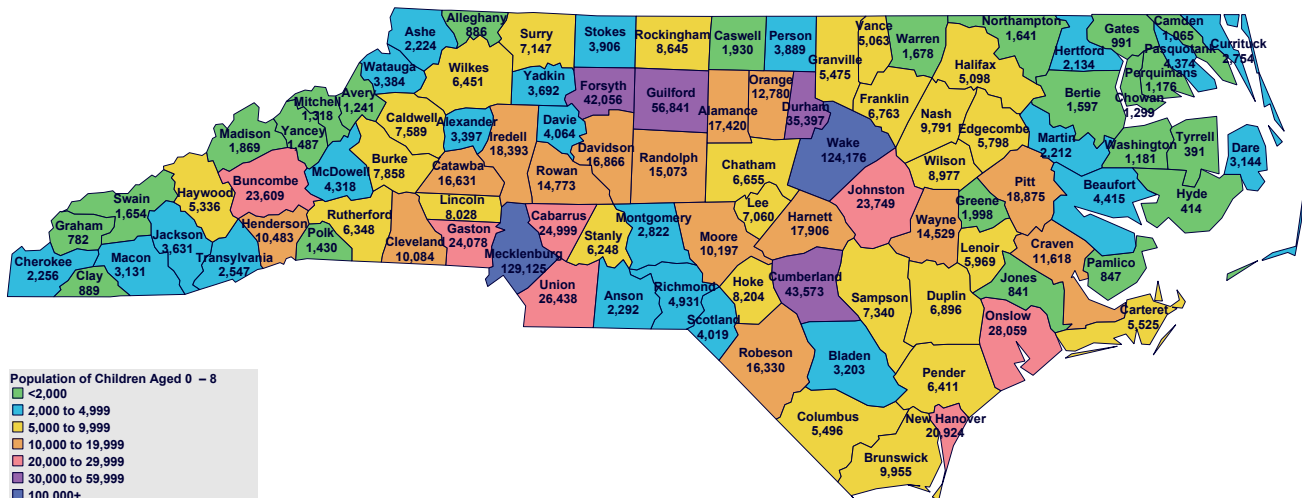
Young Children in Alamance County

In 2018, there were 1.1 million young children aged 8 or under in North Carolina. Overall, the state saw rapid growth in the population of young children throughout the 1990s and early 2000s. However, the total number of children in this age group decreased slightly since 2009. This population is also heavily concentrated geographically, with more than half living in only 13 counties across the state. See below for information on demographics of young children aged 8 and under in Alamance County.

Population of Children Aged 0 – 8 in Alamance County

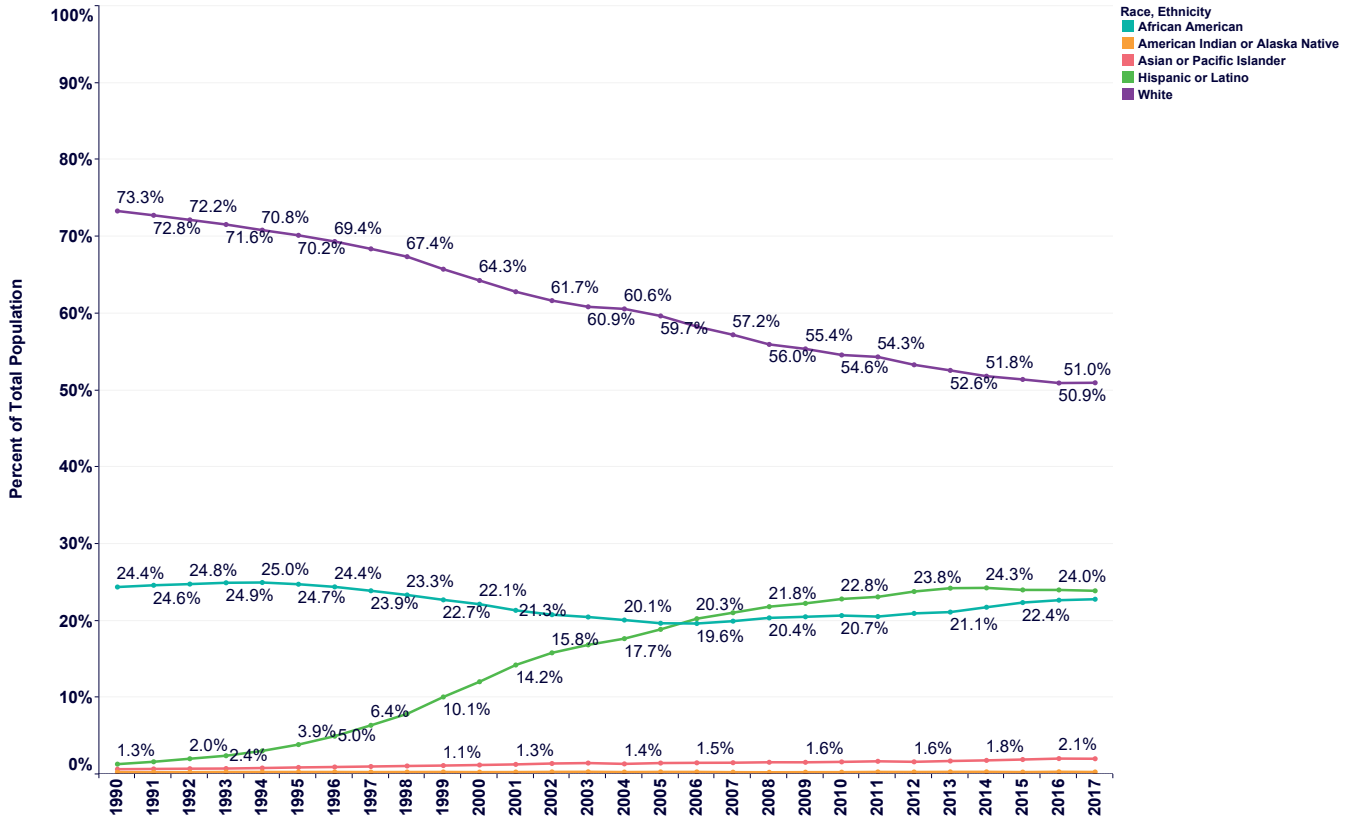


Number of Children Aged 0 – 8 by County in North Carolina, 2017

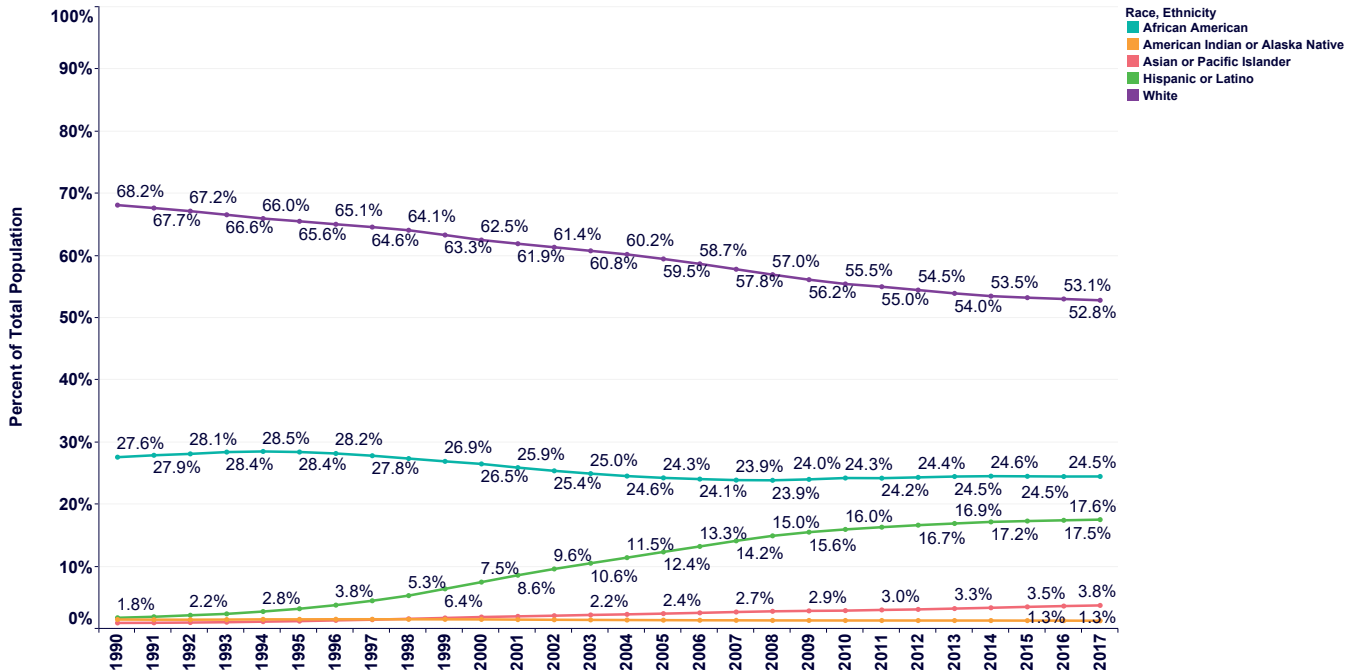


Young Children in Alamance County

Population of Children Aged 0 – 8 Years in Alamance County by Race, Ethnicity



Population of Children Aged 0 – 8 Years in North Carolina by Race, Ethnicity

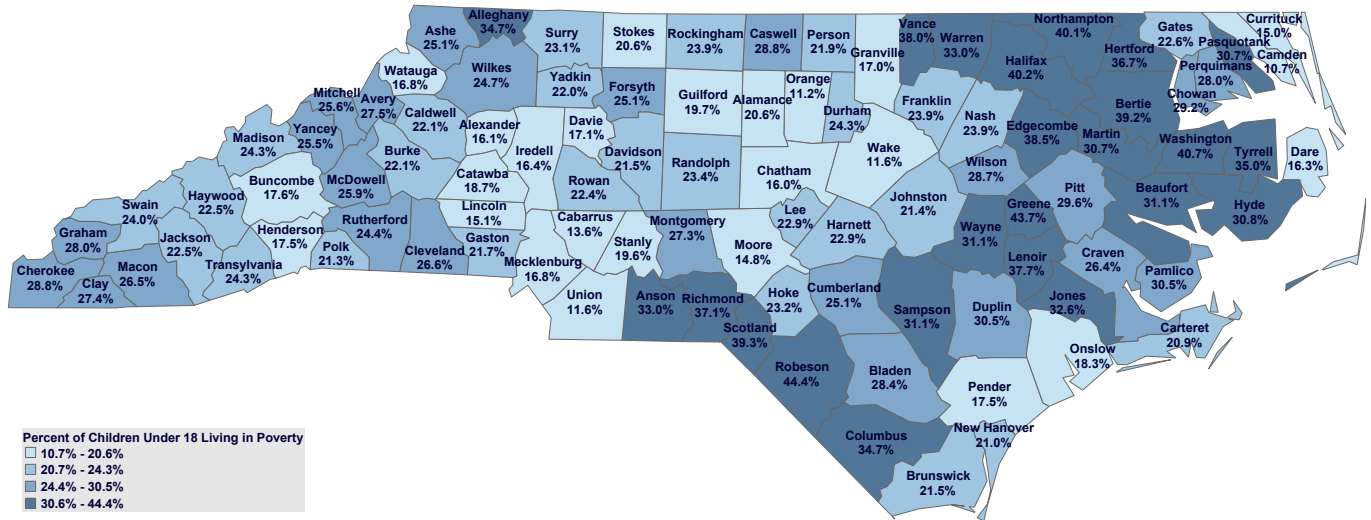


Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhs/ECAP-DataAppendix-WEB.pdf>

Economic Characteristics of Families with Children in North Carolina

Percent of Children Under 18 Living in Poverty by County, 2017



Goal 1: Healthy Babies



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

Babies across North Carolina from all backgrounds deserve to have a healthy start. Unfortunately, too many babies in our state face great challenges, as early as birth, from outcomes such as preterm birth, low birth weight, and birth defects. North Carolina had the 11th highest single-year infant mortality rate in the country in 2017, at a rate of 7.1 per 1,000 live births, compared to the national rate of 5.8 per 1,000. In North Carolina, troubling disparities in infant mortality exist among populations. Most notably, African American infant deaths persistently occur at more than double the rate of white infant deaths.

The data in this section outline key indicators for Healthy Babies at the county level. Visit www.ncdhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.



2.4x

Rate of African American infant deaths compared to white infant deaths in North Carolina, 2013 – 2017

7.1 per 1,000

Total infant deaths per 1,000 live births in North Carolina, 2013 – 2017

9.2%

Percent of babies born at a low birth weight (<2,500 g) in North Carolina, 2014 – 2018



2.2x

Rate of African American infant deaths compared to white infant deaths in Alamance County, 2013 – 2017

8.1 per 1,000

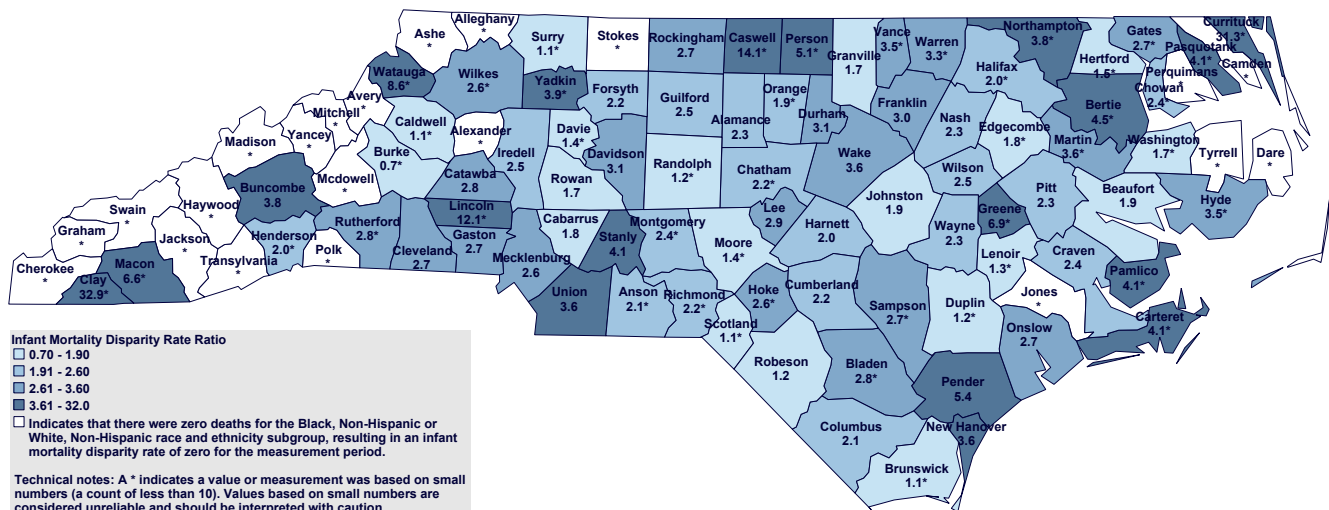
Total infant deaths per 1,000 live births in Alamance County, 2013 – 2017

9.5%

Percent of babies born at a low birth weight (<2,500 g) in Alamance County, 2014 – 2018

Technical notes: A * indicates a value or measurement was based on small numbers (a count of less than 10 for infant mortality disparity and infant mortality rate data and a count of less than 20 for low birth weight data). Values based on small numbers are considered unreliable and should be interpreted with caution. An infant mortality disparity rate of * with no value indicates that there were zero deaths for a particular race or ethnicity subgroup resulting in an infant mortality disparity rate of zero for the measurement period.

Infant Mortality Rate Disparity Ratios by County, Five-Year Estimates, 2013 – 2017



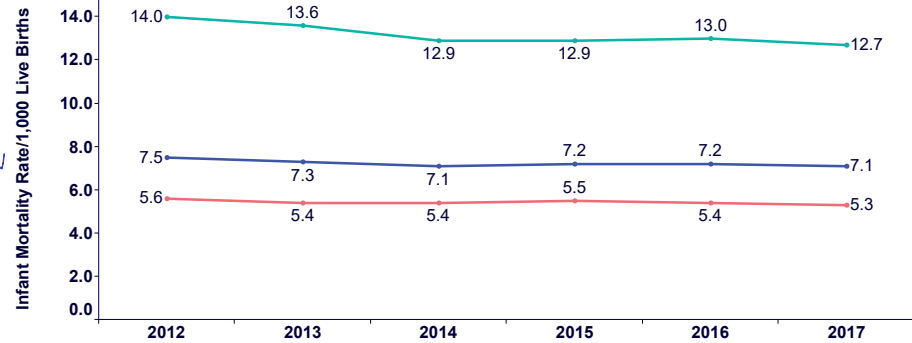
Data Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: The infant mortality disparity ratio was calculated by dividing the infant mortality rate for Black, Non-Hispanic infants for a specified time period by the infant mortality rate for White, Non-Hispanic infants for the same time period. Infant mortality rates are calculated as the number of infant (under 1 year of age) deaths in a specified time period divided by the number of live births for the same time period. Rates are shown in infant deaths per 1,000 live births.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhs/ECAP-DataAppendix-WEB.pdf>

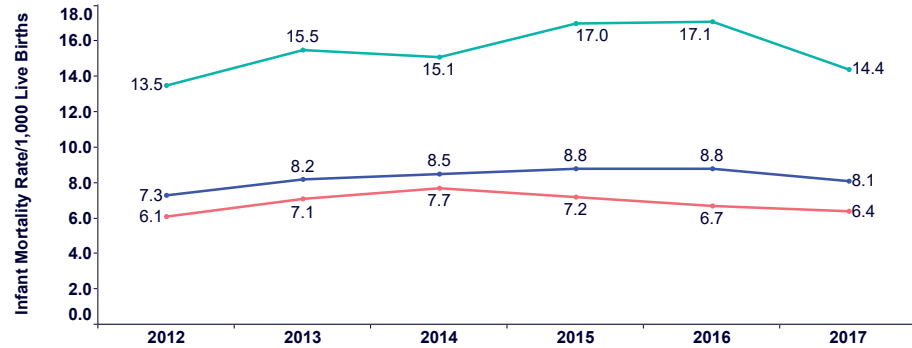
Visit www.ncdhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan.

