

NC Early Childhood Action Plan Data Appendix

FEBRUARY 2019

Overview of Data and Target-Setting Standards and Methods

This section of the data appendix describes several approaches used to set 2025 targets and collect data across all goals outlined in the North Carolina Early Childhood Action Plan:

- **Benchmarking.** In the benchmarking approach, reference values, such as national benchmark values, were used as comparison values to set targets. When this method was used, benchmark values were considered within the comprehensive picture of historical data trends seen on a state level. Benchmark reference values were also weighed against the achievability of targets given state-specific factors and context within North Carolina.
- **Expert knowledge.** The development of the Early Childhood Action Plan depended greatly on the valuable feedback and input of subject matter experts. In many cases, the guidance of subject matter experts was used to set targets based on field experience and knowledge that could be applied to set targets for 2025 outcomes.
- **Data were validated as being accurate and methodologically sound. Calculations used to compute values and limitations of data were well understood.** All data accessed publicly or through a data request process were screened for quality to ensure that data were accurate and collected in a methodologically sound manner. This step was also used to understand calculations used to compute values and to understand data limitations, particularly as they related to looking at data across multiple years of time.
- **The most recent data available were used as the baseline starting position to set targets.** For each target set, the most recent data available were used as baseline values from which to set targets for 2025.
- **Extrapolating from historical trends.** Historical trends were taken into consideration to set targets, where available, to better refine 2025 targets and understand the importance and achievability of targets.
- **State data were compared to national data, where possible.** The national picture of data was considered where appropriate to understand where North Carolina stands in comparison to other states and contexts.
- **Other state and national initiatives were taken into consideration in order to align to these initiatives, where possible.** Other state and national initiatives were examined to amplify and align data priorities in the North Carolina Early Childhood Action Plan with other initiatives, as well as set reasonable targets based on the experience of other initiatives.
- **A general plan for future data collection and analysis was available for target data.** For all target data, a general plan was mapped out for accessing and analyzing data in future years for monitoring and analysis purposes leading up to 2025.

Data Sources

This section of the data appendix includes a brief description of the data sources used for each target or sub-target included in the plan. In selecting data sources, priority was given to those that could provide estimates for the entire state, each county, could be broken down by race/ethnicity groups, and could be tracked over time. Priority was also given to data sources that allowed the study of children within the 0-8 age range. This technical appendix documents the measures that were included from each source and notes key limitations in relation to the North Carolina Early Childhood Action Plan (ECAP).

American Community Survey

The American Community Survey (ACS) began in 2003 to collect information similar to that collected in the long form of the Decennial Census. It is administered by the U.S. Census Bureau.

The ACS provided information on the following ECAP measures:

- Percent of families living at or below 200% of the federal poverty limit
- Percent of individuals with health insurance
 1. Children aged 0-8
 2. Heads of household with young children
- Percent of families with children aged 0-8 who are living with high housing cost burden

TECHNICAL NOTES: 5-year public use data files were downloaded from <https://www.census.gov/programs-surveys/acs/data/pums.html> and analyzed with consideration to appropriate survey weights. ACS is not designed to make county-level estimates, but multiple years can be combined to estimate population characteristics. High housing cost burden reflects households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a national health-related telephone survey of residents aged 18 and older that is administered by the Centers for Disease Control and Prevention in conjunction with state health departments. The North Carolina Division of Public Health has participated in the BRFSS since 1987. The BRFSS collects information in a routine, standardized approach on health behaviors and preventive health practices.

The BRFSS provided information on the following ECAP measure:

- Percent of women 18-44 with preventive health visit in last year

TECHNICAL NOTES: The sampling approach used in the administration of the North Carolina BRFSS is not designed to produce county-level estimates for all counties. For the counties that are available, the confidence intervals for point estimates tend to be large because sample sizes for an individual county are relatively small. Annual survey results were downloaded from <https://schs.dph.ncdhhs.gov/data/preconception/>.

CDC WONDER (Wide-ranging Online Data for Epidemiologic Research)

CDC WONDER is an online tool that makes information readily available to public health professionals and the public at large. In particular, it provides easy access to bridged-

race population estimates from the National Center for Health Statistics.