Trends in Infant Mortality Rates in North Carolina, Five-Year Estimates



Race, Ethnicity
 All
 Black, Non-Hispanic
 White, Non-Hispanic

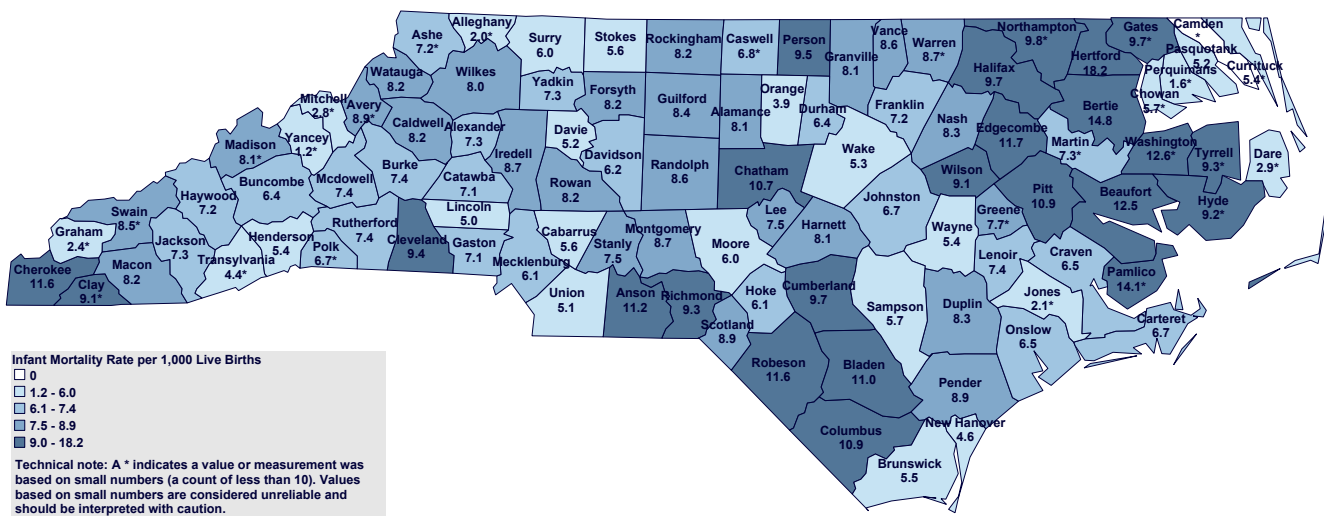
Trends in Infant Mortality Rates in Alamance County, Five-Year Estimates



Race, Ethnicity
 All
 Black, Non-Hispanic
 White, Non-Hispanic

Technical notes: A * indicates a value or measurement was based on small numbers (a count of less than 10). Values based on small numbers are considered unreliable and should be interpreted with caution. An infant mortality disparity rate of * with no value indicates that there were zero deaths for a particular race or ethnicity subgroup resulting in an infant mortality disparity rate of zero for the measurement period.

Infant Mortality Rates in North Carolina by County, Five-Year Estimates, 2013 – 2017

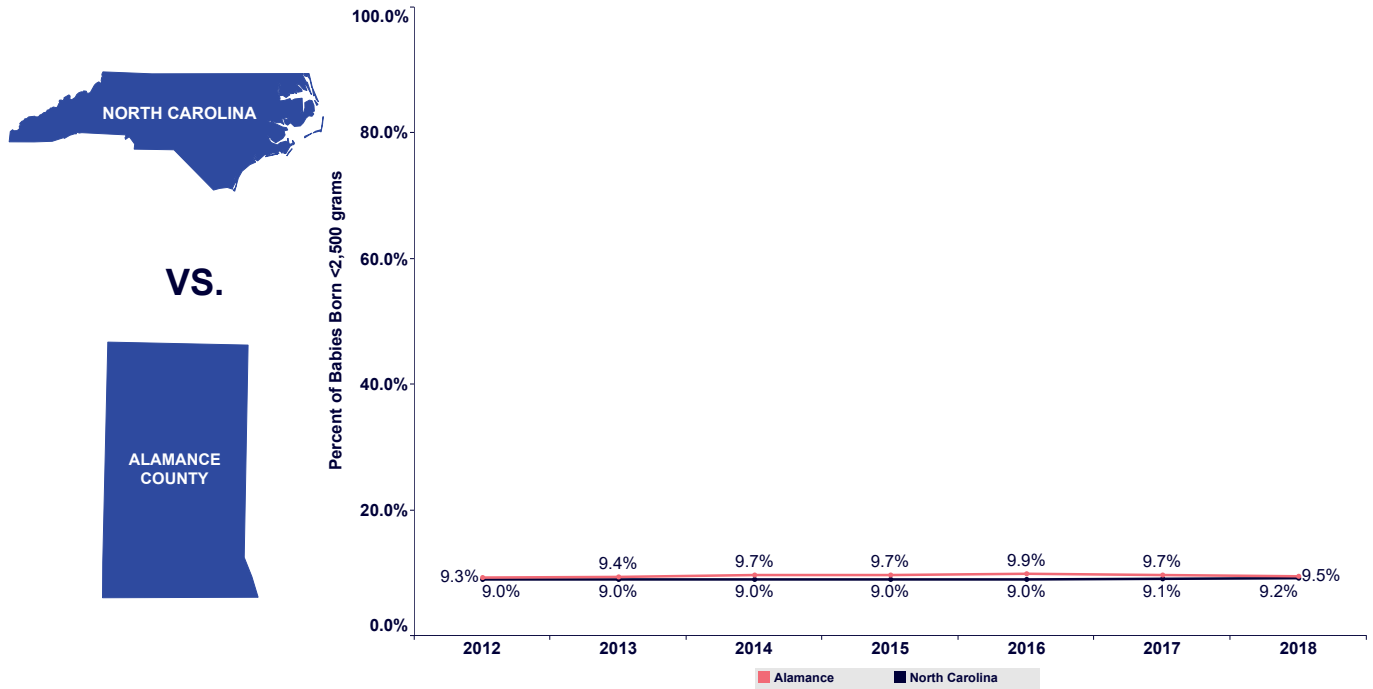


Infant Mortality Rate per 1,000 Live Births
 0
 1.2 - 6.0
 6.1 - 7.4
 7.5 - 8.9
 9.0 - 18.2

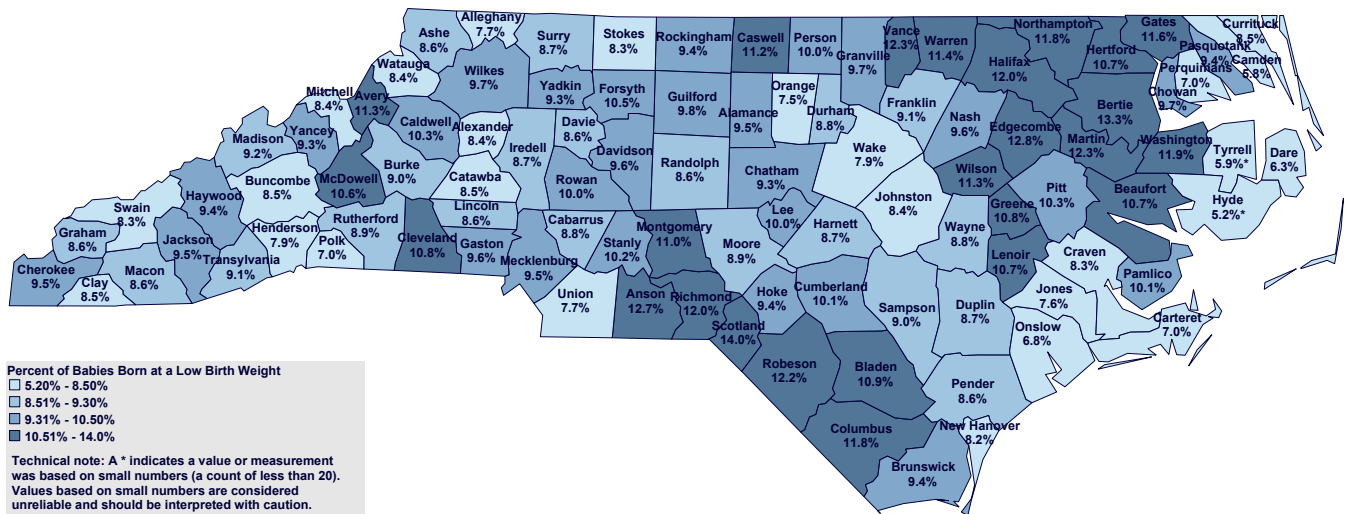
Technical note: A * indicates a value or measurement was based on small numbers (a count of less than 10). Values based on small numbers are considered unreliable and should be interpreted with caution.

Data Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)
 Technical notes: Infant mortality rates are calculated as the number of infant (under 1 year of age) deaths divided by the total number of live births during the same time period. Rates are shown in infant deaths per 1,000 live births. A * indicates a value was based on small numbers (a count of less than 10). Rates based on small numbers are considered unreliable and should be interpreted with caution.
 For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>
 Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan.

Percent of Babies Born at a Low Birth Weight (<2,500g), Five-Year Estimates



Percent of Babies Born at a Low Birth Weight (<2,500g) by County, Five-Year Estimates, 2014 – 2018



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

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhs/ECAP-DataAppendix-WEB.pdf>

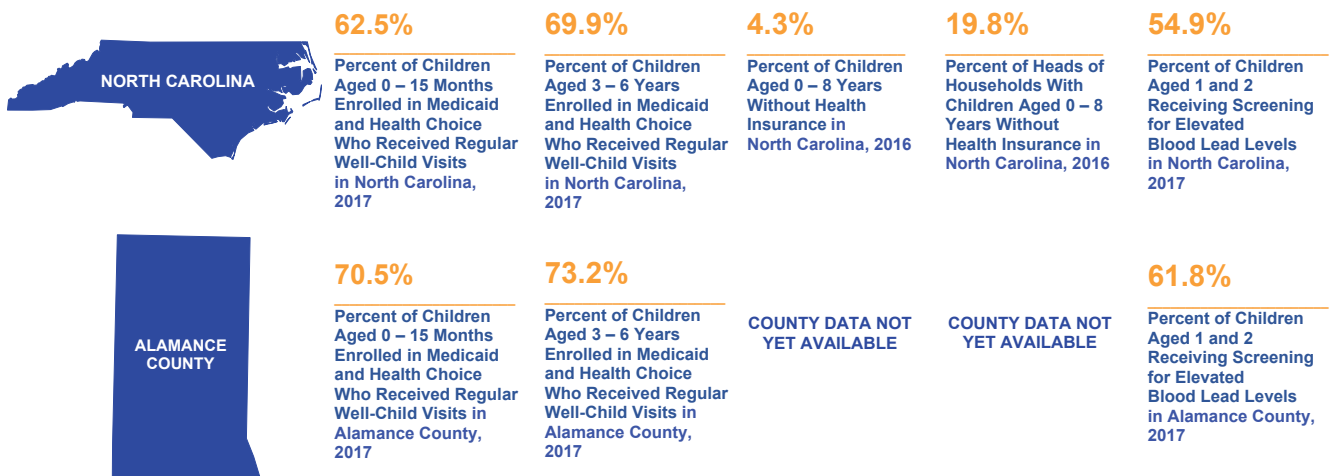
Goal 2: Preventive Health Services



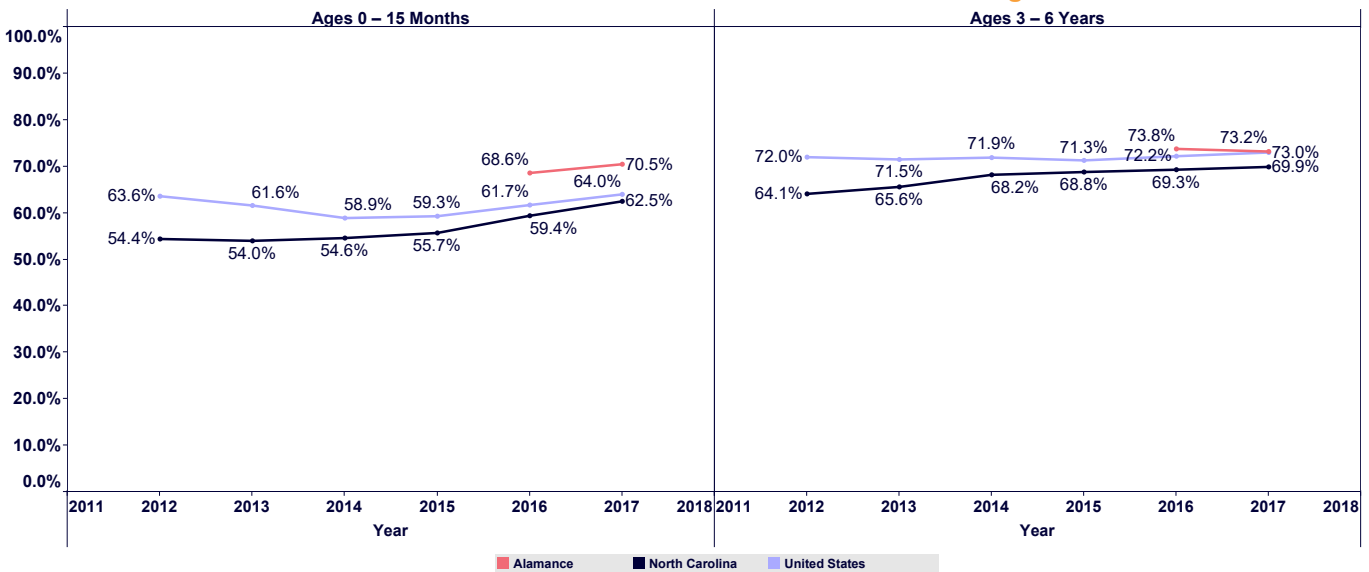
Babies, toddlers, young children and their families will have regular, ongoing access to high-quality health services.

Timely health check-ups are essential to supporting 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 issues 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 2012 – 2017.

The data in this section outline key indicators for Preventive Health Services at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.



Percent of Children Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits

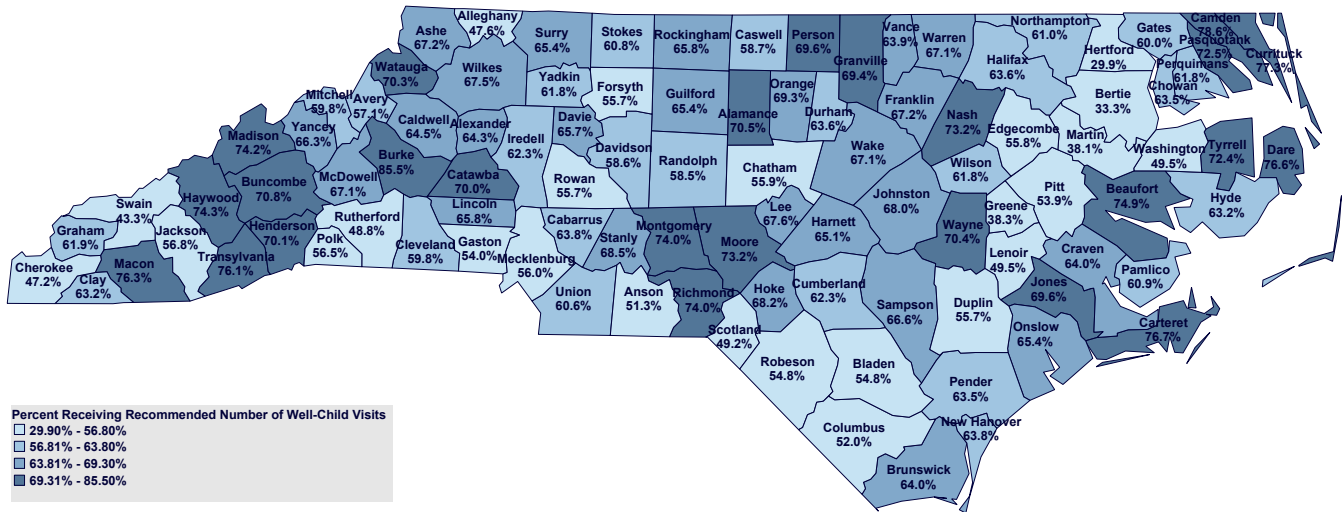


Data Sources: Well-Child Visits Data: NC Medicaid, Healthcare Effectiveness Data and Information Set (HEDIS) Measures; Health Insurance Data: American Community Survey (ACS), U.S. Census Bureau; Lead Data: NCLEAD Surveillance System, NC Childhood Blood Lead Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

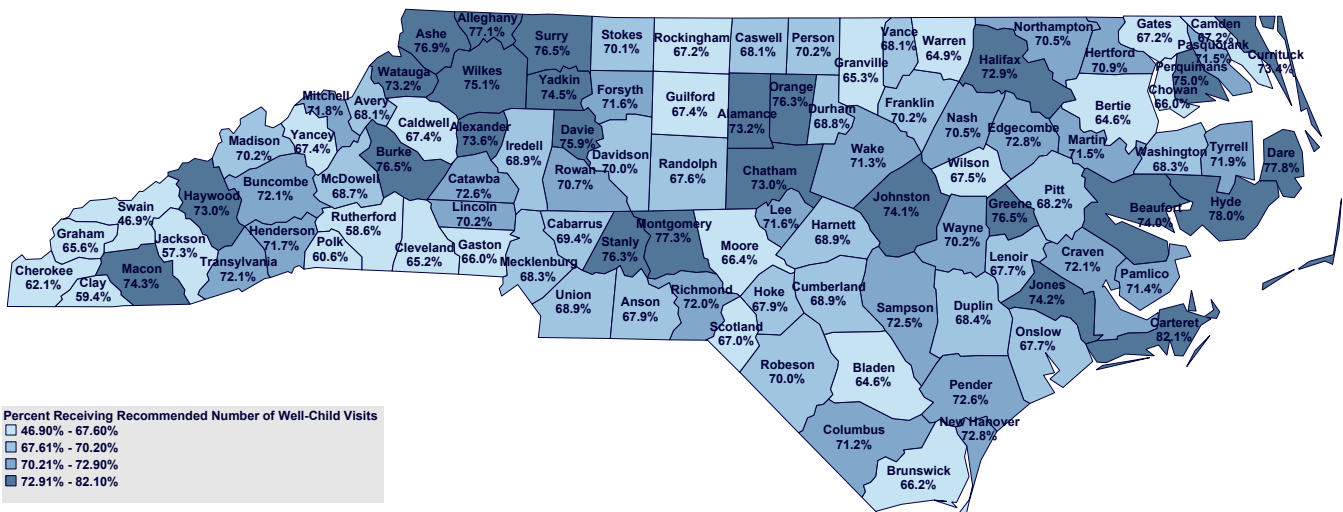
Technical notes: Well-child visits data for the 0-15 month age group assess children who turned 15 months old during the measurement year and had at least 6 well-child visits with a primary care physician during their first 15 months of life. Well-child visits data for the 3-6 year age group assess children 3-6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year. Only two years of well-child visits data are available at the county-level at this time. However, DHHS is working to make additional county-level data available.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Percent of Children Aged 0 – 15 Months Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits, 2017



Percent of Children Aged 3 – 6 Years Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits, 2017