Data from CDC WONDER was used to calculate population estimates, specifically:

- Population estimates of children aged 0-8 for the state, county, and by race/ethnicity

TECHNICAL NOTES: Data were downloaded from <https://wonder.cdc.gov/bridged-race-population.html>.

Child Care Aware America

Child Care Aware America is an advocacy organization for families and partners with Child Care Resource and Referral agencies. They conduct an annual survey of state-level cost of child care. For states that do not complete their survey, cost of child care information comes from the state's market rate survey. To assess affordability, the cost of child care is compared to the amount of median household income for the state that it would require to cover the average cost of child care. For each state, the cost of child care is compared to the median household income for (a) a single-parent family and (b) a married couple. The information included in our report focus on the latter.

Data from Child Care Aware America provided information on the following ECAP measure:

- Percent of family income spent on childcare, according to data provided by Child Care Aware America, separately for infant care, toddler care, four year-olds

TECHNICAL NOTES: Data appear in reports produced by Child Care Aware America such as: <http://usa.childcareaware.org/wp-content/uploads/2018/10/appendices18.pdf?hsCtaTracking=189a8ba7-22d8-476b-aa2e-120483a43702%7Ce7f035de-f88f-4732-8204-a30353610929>. In particular, the appendices for the report *The US and the High Cost of Child Care* provide information on the average cost of child care by child age, type of care (e.g., type of Center and characteristics of the type of care), and by state. For North

Carolina, all child care cost data included in Child Care Aware's analysis come from market rate surveys conducted by the North Carolina Division of Child Development and Early Education (DCDEE) to gather information on child care prices. A market survey is based on a sample of providers from the universe of providers in a market. States and Territories are required to conduct a market rate survey every 3 years.

Child Care Services Association (CCSA)

Child Care Services Association (CCSA) is an organization that works to provide affordable high-quality child care for children in North Carolina through a number of important initiatives. CCSA conducted the North Carolina Child Care Workforce Study for several years by analyzing state data on teachers, assistant teachers, and directors in early care and education centers and on the licensed early care and education programs in which they work. Licensed centers include programs operated by public schools, for-profit entities, and not-for-profit entities, including Head Start. Data contained in CCSA's workforce studies are provided through surveys of samples of early childhood programs. These studies are completed through collaboration with the North Carolina Division of Child Development and Early Education.

Data from CCSA provided information on the following ECAP measures:

- Number of homeless children participating education programs high quality early care and learning
- Percent of early childhood teachers with post-secondary early childhood education
- Workforce turnover: statewide separation rates for full-time teachers

TECHNICAL NOTES: Early Childhood Workforce Study reports were downloaded from <https://www.childcareservices.org/research/research-reports/early-childhood-workforce-studies/>.

Division of Child Development and Early Education (DCDEE)

The Division of Child Development and Early Education (DCDEE) of the NC Department of Health and Human Services administers the NC Pre-K program at the state-level and contracts with county and multi-county administrators to oversee local implementation. A statewide administrative data system, NC Pre-K Kids System, collects information from all local NC Pre-K contracts regarding information on the children who are enrolled in NC Pre-K on a monthly basis. DCDEE also administers North Carolina's statewide child care subsidy program.

Data from the DCDEE provided information on the following ECAP measures:

- Percentage of income-eligible children enrolled in NC Pre-K statewide
- Number of homeless children participating in education programs: High quality early care and learning
- Percent of family income spent on childcare, according to data provided by Child Care Aware America, separately for infant care, toddler care, four year-olds
- Percent of eligible children whose families receive childcare subsidy and are enrolled in 4- or 5-star centers and homes

TECHNICAL NOTES: The number of children who are enrolled in NC Pre-K was provided by the Division of Child Development and Early Education. Four-year old children whose families earn 75% or below the State Median Income (SMI) meet the income-eligibility criteria for NC Pre-K. For child care subsidy, income-eligibility is based on children under age five in North Carolina whose families live at or below 200% of the FPL.

Feeding America

Feeding America produces annual tabulations of measures related to food access including food insecurity, cost of food and meals,

and related topics. Food insecurity rates are calculated using information from the U.S. Census Bureau's Current Population Survey regarding individuals in food insecure households. Data on demographics are derived from the U.S. Census Bureau's American Community Survey.

Data from Feeding America provided information on the following ECAP measure:

- Percent of children aged 0-17 that are food insecure, disaggregated by county

TECHNICAL NOTES: The information on food insecurity is broken down for children 0-17 years and is not available for the more narrowly defined age range of 0-8 years. Feeding America recommends that county-level estimates are not used to examine changes in county-level rates of food insecurity over time, but rather as single-year snapshots of county level food insecurity rates. Methodologically, Feeding America first uses data from the Current Population Survey to examine the statistical relationship at the state level between food insecurity and determinants including poverty, unemployment, median income, among other factors. Then using the relationship between food insecurity and these determinants, information from the American Community Survey is used to estimate local-levels of food insecurity. (For more details see the technical documentation: <https://www.feedingamerica.org/research/map-the-meal-gap/summary>).

Food Access Research Atlas

The Food Access Research Atlas is produced by the US Department of Agriculture (USDA). It provides a spatial overview of food access indicators such as supermarket accessibility for populations within a census tract. Users of the data can examine characteristics of the population living with census tract such as the percent of households far from a supermarket, without a vehicle, with low-income, or residing in group quarters.

Data from the Food Access Research Atlas provided information on the following ECAP measure:

- Children aged 0-17 with low access to food

TECHNICAL NOTES: Data were downloaded from <https://www.ers.usda.gov/data-products/food-access-research-atlas/download-the-data/#Current%20Version>. Low access to healthy food is defined as living more than 1/2 mile (urban areas) or more than 10 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store.

Homeless Management Information System, Housing and Urban Development

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness across Continuums of Care.

Data from the HMIS provided information on the following ECAP measures:

- Percent of eligible families receiving rapid rehousing
- Number of children ages 0-8 experiencing homelessness in North Carolina

TECHNICAL NOTES: Request Pending

Juvenile Court Records Database (JWise), NC Administrative of the Courts

JWise is an automated information system that was implemented by the North Carolina Administrative Office of the Courts (AOC) in 2004. JWise collects information on children in the child welfare and juvenile justice systems and serves as a case management system for use by court officials and court staff including clerks, judges, judicial staff, and Guardian ad Litem. Beginning in July 2009, JWise produced standard reports on adjudication hearings,

disposition hearings, and the first permanency planning hearing for cases involving child abuse, neglect, and dependency. Beginning in 2016, five Court Improvement Program (CIP) Federal Timeliness Measure reports were added that provide information critical for this report.

Data from JWise provided information on the following ECAP measures:

- Percent of cases that are adjudicated within 60 days
- Percent of cases that have an initial permanency planning hearing within 12 months of removal from the home
- Median days to termination of parental rights

TECHNICAL NOTES: These data were provided to the NC Department of Health and Human Services from the North Carolina Administrative Office of the Courts in response to a special request for this report. A portion of this data request is pending. For additional information on JWise, see https://www.sog.unc.edu/sites/www.sog.unc.edu/files/book_chapter/Appendixes.pdf.

National Assessment of Educational Progress (NAEP)

The NAEP, commonly referred to as the Nation's Report Card, is a congressionally mandated project administered by the National Center for Education Statistics (NCES) within the US Department of Education and the Institute of Education Sciences (IES). NAEP administers reading assessments in 4th and 8th grade every two years as well as 12th grade every four years. Raw scores on reading assessments are converted into three levels of reading, basic, proficient, and advanced. These levels are constructed by the National Assessment Governing Board and aim to establish what students in a given grade and subject area should know and be able to do. According to the NAEP, 4th graders who are proficient in reading should be able to integrate texts, draw conclusions based on their understanding of the text, and make evaluations.

Data from the NAEP provided information on the following ECAP measure:

- Percent of 4th grade students who are at or above proficiency on the NAEP reading assessment

TECHNICAL NOTES: Aggregate NAEP scores are available for the nation as a whole and for states by race and ethnicity, however, information is not available for individual counties. While the NAEP provides a national reference frame for children in North Carolina, it should be noted that the earliest NAEP assessment is in 4th grade when most students are 9 years old. Data were downloaded from the NAEP Data Explorer <https://www.nationsreportcard.gov/ndecore/xplore/NDE>.