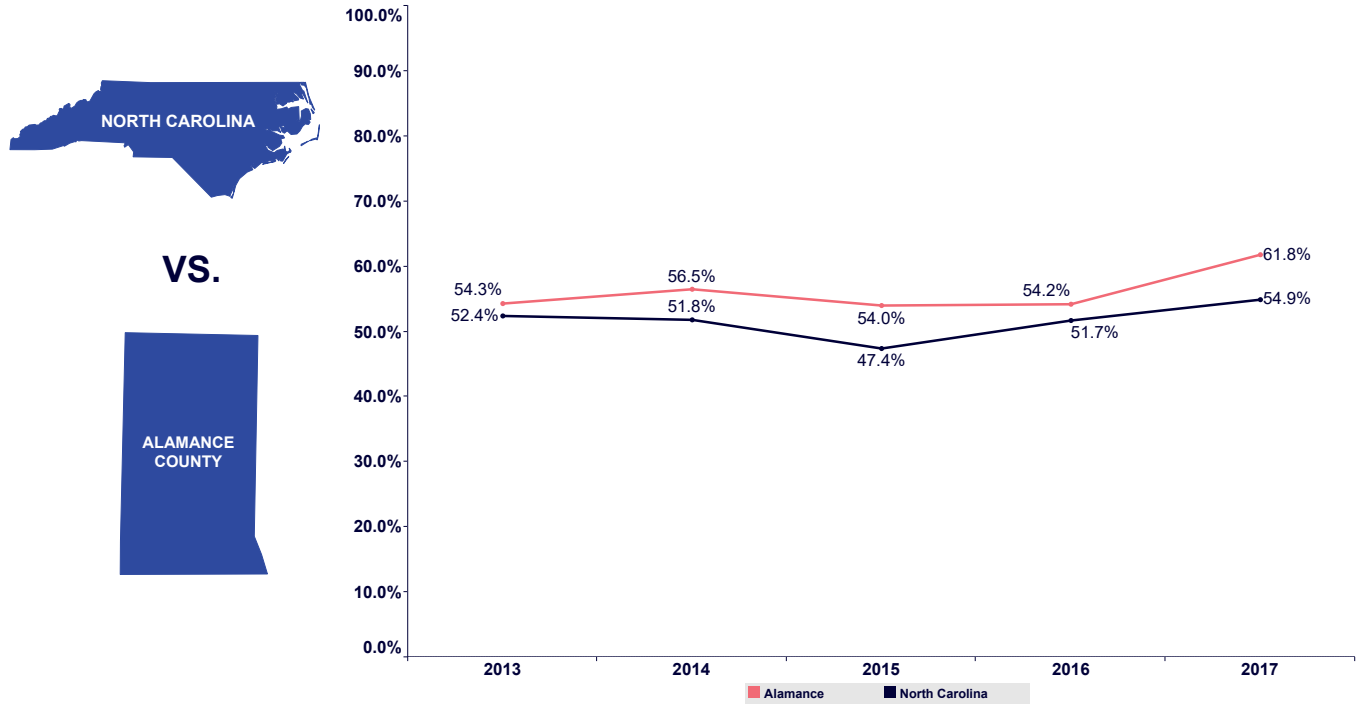


Data Source: NC Medicaid, Healthcare Effectiveness Data and Information Set (HEDIS) Measures

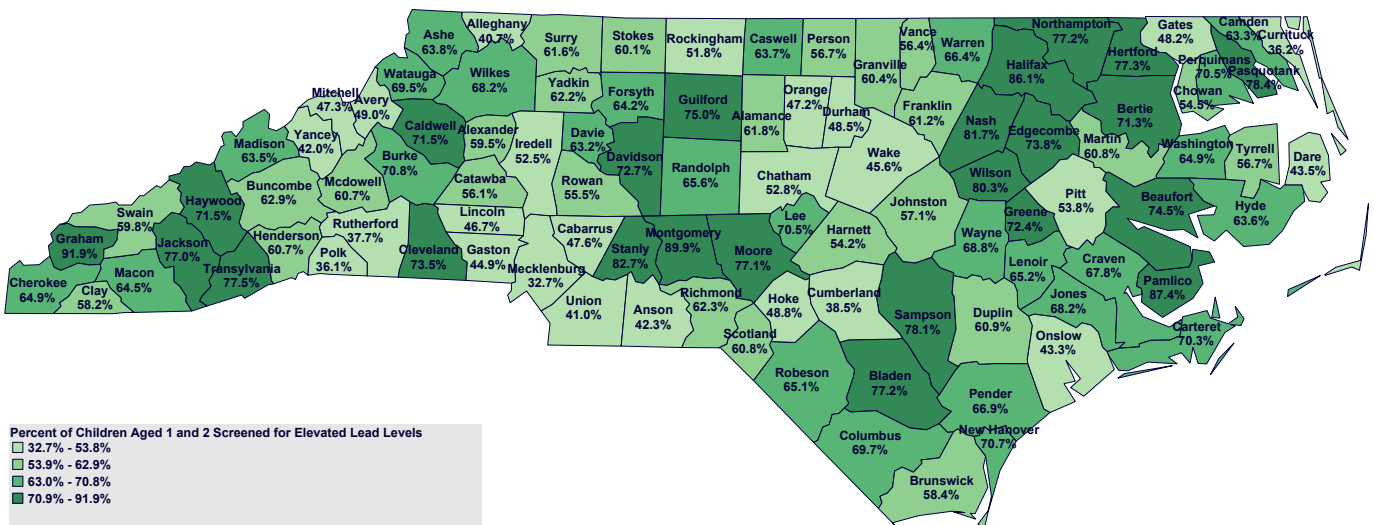
Technical notes: For the 0-15 month age group, data assess children who turned 15 months old during the measurement year and attended at least 6 well-child visits with a primary care physician during their first 15 months of life. For the 3-6 year age group, data assess children 3-6 years of age who attended one or more well-child visits with a primary care practitioner during the measurement year.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdohs/ECAP-DataAppendix-WEB.pdf>

Percent of Children Aged 1 and 2 Receiving Lead Screening



Percent of Children Aged 1 and 2 Receiving Lead Screening by County, 2017



Data Source: NCLEAD Surveillance System, NC Childhood Blood Lead Surveillance System, Children’s Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical note: The above percentages are calculated by dividing the number of children ages 1 and 2 in North Carolina by the unduplicated count of children with blood lead samples collected during the calendar year in North Carolina. Starting in 2013, children are counted as being “tested” for lead poisoning until they are confirmed to have a lead level ≥5 micrograms per deciliter (µg/dL). After a child has a “confirmed” lead level, the child is no longer counted as “tested” during subsequent years. Blood lead tests after lead level confirmation are considered “follow-up” test results and are not counted in the surveillance tables. The numbers reported for North Carolina Childhood Blood Lead Surveillance Data may vary somewhat from previous reports due to ongoing improvements in data quality and receipt of previously unreported test results from laboratories.

Goal 3: Food Security



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

Today, too many North Carolina children don't know if there will be enough food for them every day, or do not get enough quality, nutritious food. More than one in five children across the state, totaling almost 500,000, lived in food-insecure homes in 2016. According to this data, in some North Carolina counties, nearly one in three children face food insecurity. This puts young children at risk for negative health, developmental, behavioral and academic outcomes. 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 U.S. ranks North Carolina as the ninth highest rate of hunger of any state in the nation.

The data in this section outline key indicators for Preventive Health Services at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.



20.9%

Percent of Children Aged 0 – 17 Who are Food Insecure in North Carolina, 2016

61.4%

Percent of Eligible Families Receiving State and Federal Supplemental Food/Nutrition Assistance Benefits from Women, Infants, and Children (WIC) Program in North Carolina, 2017

30.7%

Percent of Children Aged 2 – 4 Who Receive WIC, and Are Classified as Either Overweight or Obese in North Carolina, 2017



21.4%

Percent of Children Aged 0 – 17 Who are Food Insecure in Alamance County, 2016

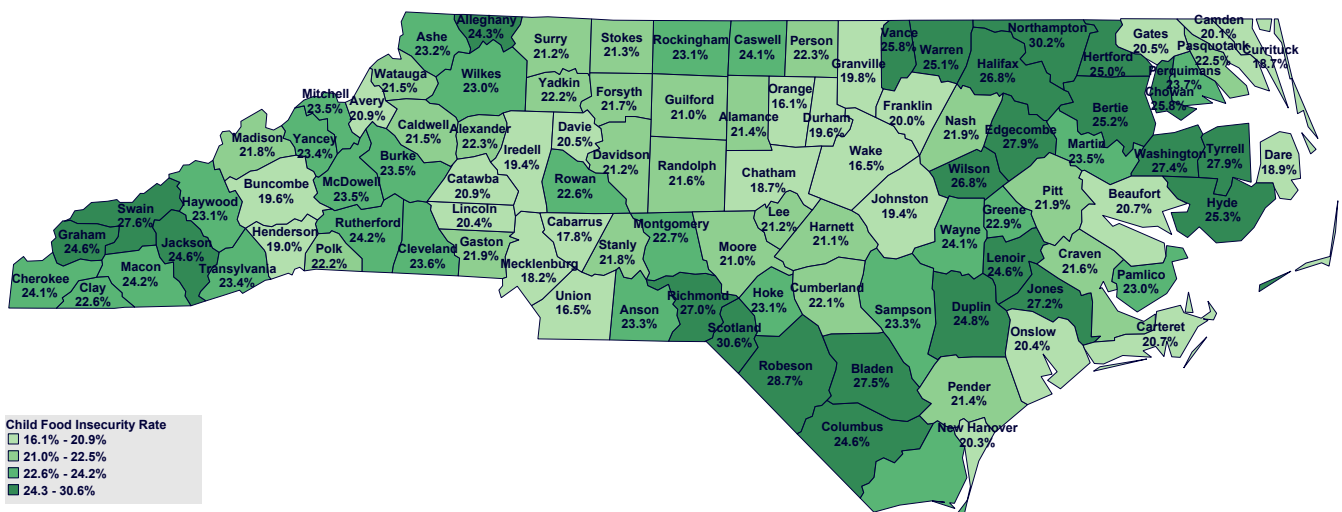
COUNTY DATA NOT YET AVAILABLE

32.6%

Percent of Children Aged 2 – 4 Who Receive WIC and Are Classified as Either Overweight or Obese in Alamance County, 2017

Technical note: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work.

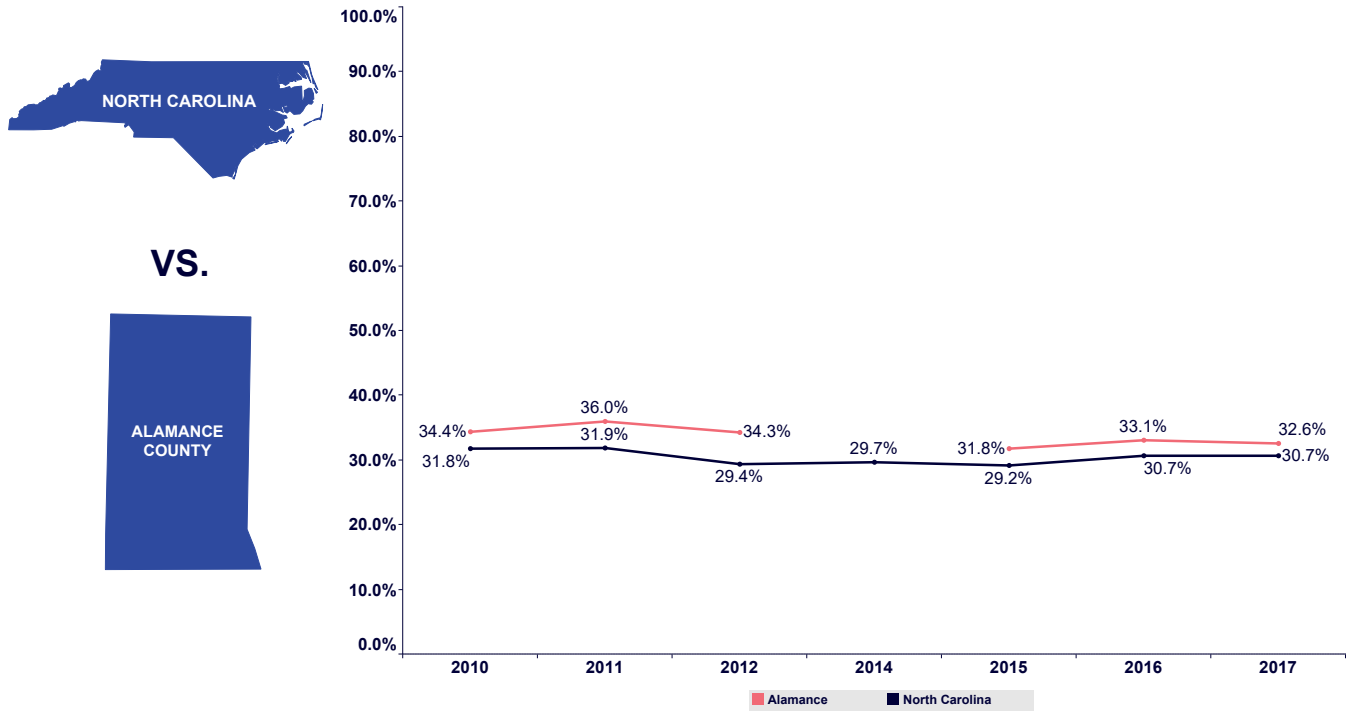
Child Food Insecurity Rates for Children Ages 0 – 17 Years by County, 2016



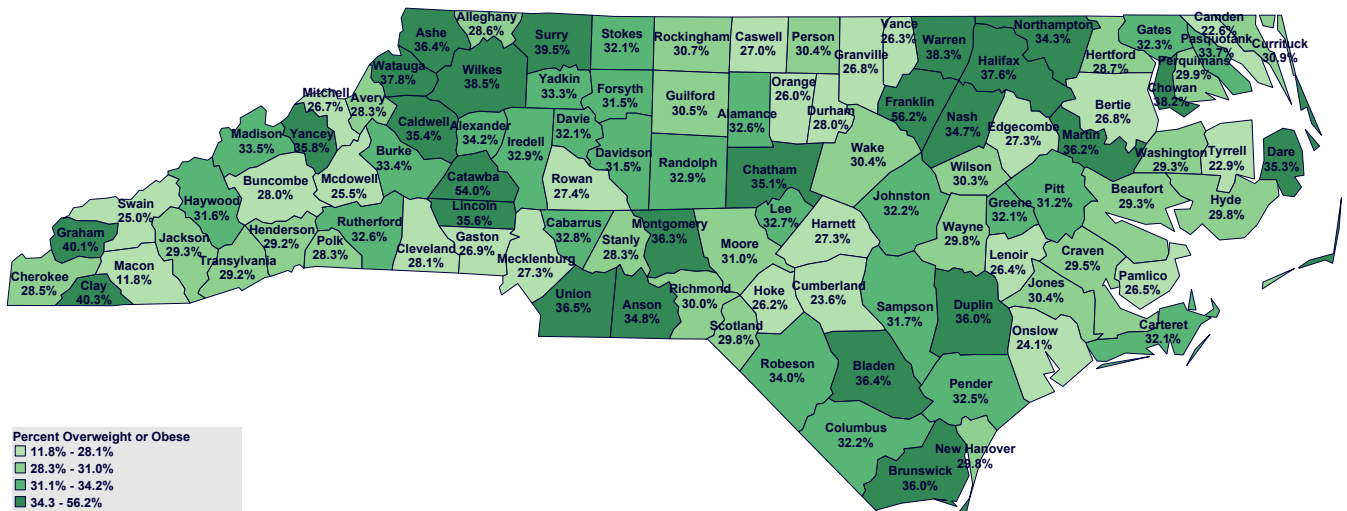
Data Sources: Child Food Insecurity Data: Feeding America; WIC Participation Program Data: NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS); Data on Children Who Receive WIC and Are Classified as Overweight or Obese: Crossroads WIC MIS, NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Percent of Children in North Carolina Aged 2 – 4 Who Receive WIC, and Who Are Classified as Either Overweight or Obese



Percent of Children Aged 2 – 4 Who Receive WIC and Who Are Classified as Either Overweight or Obese by County, 2017



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)

Technical notes: Children served in NC WIC Clinics are at or below the 185% FPL. Therefore, these children may not be representative of general children population in NC. Data were not collected in 2013. In 2014, data were only collected at the local health department agency level, so county-level data are not shown for that year.

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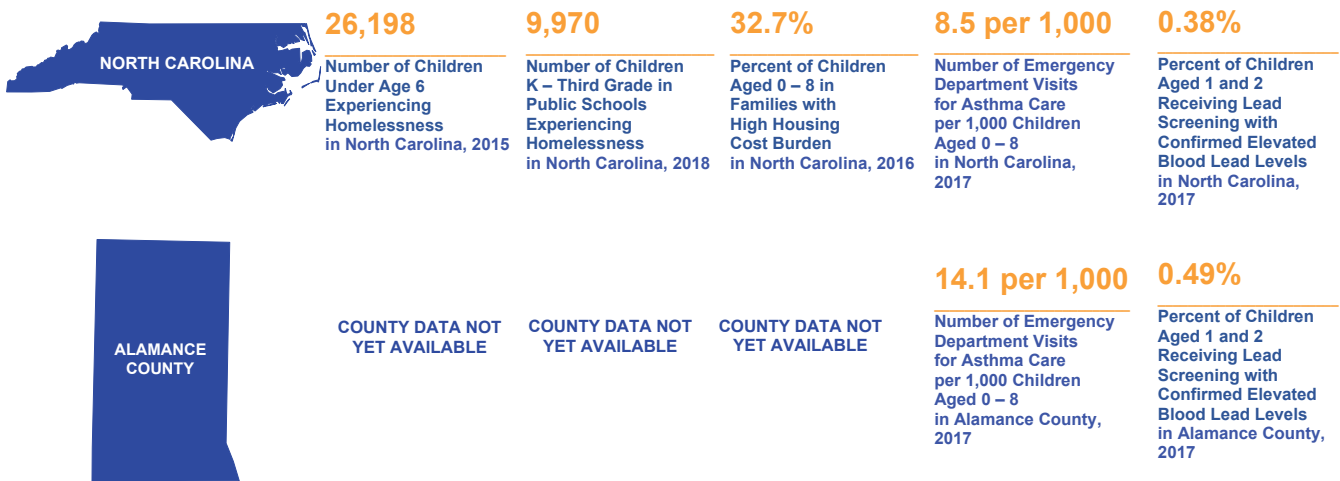
Goal 4: Safe and Secure Housing



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

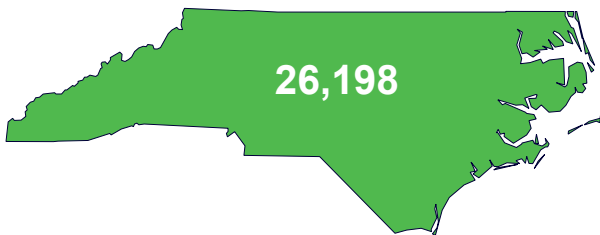
Too many children across North Carolina don't have a safe and stable place to sleep at night. Some families may be living in shelters, in their cars, or temporarily living with friends or relatives. Unstable housing is stressful, especially for families with young children, putting children at higher risk for poor physical and mental health, and other long-term consequences. According to an Administration for Children and Families report, in 2015, one in 28 North Carolina children under age 6 experienced homelessness.

The data in this section outline key indicators for Safe and Secure Housing at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

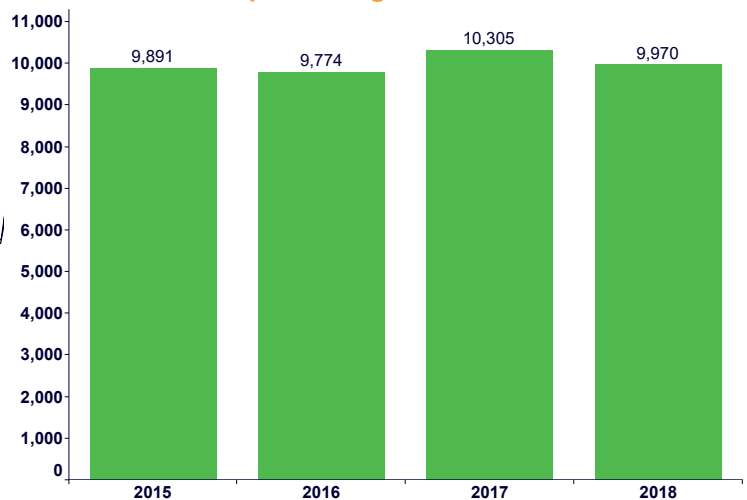


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Number of Children Under Age 6 Experiencing Homelessness in North Carolina



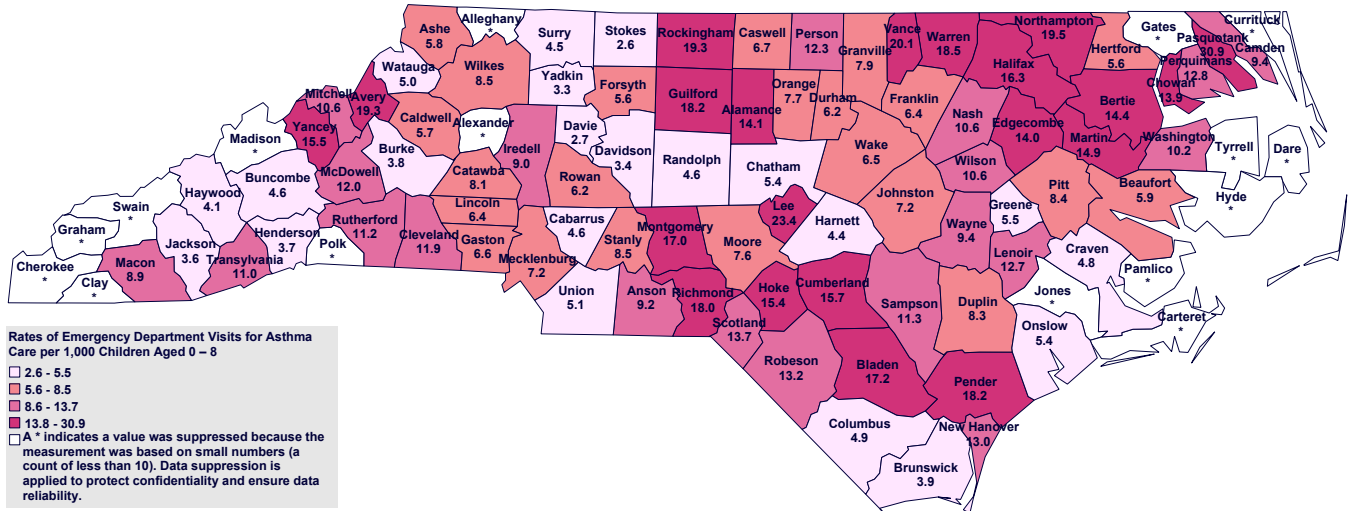
Number of Children K – Third Grade Enrolled in NC Public Schools Experiencing Homelessness



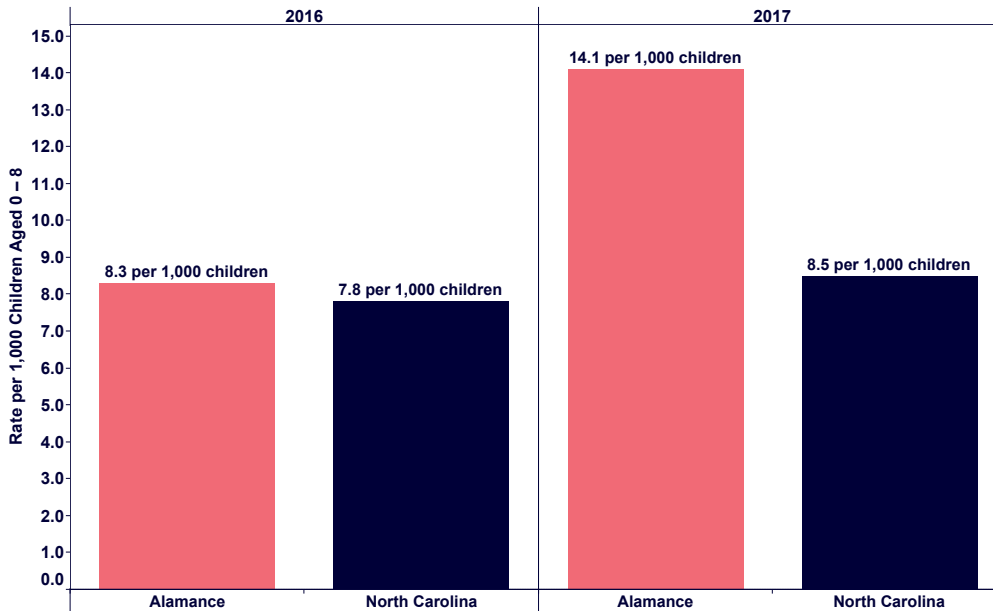
Data Sources: **Data on Children Under Age 6 Experiencing Homelessness:** Administration for Children and Families; **Data on Children K - 3rd Grade Experiencing Homelessness:** NC Department of Public Instruction; **High Housing Cost Burden Data:** American Community Survey (ACS), U.S. Census Bureau; **Emergency Department Visits for Asthma Data:** NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool); **ED Visit Data:** Analysis by NC DPH Injury and Violence Prevention Branch; **Elevated Blood Lead Levels Data:** NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Rates of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8 by County, 2017



Rates of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8



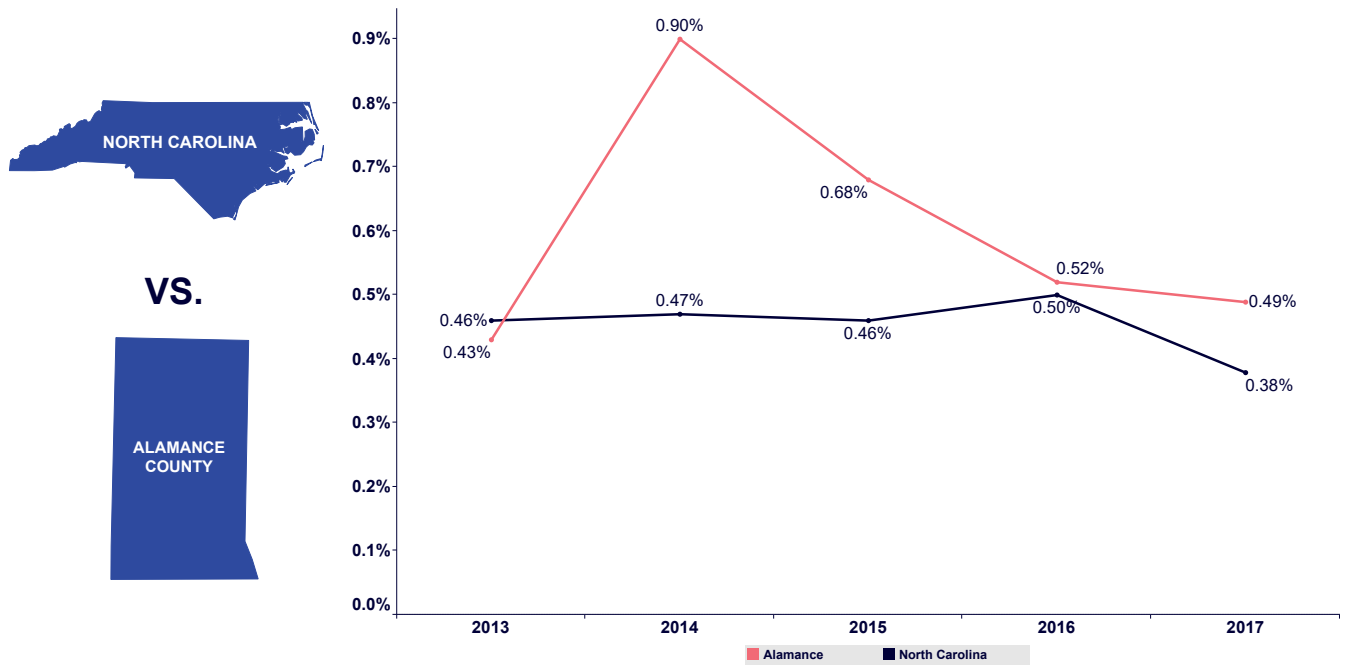
Data Source: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool): ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch.

Technical note: Case definitions for asthma diagnoses include ICD9 CM Asthma first listed diagnosis 493 and ICD10 CM Asthma first listed diagnosis J45. Counties with white shading have undergone small cell suppression rules. Rates are calculated as the number of emergency department visits for children ages 0 - 8 in a year divided by the total population of children ages 0 - 8 in the same year. Rates are shown as number of visits per 1,000 children ages 0 - 8. Values are suppressed if a measurement is based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability. Blank spaces appear in the above bar chart if data have been suppressed.

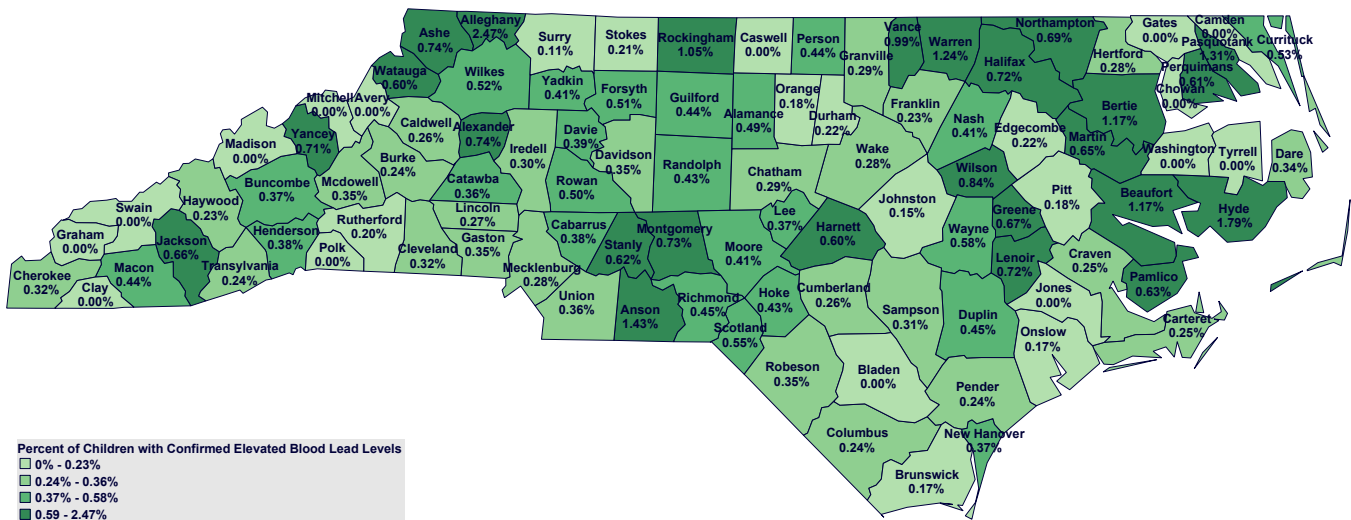
*Disclaimer: "The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is an advanced, statewide public health surveillance system. NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine's Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. The NC DETECT Data Oversight Committee (DOC) includes representatives from the NC DPH, UNC NC DETECT Team and NC Hospital Association." The NC DETECT Data Oversight Committee (DOC) includes representatives from the NCDPH, UNC NC DETECT Team and NC Hospital Association.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdphs/ECAP-DataAppendix-WEB.pdf>

Percent of Young Children Aged 1 – 2 Who Received Lead Screening and Had Confirmed Elevated Blood Lead Levels



Percent of Young Children Aged 1 – 2 Who Received Lead Screening and Had Confirmed Elevated Blood Lead Levels by County, 2017



Data Source: NCLEAD Surveillance System, Children’s Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: Starting in 2013, children are counted as being “tested” for lead poisoning until they are confirmed to have a lead level ≥ 25 micrograms per deciliter (µg/dL). After a child has a “confirmed” lead level, the child is no longer counted as “tested” during subsequent years. Blood lead tests after lead level confirmation are considered “follow-up” test results and are not counted in the surveillance tables. Children are counted as having “confirmed” lead levels when they have two consecutive blood lead test results ≥ 5 µg/dL within a six-month period, up until December 31, 2017. The second test result must be a diagnostic test, preferably a venous sample, sent to an outside reference laboratory for analysis. The majority of children are tested by their second birthday, but the larger age range of children ages 0-6 years is also shown.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Goal 5: Safe and Nurturing Relationships



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

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. 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. Factors that can contribute to child maltreatment include the presence of adults facing substance use disorders, mental illness (notably maternal depression) and intimate partner violence. Young children are especially vulnerable for experiencing maltreatment.

The data in this section outline key indicators for Safe and Nurturing Relationships at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.



20.1 per 1,000

Number of Children Aged 0 – 3 Who Are Victims of Maltreatment per 1,000 Children Aged 0 – 3 in North Carolina, 2017

14.5 per 1,000

Number of Children Aged 4 – 5 Who Are Victims of Maltreatment per 1,000 Children Aged 4 – 5 in North Carolina, 2017

13.4 per 1,000

Number of Children Aged 6 – 8 Who Are Victims of Maltreatment per 1,000 Children Aged 6 – 8 in North Carolina, 2017

73.9 per 1,000

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 in North Carolina, 2017



13.2 per 1,000

Number of Children Aged 0 – 3 Who Are Victims of Maltreatment per 1,000 Children Aged 0 – 3 in Alamance County, 2017

11.1 per 1,000

Number of Children Aged 4 – 5 Who Are Victims of Maltreatment per 1,000 Children Aged 4 – 5 in Alamance County, 2017

11.7 per 1,000

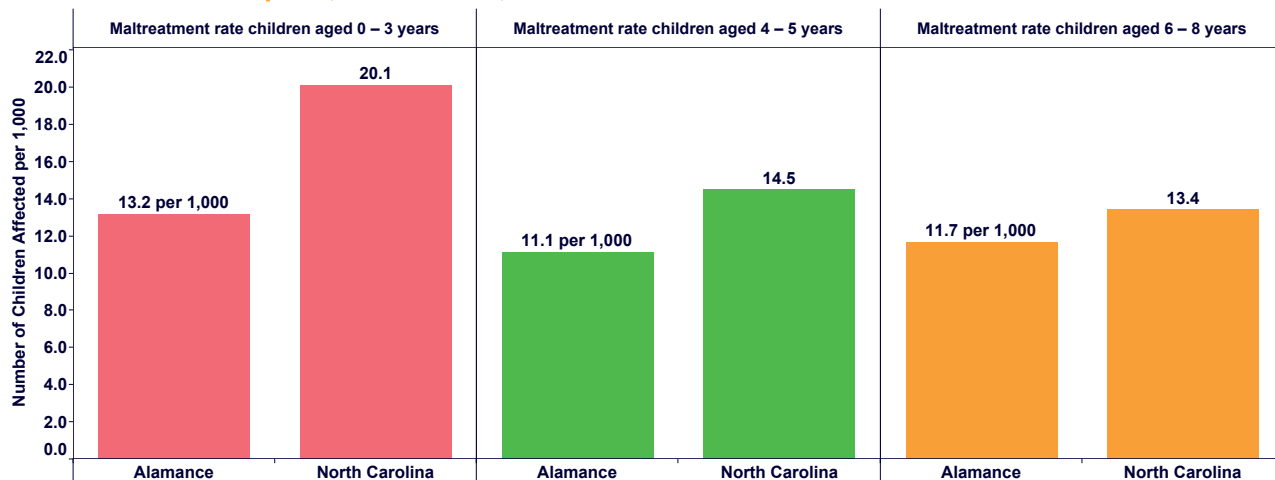
Number of Children Aged 6 – 8 Who Are Victims of Maltreatment per 1,000 Children Aged 6 – 8 in Alamance County, 2017

79.6 per 1,000

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 in Alamance County, 2017

Technical notes: A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

Maltreatment Rates per 1,000 Children, 2017

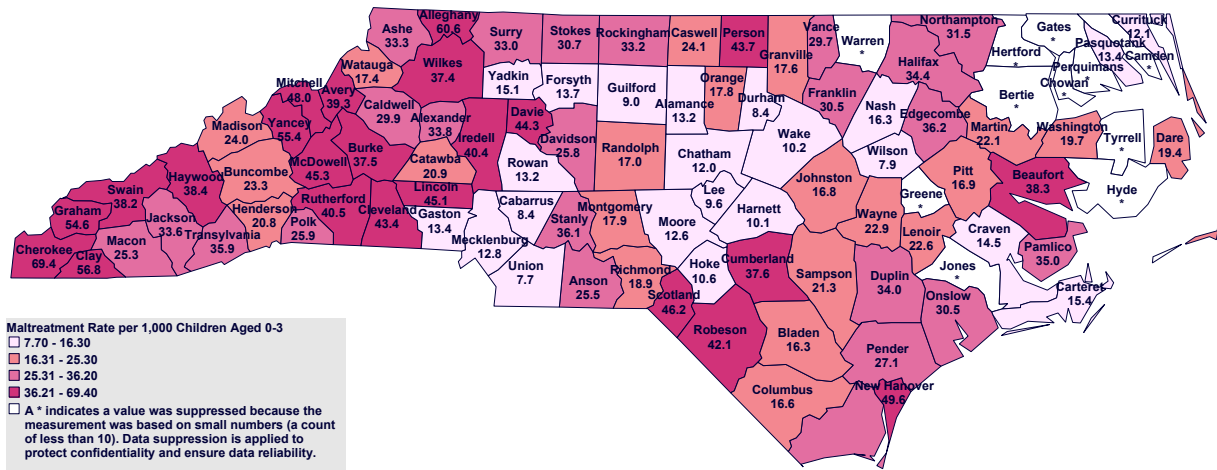


Data Sources: **Maltreatment Rate Data:** Division of Social Services Central Registry, and NC FAST; **Data on Emergency Department Visits for Injuries:** NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool); ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch

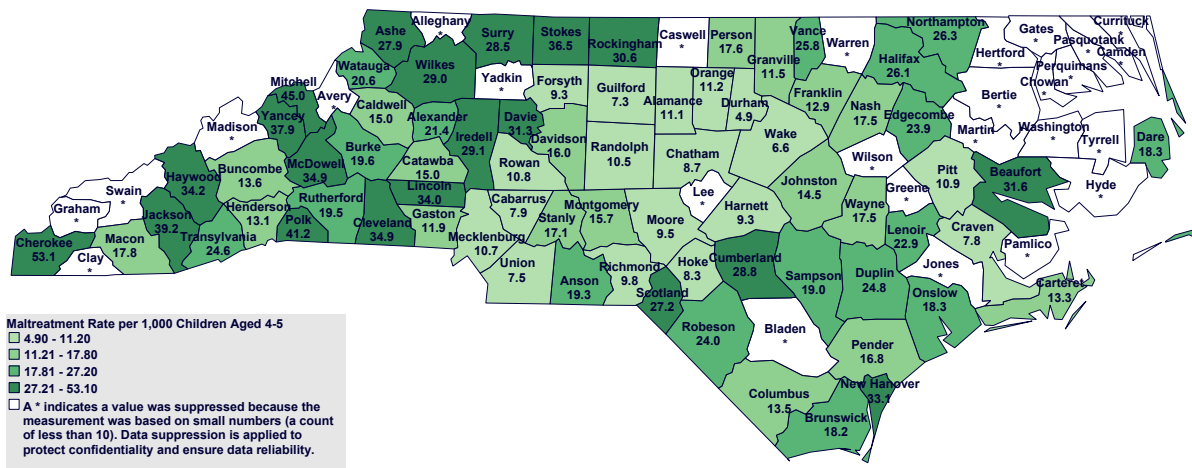
Technical Notes: Child maltreatment is defined as abuse or neglect of a child under the age of 18 by a parent, guardian, custodian, or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency. It is critical to note the limitations of child maltreatment data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment. Maltreatment rates are suppressed if the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability. Blank spaces appear in the above bar chart if data have been suppressed. For data on emergency department visits for injuries, case definitions for injuries are based on the CDC Injury Matrix, which includes injuries classified as having a manner/intent of unintentional, self-inflicted, assault, or undetermined. For more information, visit www.cdc.gov/injury/wisqars/ecode_matrix.html.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

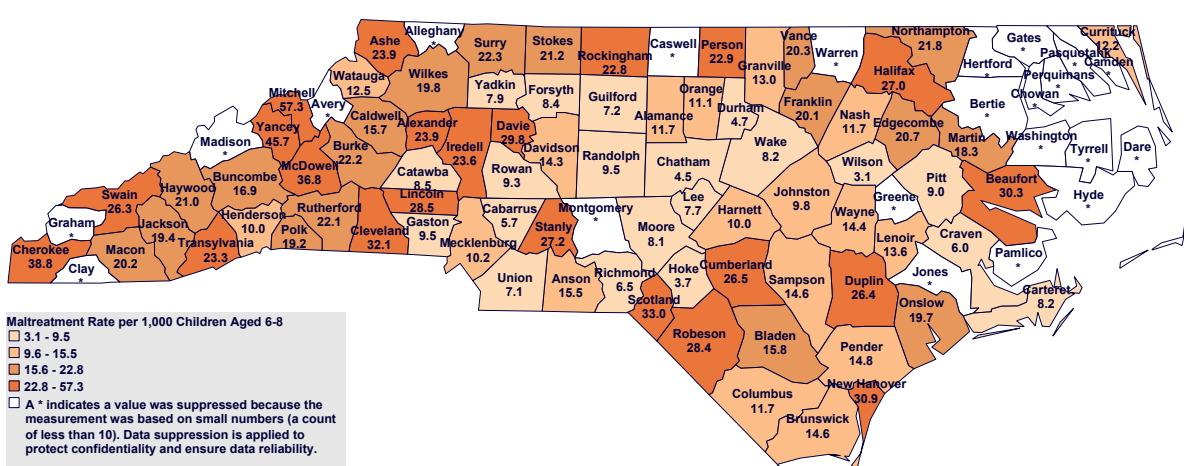
Maltreatment Rates per 1,000 Children Aged 0 – 3 by County, 2017



Maltreatment Rates per 1,000 Children Aged 4 – 5 by County, 2017



Maltreatment Rates per 1,000 Children Aged 6 – 8 by County, 2017

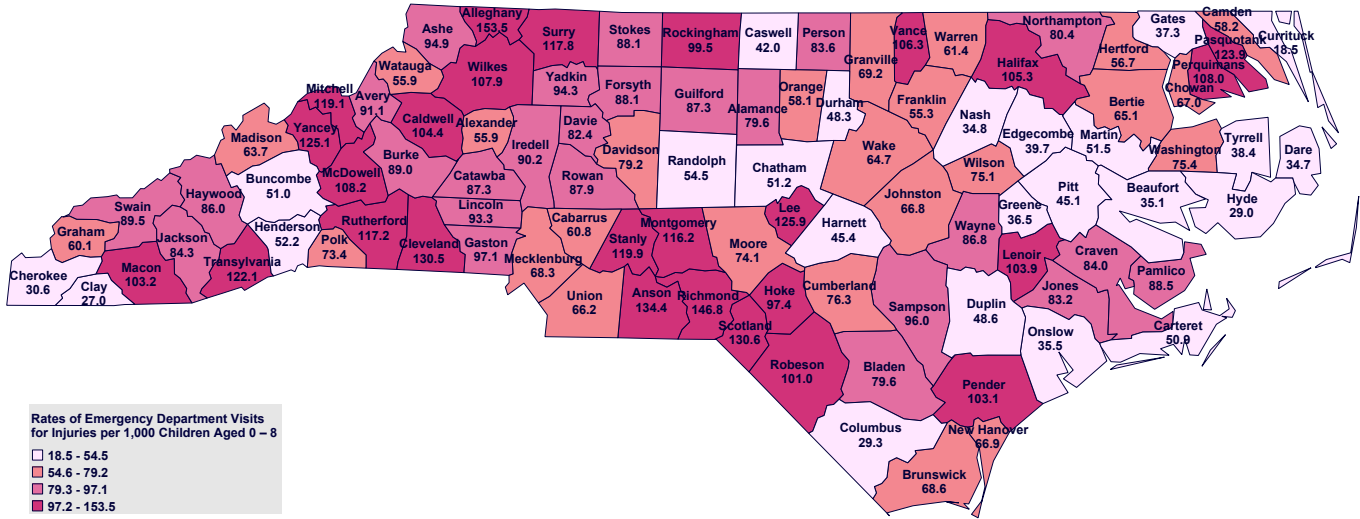


Data Source: Division of Social Services Central Registry and NC FAST

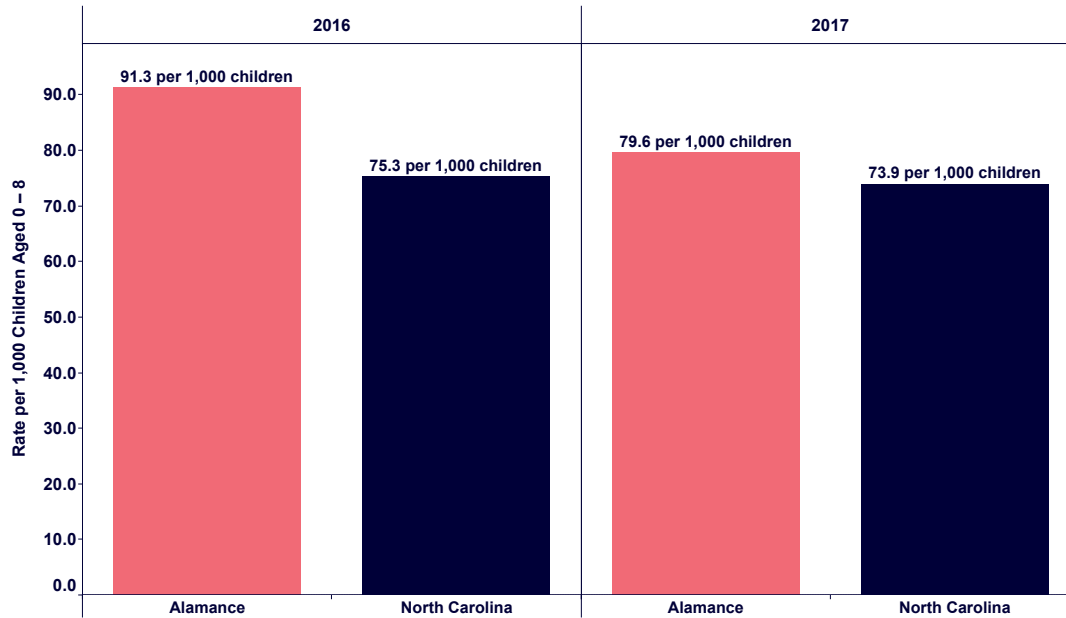
Technical Notes: Child maltreatment is defined as abuse or neglect of a child under the age of 18 by a parent, guardian, custodian, or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency. It is critical to note the limitations of child maltreatment data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment. Maltreatment rates are suppressed if the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhs/ECAP-DataAppendix-WEB.pdf>

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 by County, 2017



Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8



Data Source: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool): ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch.

Technical note: Case definitions for injuries are based on the CDC Injury Matrix, which includes injuries classified as having a manner/intent of unintentional, self-inflicted, assault, or undetermined. For more information, visit www.cdc.gov/injury/wisqars/code_matrix.html. In October 2015, there was a change in the coding system used in administrative data sets. Because of this change, data are unavailable for 2015 and data pre-2015 are not comparable to data collected after this change occurred. Rates are calculated as the number of emergency department visits for injuries for children ages 0 - 8 in a year divided by the total population of children ages 0 - 8 in the same year. Rates are shown as number of visits per 1,000 children ages 0 - 8.

*Disclaimer: "The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is an advanced, statewide public health surveillance system. NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine's Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. The NC DETECT Data Oversight Committee (DOC) includes representatives from the NC DPH, UNC NC DETECT Team and NC Hospital Association." The NC DETECT Data Oversight Committee (DOC) includes representatives from the NCDPH, UNC NC DETECT Team and NC Hospital Association.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhs/ECAP-DataAppendix-WEB.pdf>

Goal 6: Permanent Families for Children in Foster Care



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.

Young children need safe, permanent homes with nurturing and secure relationships with adults for healthy growth and development. 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 following entry into the foster care system, as set through the Adoption and Safe Families Act of 1997.

The data in this section outline key indicators for Permanent Families for Children in Foster Care at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

Time to Reunification, Guardianship, or Custody



371 days

Median Number of Days to Reunification, Guardianship or Custody for Children Ages 0 – 3 Years at Entry in the Foster System in North Carolina, 2017

390 days

Median Number of Days to Reunification, Guardianship or Custody for Children Ages 4 – 5 Years at Entry in the Foster System in North Carolina, 2017

371 days

Median Number of Days to Reunification, Guardianship or Custody for Children Ages 6 – 8 Years at Entry in the Foster System in North Carolina, 2017



287 days

Median Number of Days to Reunification, Guardianship or Custody for Children Ages 0 – 3 Years at Entry in the Foster System in Alamance County, 2017

213 days*

Median Number of Days to Reunification, Guardianship or Custody for Children Ages 4 – 5 Years at Entry in the Foster System in Alamance County, 2017

259 days*

Median Number of Days to Reunification, Guardianship or Custody for Children Ages 6 – 8 Years at Entry in the Foster System in Alamance County, 2017

Time to Adoption



822 days

Median Number of Days to Adoption for Children Ages 0 – 3 Years at Entry in the Foster System in North Carolina, 2017

1,006 days

Median Number of Days to Adoption for Children Ages 4 – 5 Years at Entry in the Foster System in North Carolina, 2017

988 days

Median Number of Days to Adoption for Children Ages 6 – 8 Years at Entry in the Foster System in North Carolina, 2017



570 days

Median Number of Days to Adoption for Children Ages 0 – 3 Years at Entry in the Foster System in Alamance County, 2017

1,131 days*

Median Number of Days to Adoption for Children Ages 4 – 5 Years at Entry in the Foster System in Alamance County, 2017

1,267 days*

Median Number of Days to Adoption for Children Ages 6 – 8 Years at Entry in the Foster System in Alamance County, 2017

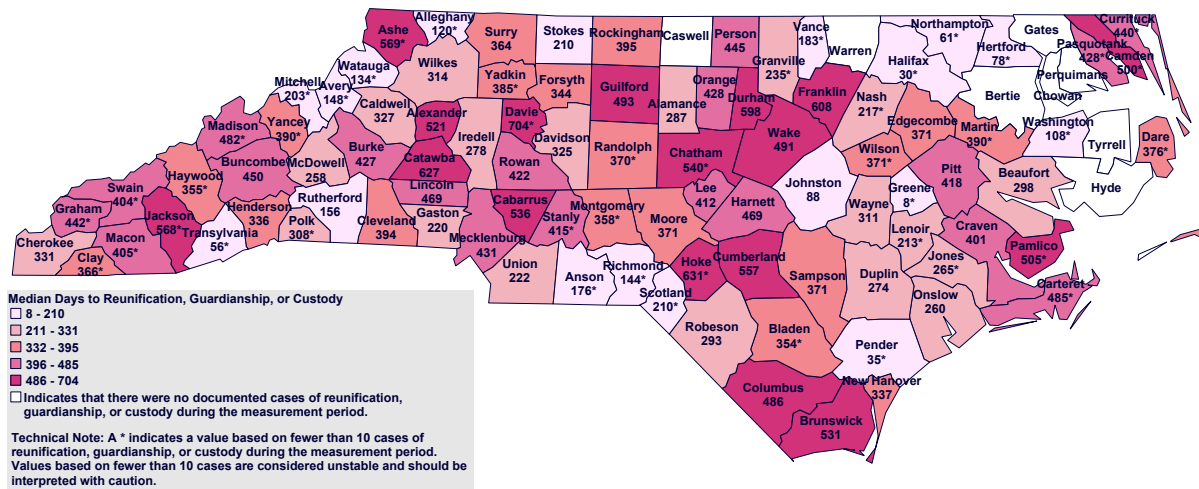
Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

Technical notes: A * indicates a measurement was based on small numbers (a count of less than 10). Measurements based on small numbers may be unreliable and should be interpreted with caution. A * indicates either there were no documented cases of adoption or there were no documented cases of reunification, guardianship, or custody during the measurement period.

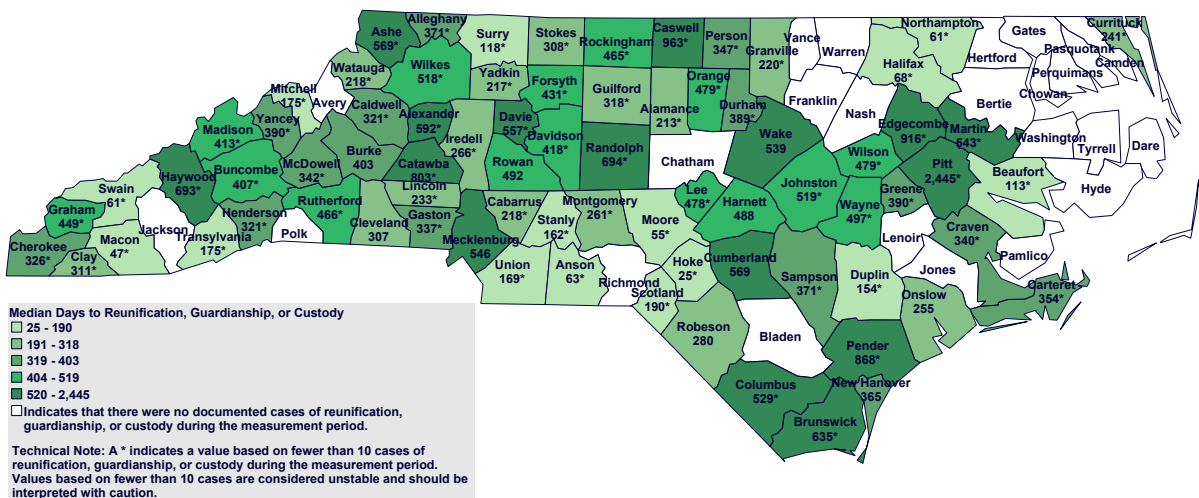
For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan..... 21

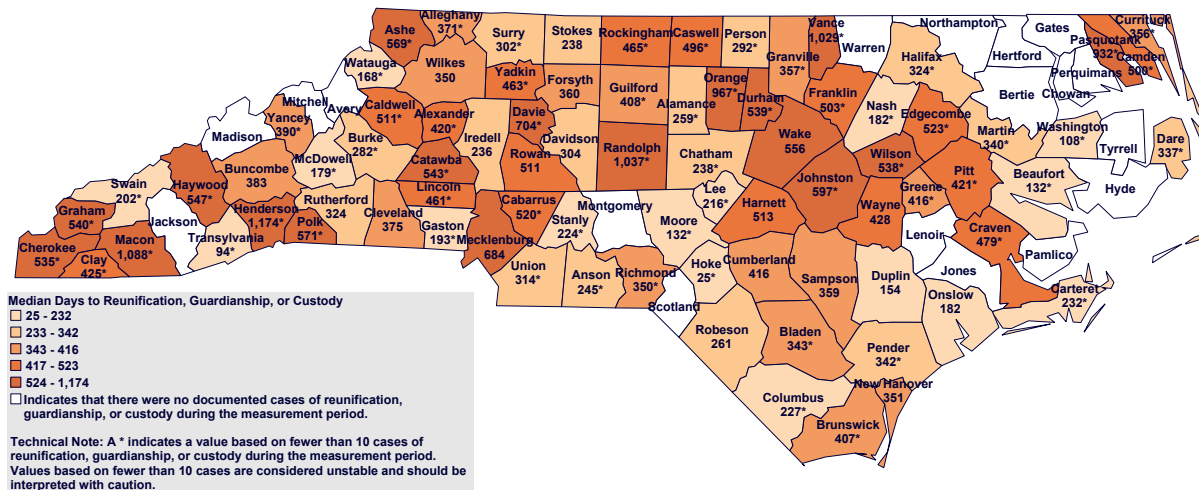
Median Number of Days to Reunification, Guardianship or Custody for Children Aged 0 – 3 by County, 2017



Median Number of Days to Reunification, Guardianship or Custody for Children Aged 4 – 5 by County, 2017



Median Number of Days to Reunification, Guardianship or Custody for Children Aged 6 – 8 by County, 2017

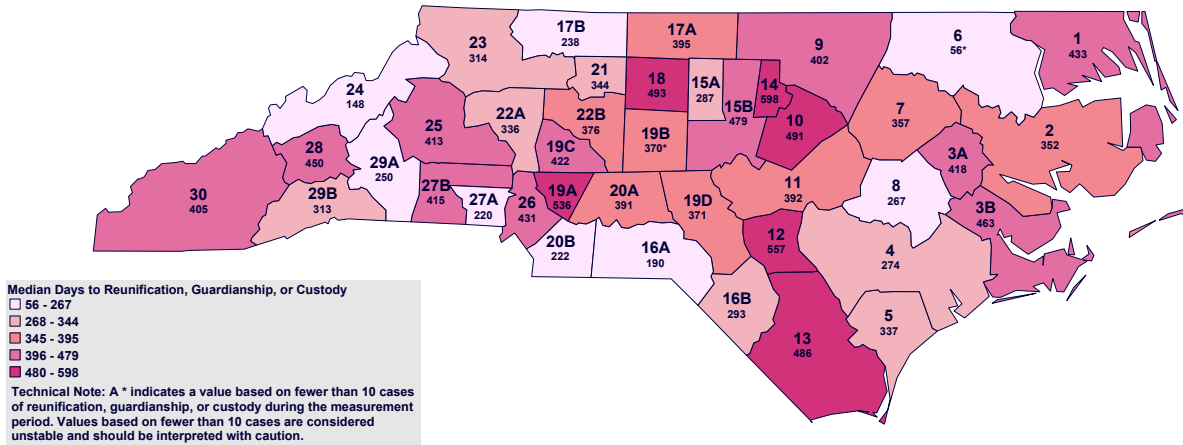


Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

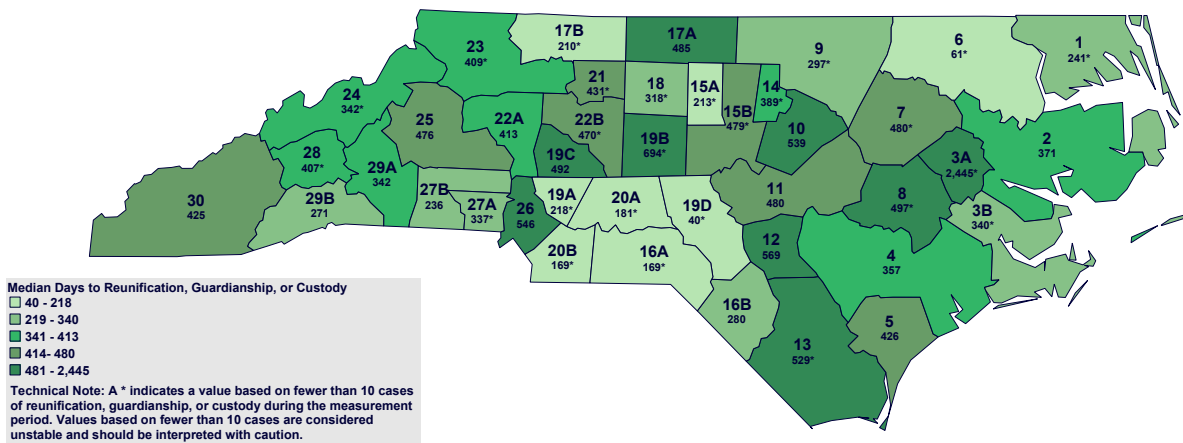
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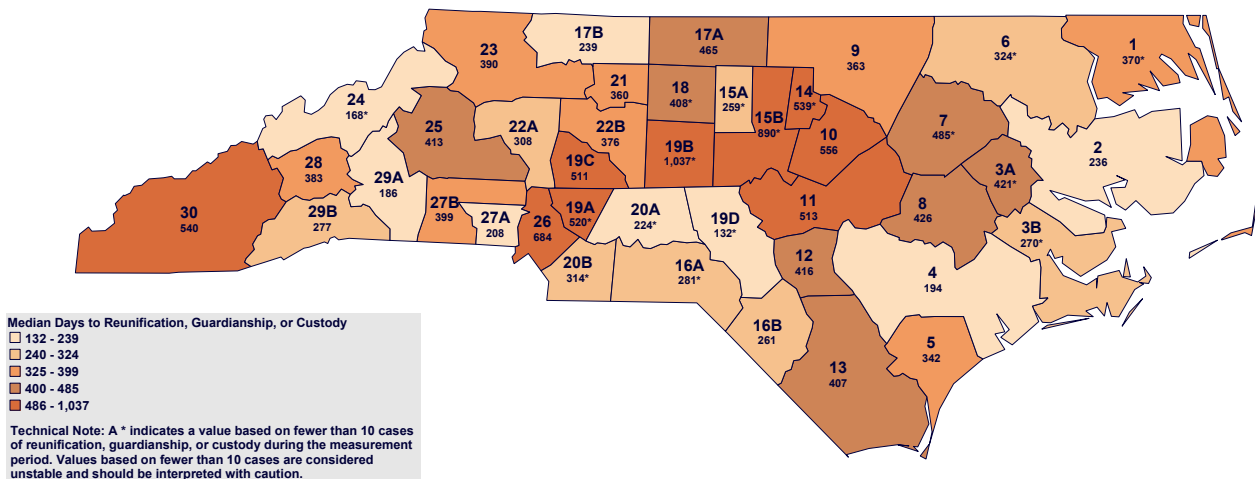
Median Number of Days to Number of Days to Reunification, Guardianship or Custody for Children Aged 0 – 3 by Judicial District, 2017



Median Number of Days to Number of Days to Reunification, Guardianship or Custody for Children Aged 4 – 5 by Judicial District, 2017



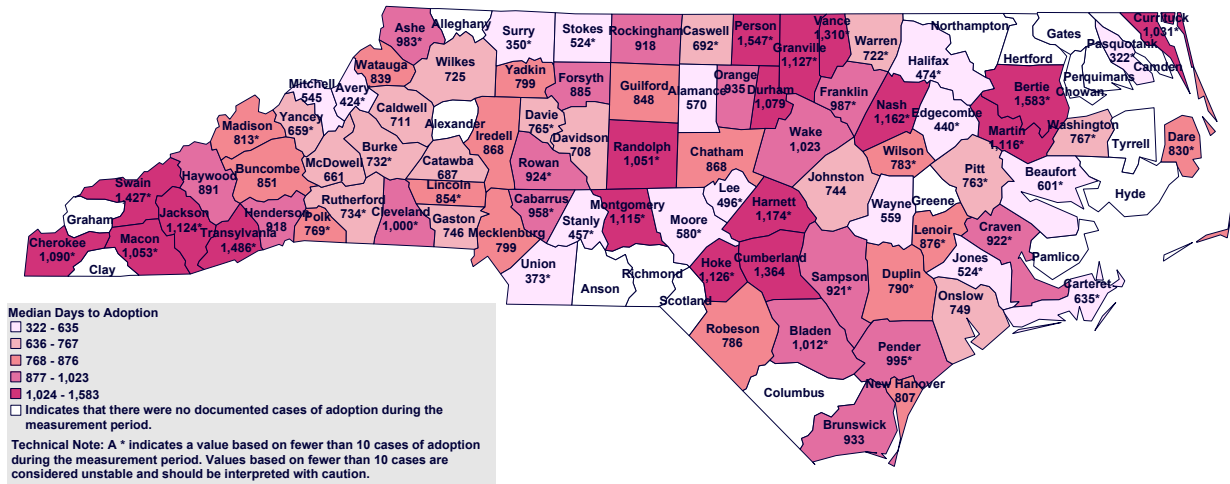
Median Number of Days to Number of Days to Reunification, Guardianship or Custody for Children Aged 6 – 8 by Judicial District, 2017



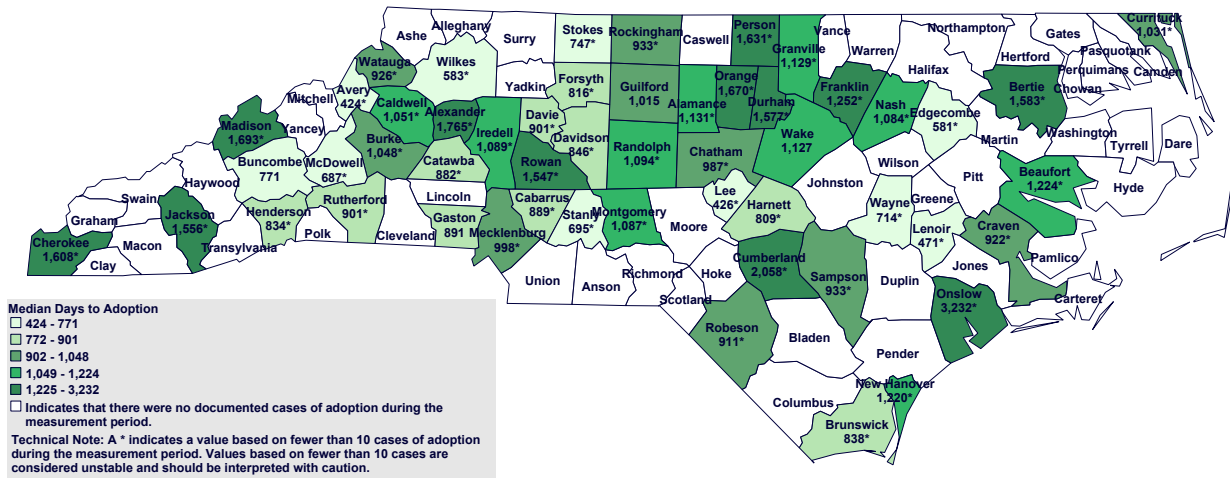
Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

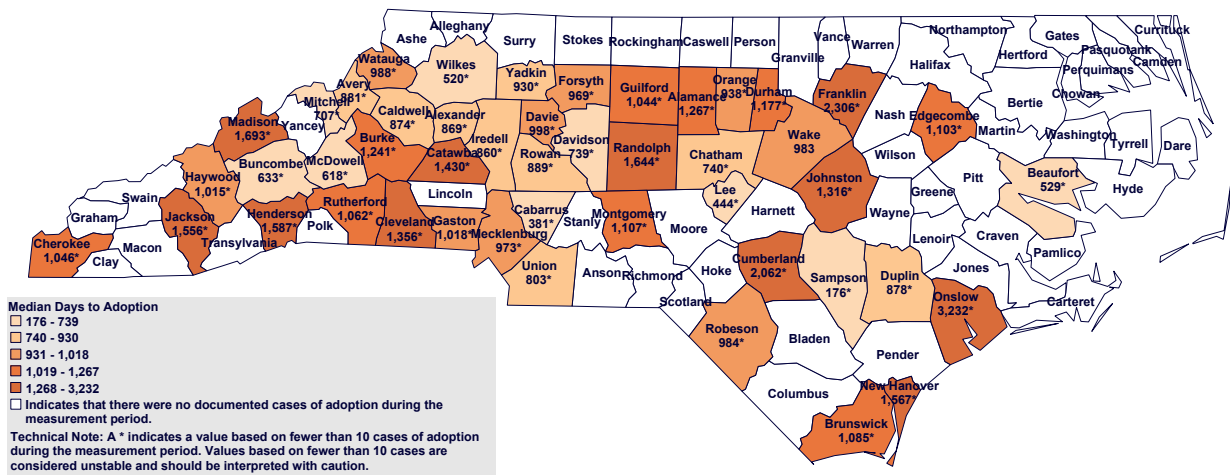
Median Number of Days to Adoption for Children Aged 0 – 3 by County, 2017



Median Number of Days to Adoption for Children Aged 4 – 5 by County, 2017



Median Number of Days to Adoption for Children Aged 6 – 8 by County, 2017

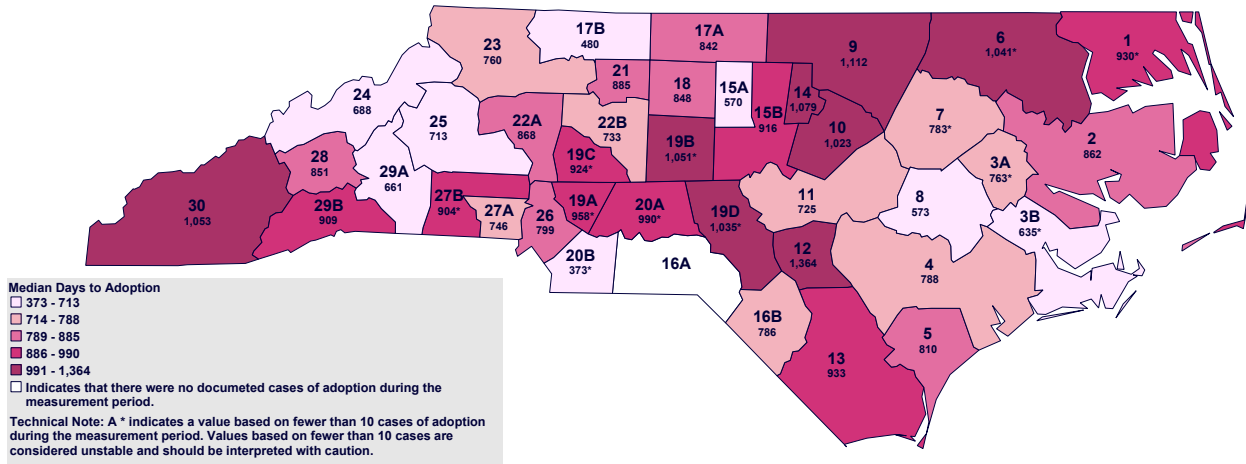


Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

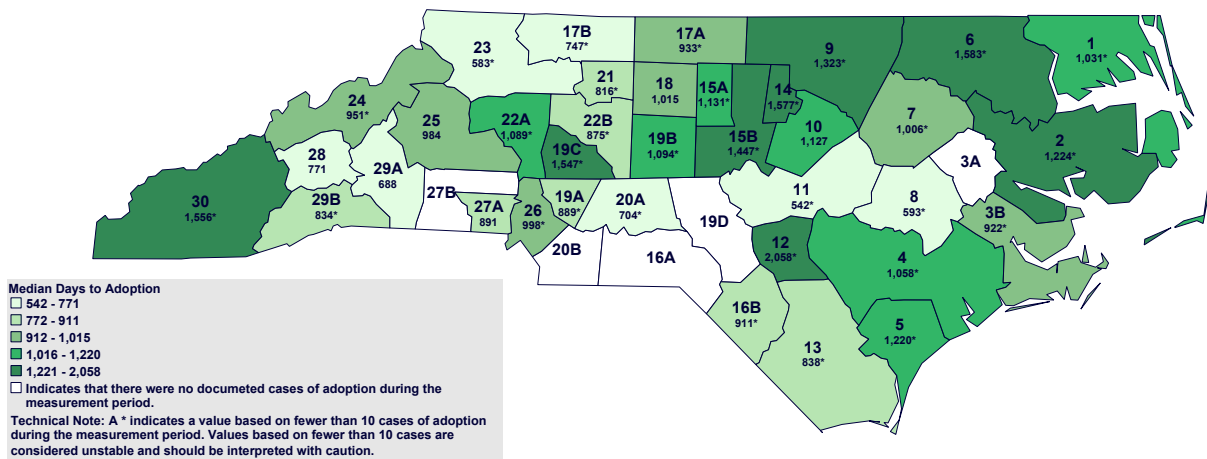
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Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan. 24

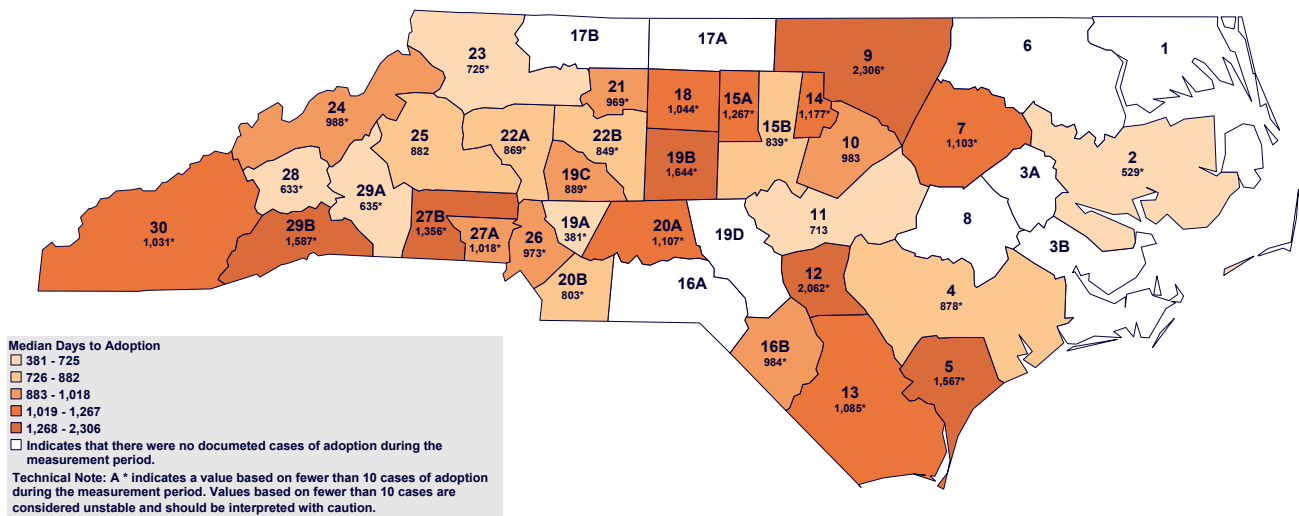
Median Number of Days to Adoption for Children Aged 0 – 3 by Judicial District, 2017



Median Number of Days to Adoption for Children Aged 4 – 5 by Judicial District, 2017



Median Number of Days to Adoption for Children Aged 6 – 8 by Judicial District, 2017



Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Goal 7: Social-Emotional Health and Resilience



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

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. The importance of social-emotional health and resilience for young children is becoming increasingly recognized nationwide. A strong statewide data source on young children’s social-emotional health and resilience does not currently 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. As the state explores data sources on social-emotional health and resilience for young children, in the future this data would also be disaggregated at the county level.

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 for seamless and universal representation in social-emotional health services as well as data tracking. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.



STATE DATA NOT YET AVAILABLE



COUNTY DATA NOT YET AVAILABLE

Descriptions of Promising Examples of Data Sources

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. 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.

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.

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.

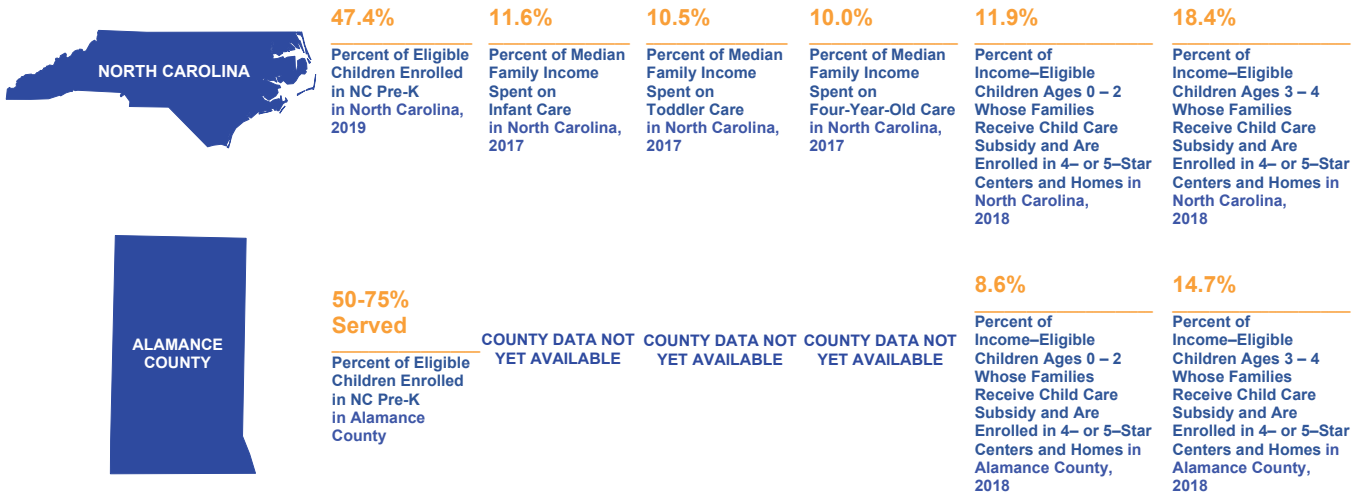
Goal 8: High-Quality Early Learning



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

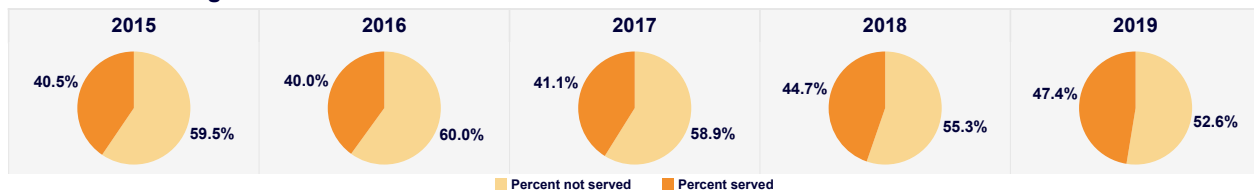
High-quality early care and education programs help prepare children physically, academically, socially and emotionally. While children from all backgrounds can benefit from attending high-quality and affordable child care and education programs, children facing challenges related to poverty, disabilities or limited English proficiency often benefit the most from these programs. A growing amount of evidence shows that high-quality child care programs help children become more on-track for school success, which supports them in becoming healthy, successful adults.

The data in this section outline key indicators for High-Quality Early Learning at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

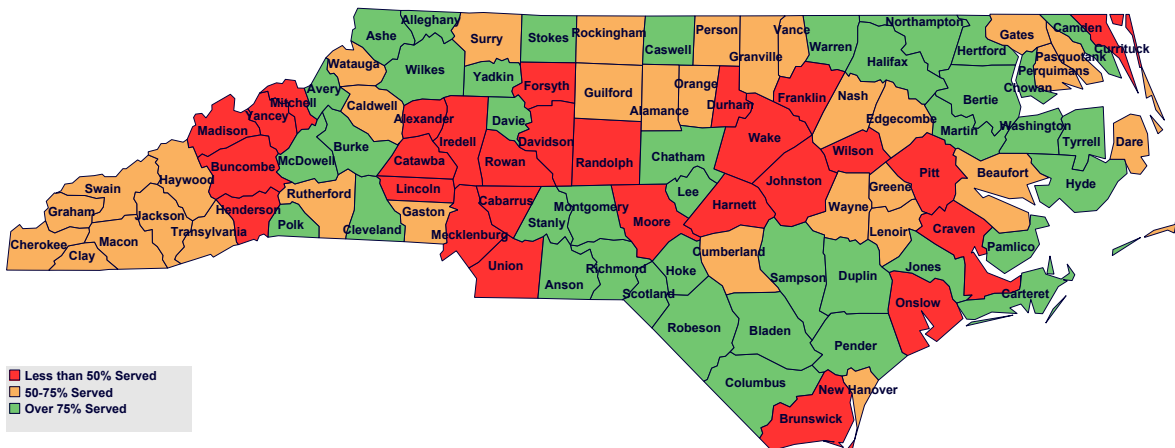


Technical note: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work.

Percent of Income-Eligible Children Enrolled in NC Pre-K in North Carolina



Percent of Income-Eligible Children Enrolled in NC Pre-K by County

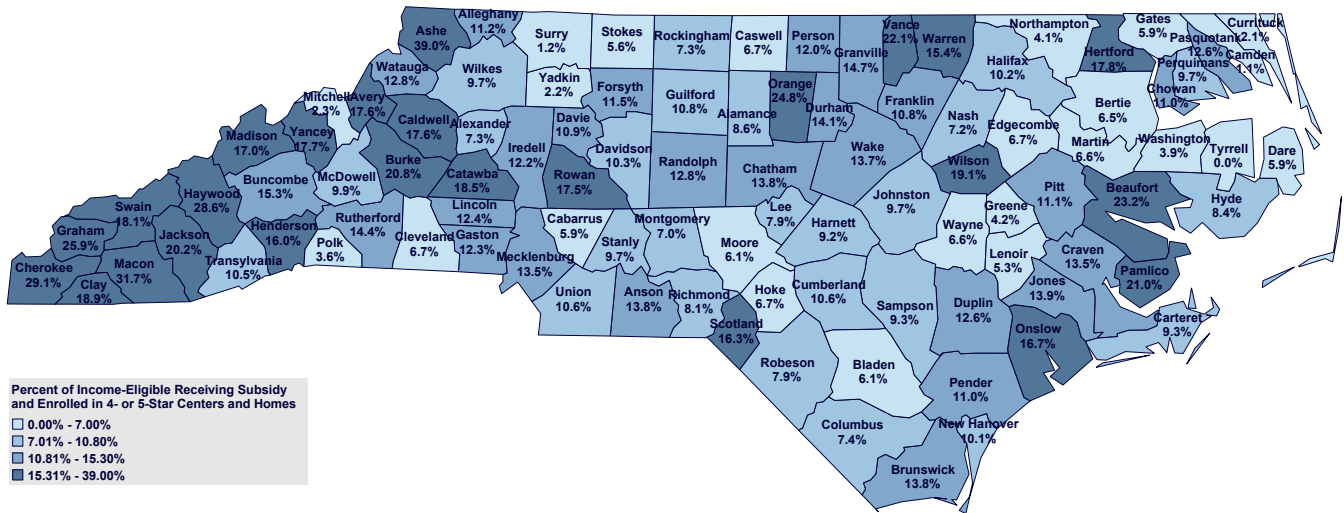


Data Sources: NC Pre-K Data: Division for Child Development and Early Education (DCDEE); Percent of Family Income Spent on Child Care: NC Child Care Resource and Referral, Division for Child Development and Early Education (DCDEE), and Child Care Aware America; Child Care Subsidy Data: Division for Child Development and Early Education (DCDEE)

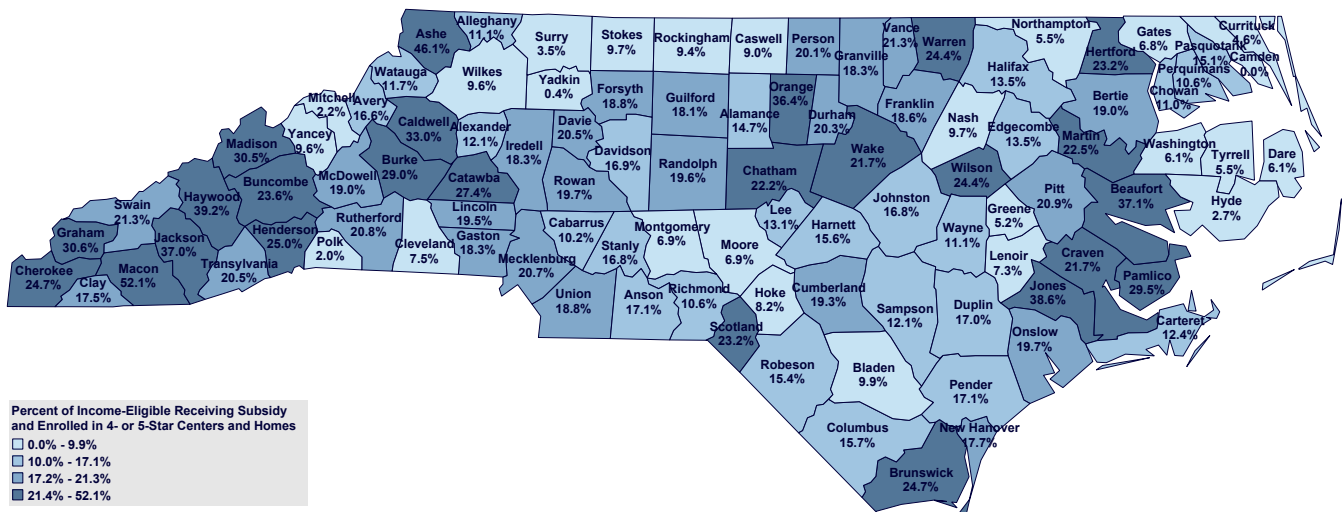
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Percent of Income-Eligible Children Aged 0 – 2 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes, 2018



Percent of Income-Eligible Children Aged 3 – 4 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes, 2018



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

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Goal 9: On Track for School Success



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

A child's development when they enter kindergarten has been linked to success in school and into adulthood. 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. 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.

The data in this section outline key indicators for On-Track for School Success at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

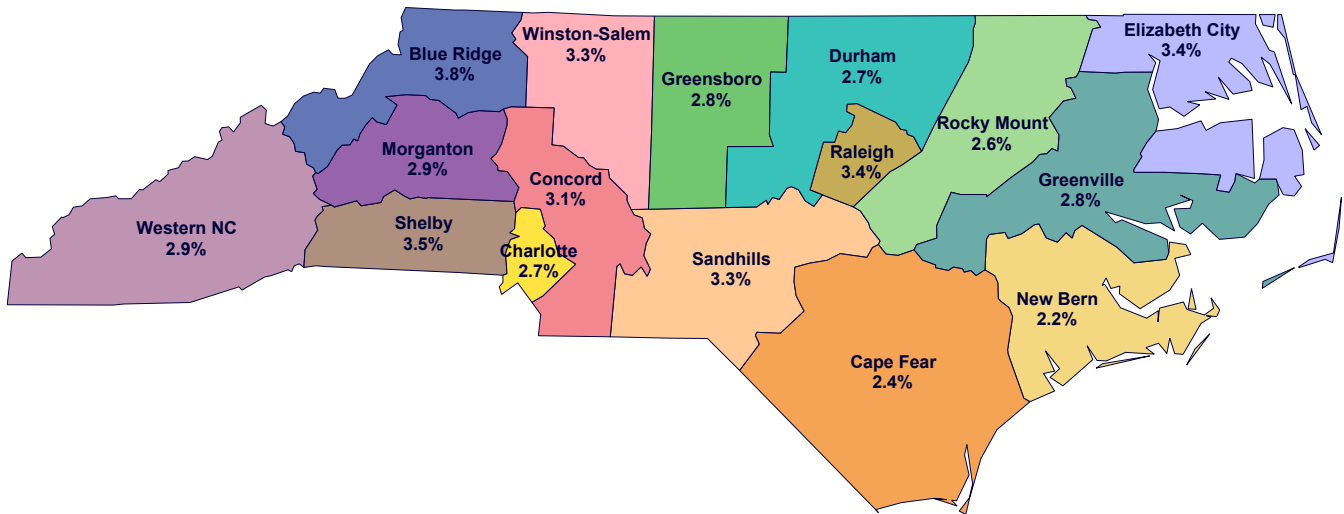


Technical note: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work.

Data Sources: [Kindergarten Entry Assessment Data](#): NC Department of Public Instruction; [Developmental Screening Data](#): NC Medicaid Child Core Set; [Infant Toddler Program Data](#): NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS); [NC Preschool Exceptional Children Program Data](#): NC Department of Public Instruction

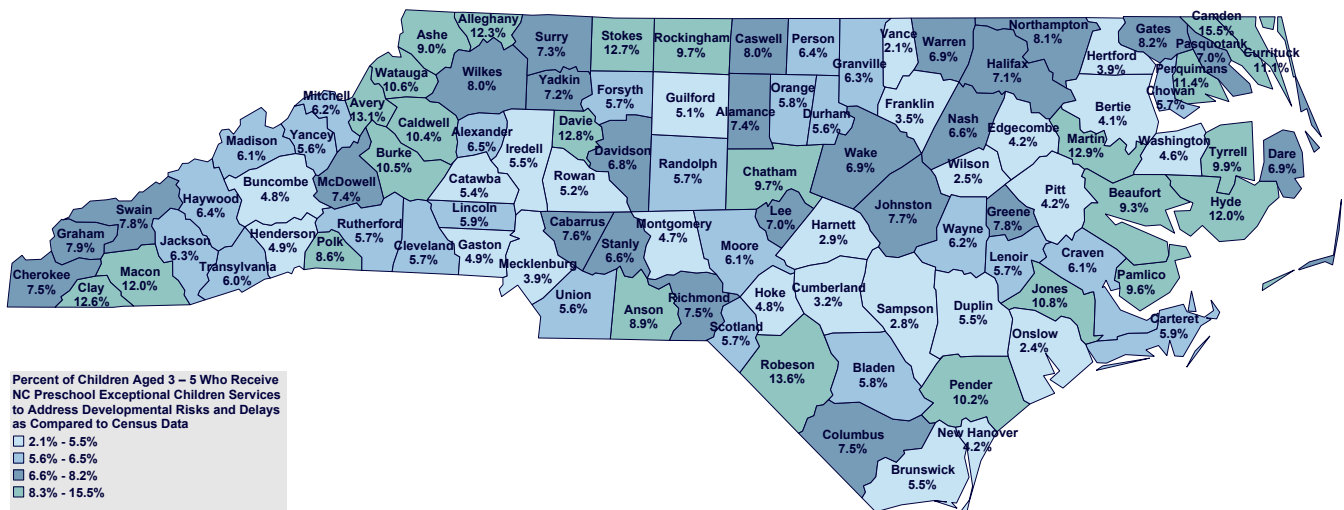
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Percent of Children Who Receive NC Infant Toddler Program Services to Address Developmental Risks and Delays as Compared to Census Data by Children's Developmental Services Agency, 2018

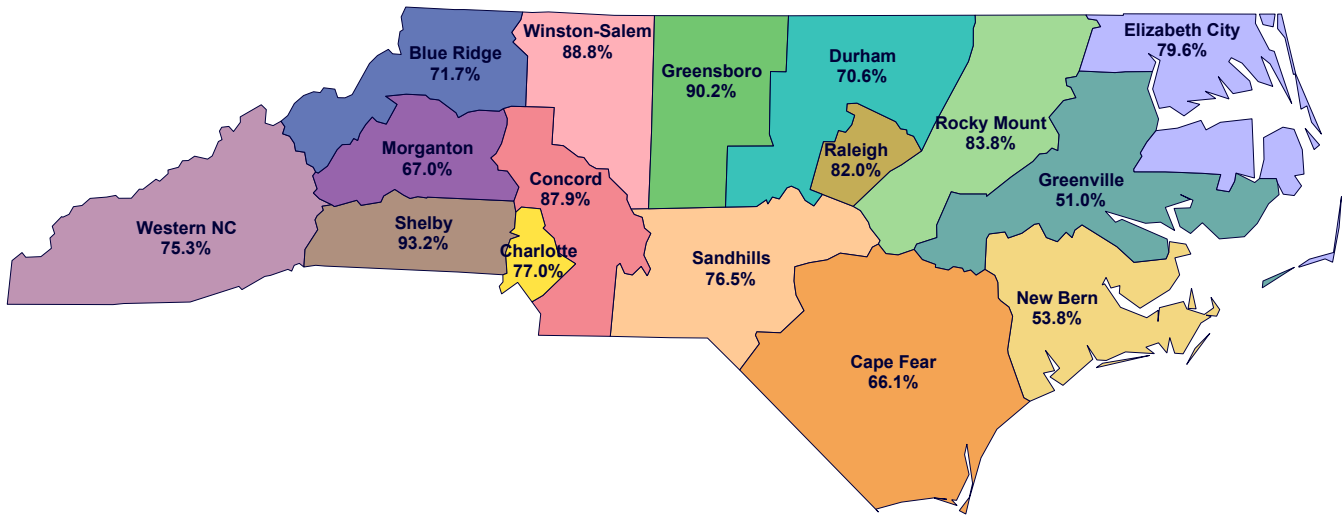


Data Source: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Percent of Children Who Receive NC Preschool Exceptional Children Services to Address Developmental Risks and Delays as Compared to Census Data by County, 2018

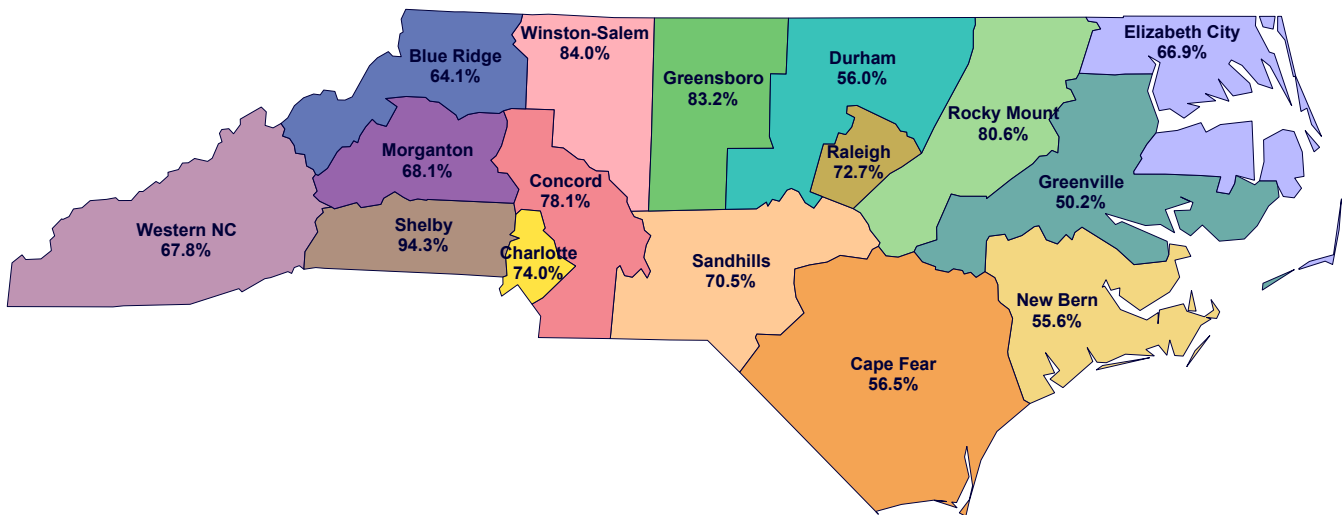


Percent of Children Who Received NC Infant Toddler Program Services, Entered the Program Below Age Expectations for the Knowledge and Skills Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program by Children's Developmental Services Agency, 2018



Data Source: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Percent of Children Who Received NC Infant Toddler Program Services, Entered the Program Below Age Expectations for the Social Relationships Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program by Children's Developmental Services Agency, 2018



Data Source: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

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Goal 10: Reading at Grade Level



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.

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. 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. 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.

The data in this section outline key indicators for Reading at Grade Level at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.



66.4%

Percent of Kindergarten Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in North Carolina, 2017

52.1%

Percent of First Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in North Carolina, 2017

55.8%

Percent of Second Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in North Carolina, 2017

45.0%

Percent of Third Grade Students College and Career Ready on NC End of Grade Assessment for Third Grade Reading in North Carolina, 2018



53.9%

Percent of Kindergarten Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in Alamance-Burlington Schools, 2017

42.4%

Percent of First Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in Alamance-Burlington Schools, 2017

47.9%

Percent of Second Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in Alamance-Burlington Schools, 2017

40.2%

Percent of Third Grade Students College and Career Ready on NC End of Grade Assessment for Third Grade Reading in Alamance-Burlington Schools, 2018

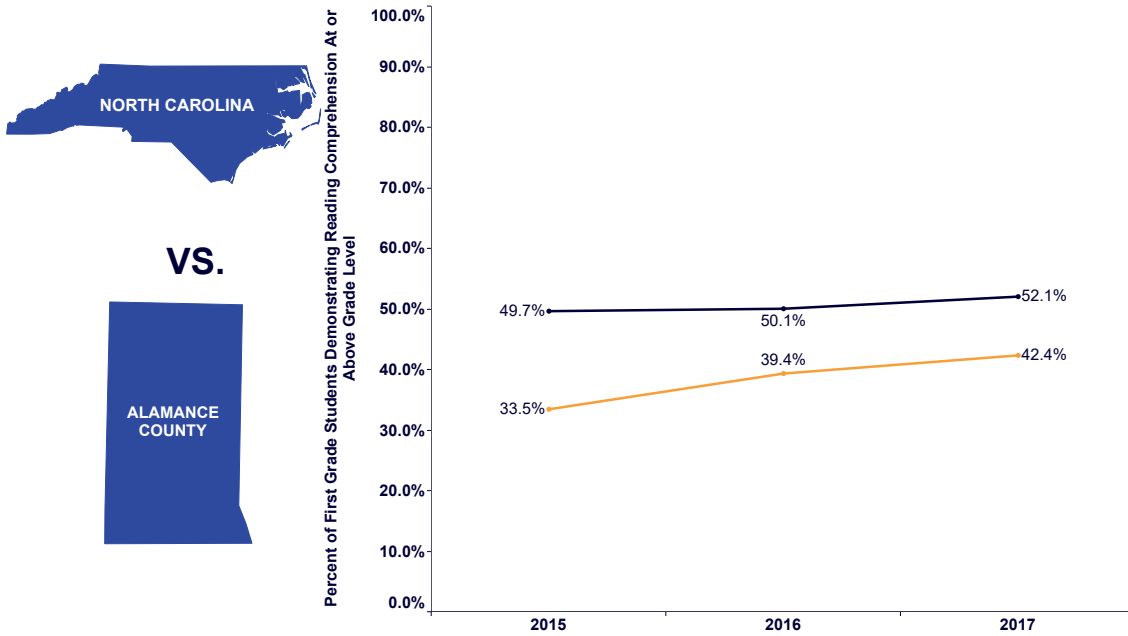
Data Sources: mCLASS Reading 3D Assessment Data: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction; End of Grade Assessment Data: NC Department of Public Instruction

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

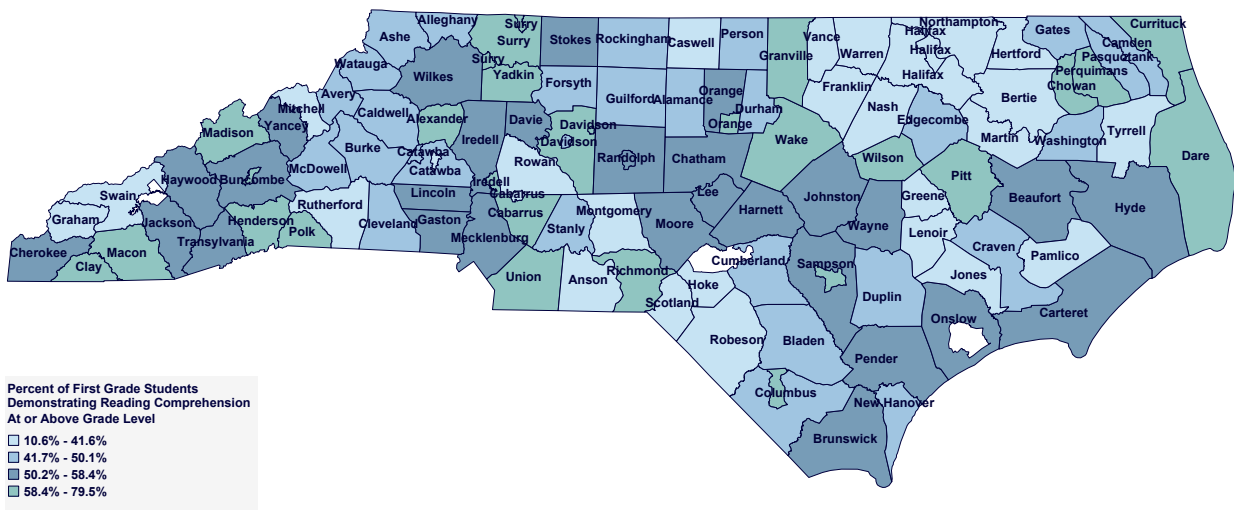


Percent of First Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment

School District Name
■ Alamance-Burlington Schools
■ North Carolina



Percent of First Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment by School District, 2017



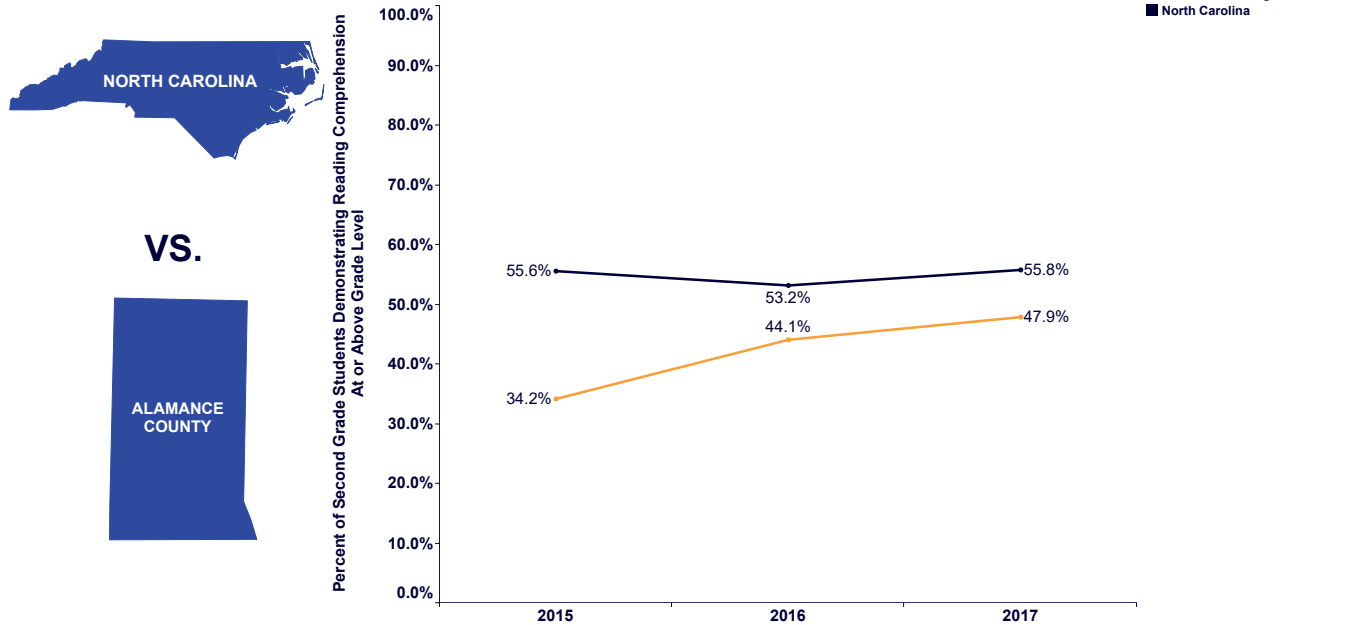
Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction

Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which mCLASS TRC Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.

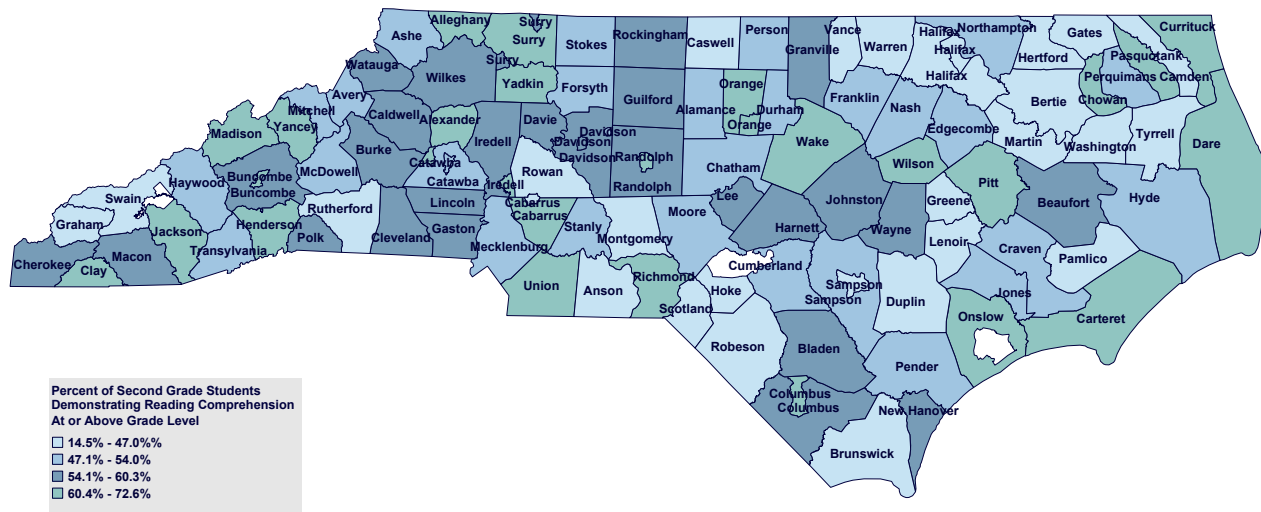
For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>



Percent of Second Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment



Percent of Second Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment by School District, 2017



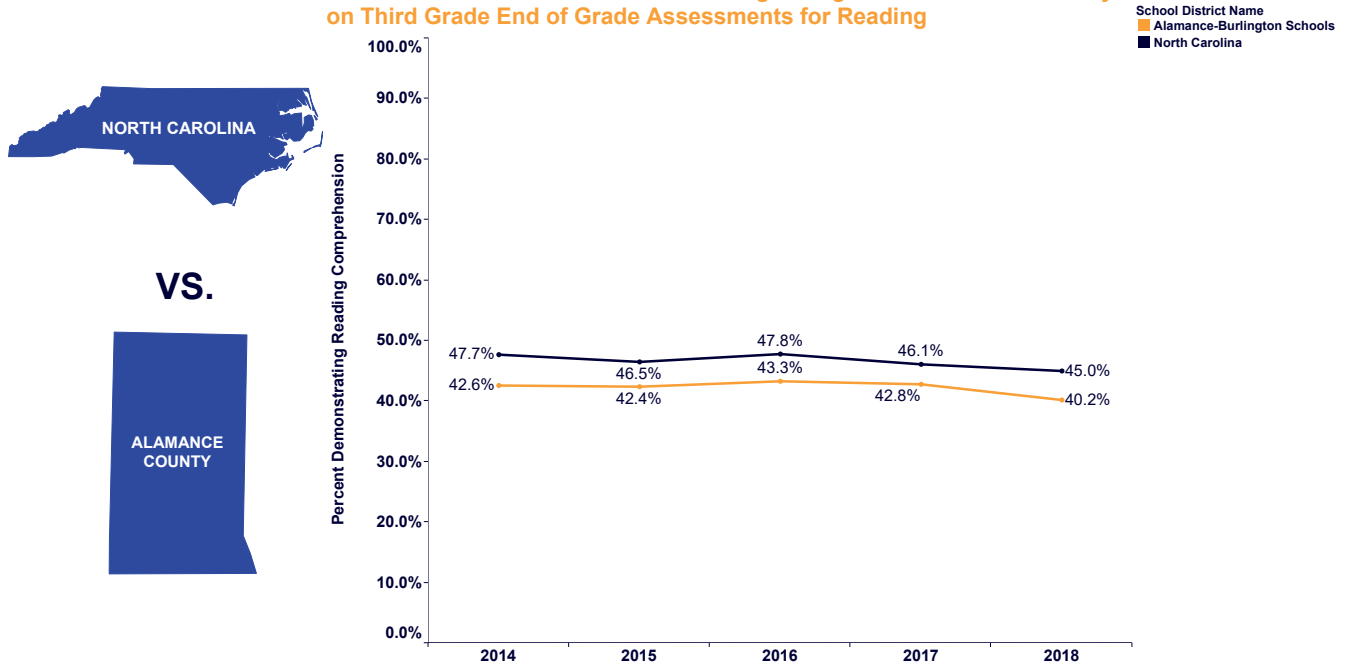
Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction

Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which mCLASS TRC Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.

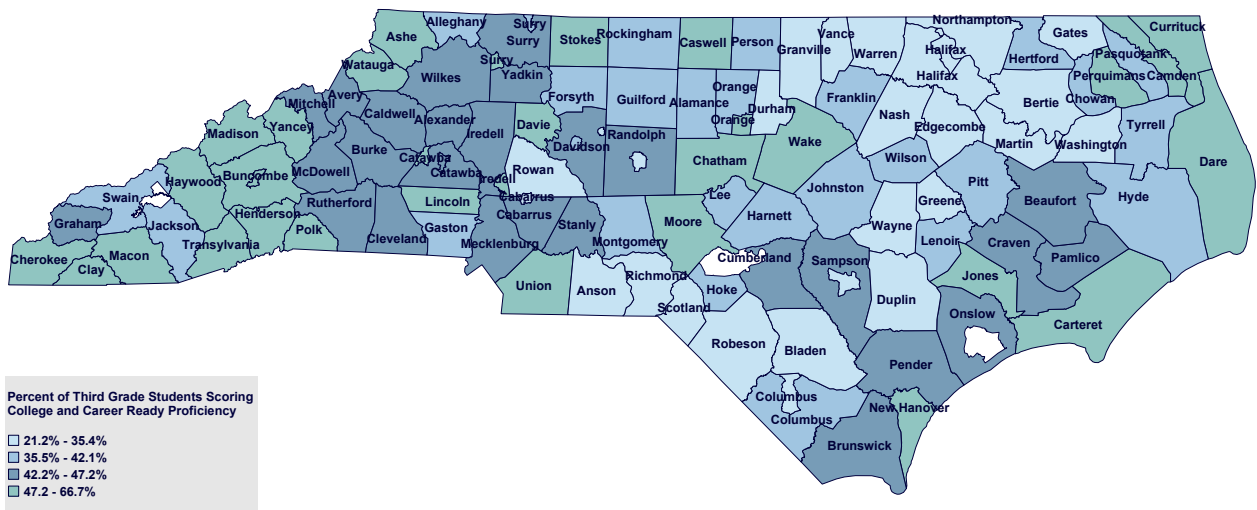
For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>



Percent of Third Grade Students Scoring College and Career Proficiency on Third Grade End of Grade Assessments for Reading

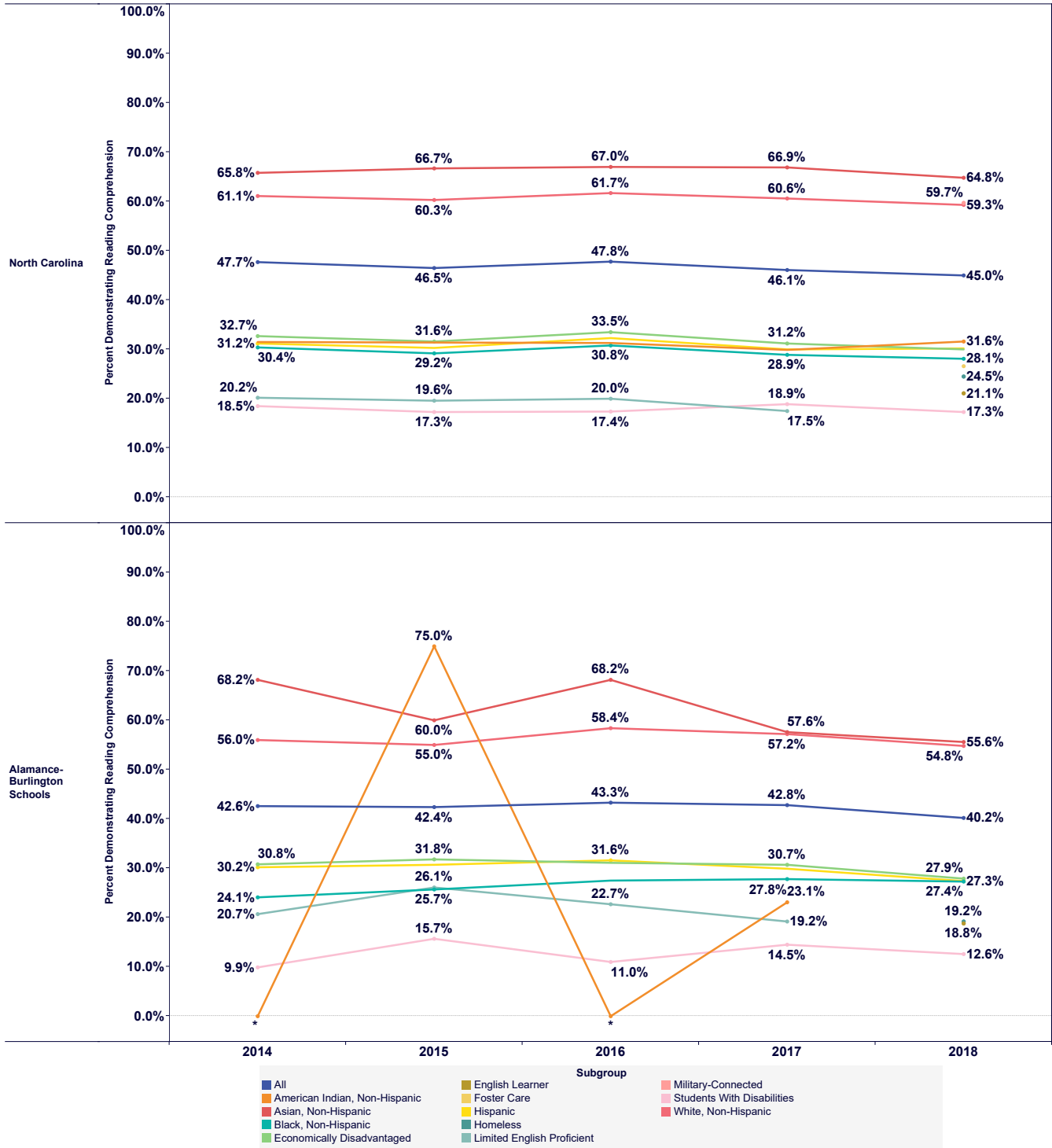


Percent of Third Grade Students Scoring College and Career Ready Proficiency on NC End of Grade Assessment for Third Grade Reading by School District, 2018



Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction
 Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which End of Grade Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.
 For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>
 Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan.

Percent of Third Grade Students Scoring College and Career Proficiency on Third Grade End of Grade Assessments for Reading in North Carolina and Alamance County by Subgroups



Data Source: North Carolina Department of Public Instruction

Technical Notes: Data collection and reporting for certain subgroups (Homeless, Foster Care, English Learner, Military-Connected) did not begin until 2018, as indicated by singular dots of data for these subgroups in 2018. Performance results greater than 95 percent are masked as ">95%" and are shown at the 95.0% value line. Results less than 5 percent are masked as "<5%" and are shown at the 5.0% value line. Data containing less than 10 scores/students are masked and are shown at the 0.0% value line and indicated by a "*" in the above chart. If no data for a particular subgroup was collected for a certain year, "No Data" is shown for that subgroup and year.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at <https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf>

Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan.

Additional County Data Resources

Below are additional data resources that can be used to inform county-level decision-making for young children and families in Alamance County.

Data Resource Description	Webpage Link
Child Care Services Association - Who's Caring for Our Babies? Early Care and Education in North Carolina Region Report	www.childcareservices.org/wp-content/uploads/2017/11/IT-State-Report-region-12-7-28.pdf
Child Care Services Association Early Care and Education Workforce Region Factsheet	www.childcareservices.org/wp-content/uploads/2017/11/regional-factsheets_Part12.pdf
Child Trends DataBank	https://www.childtrends.org/indicators?a-z
Impact Alamance 2015 Report to the Community	http://2015report.impactalamance.com/
NC Child County Data Card	www.ncchild.org/wp-content/uploads/2019/04/Alamance.pdf
North Carolina Association of County Commissioners County Map Book	www.ncacc.org/794/2019-County-Map-Book
Partnership for Children Annual Audit Report - 2017-18	www.alamancechildren.org/reports-and-data.html
United States Census Bureau American FactFinder Download Center	https://factfinder.census.gov/faces/nav/jsf/pages/download_center.xhtml

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Key Contributors

Child Care Services Association
Community Care of North Carolina
Duke Center for Child and Family Policy
Head Start State Collaboration Office
NC Department of Public Instruction
NC Department of Public Instruction, NC Preschool Exceptional Children Program
NC DHHS Division of Aging and Adult Services, ESG Homeless Programs
NC DHHS Division of Child Development and Early Education
NC DHHS Division of Public Health, Children's Environmental Health
NC DHHS Division of Public Health, Early Intervention Branch
NC DHHS Division of Public Health, Immunization Branch
NC DHHS Division of Public Health, Injury and Violence Prevention Branch
NC DHHS Division of Public Health, Nutrition Services Branch
NC DHHS Division of Public Health, State Center for Health Statistics
NC DHHS Division of Social Services, Child Welfare Performance Management, Data Reporting & Analytics
NC DHHS NC Medicaid
NC Homelessness Management Information System
NC Judicial Branch, Court Programs Division, Juvenile Court Improvement Program

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