National Immunization Survey (NIS)

NIS data are a set of telephone surveys used to monitor vaccination coverage among children aged 19–35 months and teens 13–17 years, and flu vaccinations for children 6 months–17 years. The surveys began in April 1994 and are sponsored and conducted by the National Center for Immunization and Respiratory Diseases (NCIRD) of the Centers for Disease Control and Prevention (CDC).

The NIS provides current, population-based, state and local area estimates of vaccination coverage among children and teens using a standard survey methodology. The surveys collect data through telephone interviews with parents or guardians in all 50 states, the District of Columbia, and some US territories. Estimates of vaccination coverage are determined for child and teen vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and children and teens are classified as being up to date based on the ACIP-recommended numbers of doses for each vaccine.

Data from the NIS provided information on the following ECAP measures:

- Percent of infants who were ever breastfed and percent of infants who were breastfed at 6 months

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

TECHNICAL NOTES: Data on immunizations were downloaded from <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/6-series/index.html> and <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/7-series/index.html>. Data on breastfeeding were downloaded from <https://healthdata.gov/dataset/nutrition-physical-activity-and-obesity-national-immunization-survey-breastfeeding>.

National Survey of Children's Health (NSCH)

The National Survey of Children's Health (NSCH) examines the physical and emotional health of children aged 0-17 years and is designed to create national and state-level estimates. It is funded and directed by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau. Sampling occurs in a staged approach whereby households are randomly sampled and invited by mail to assess eligibility and willingness to participate.

Data from the NSCH provided information on the following ECAP measure:

- Percent of children aged 0-8 with two or more adverse childhood experiences (aged 0-8)

TECHNICAL NOTES: Public use data files were downloaded from <https://www.census.gov/programs-surveys/nsch/data.html>. Data across multiple years of the redesigned NSCH (2016 and later) were combined to increase the analytic sample size. Documentation for calculating sample weights from multi-year analysis was provided. Combined, in 2016 and 2017, there were 571 responses related to children aged 0-8 in North Carolina. While these data were designed to provide state-level estimates, county-level estimates are not available.

The 2016 NSCH includes nine items on respondents' exposure to adverse childhood experiences (ACEs): hard to get by on family's income (ACE1), parent or guardian divorced or separated (ACE3), parent or guardian died (ACE4), parent or guardian served time in jail (ACE5), saw or heard parents or adults slap, hit, kick punch one another in the home (ACE6), was a victim of violence or witnessed violence in neighborhood (ACE7), lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8), lived with anyone who had a problem with alcohol or drugs (ACE9), and treated or judged unfairly due to race/ethnicity (ACE 10). A response of 'somewhat often' or 'very often' to the question "How often has it been very hard to get by on your family's income?" (ACE1) was coded as an adverse childhood experience. The remaining survey items ACE3-ACE10 are dichotomous with 'Yes/No' response options.

North Carolina Medicaid

North Carolina Medicaid provides data on a variety of health services administered to children and families enrolled in Medicaid and Health Choice in North Carolina. In particular, North Carolina Medicaid provides data on service utilization through the National Center for Quality Assurance's (NCQA) series of measures known as the Health Care Effectiveness Data and Information Set (HEDIS).

Dental Quality Alliance (DQA) utilization of pediatric dental services measure (DQAM or NQF 2511) is a comprehensive measure that captures service utilization of dental services provided by a dentist for children enrolled in Medicaid or Health Choice. The measure is based on dental claims data and includes data for the youngest children, as well as for children with less than 11 months of enrollment.

North Carolina Medicaid provided information on the following ECAP measures:

- Percent of children aged (a) 0-15 months and (b) aged 3-6 years who are enrolled in Medicaid and Health Choice who receive regular well-child visits as recommended

for certain age groups, according to data provided through HEDIS

- Percent of children enrolled in Medicaid or Health Choice aged 0-9 who had at least one dental service during the year: Age <1, Ages 1-2, Ages 3-5, Ages 6-9, according to data provided through DQAM
- Percent of children enrolled in Medicaid receiving developmental screening in first 3 years of life, according to data provided through NC Medicaid Child Core Set
- Percent of children enrolled in Medicaid who turned 6 months of age during the measurement period who have documentation of screening for mother's postpartum depression

TECHNICAL NOTES: These data were provided to the NC Department of Health and Human Services from the Division of Health Benefits (NC Medicaid) in response to a special request for this report. HEDIS measures are currently not available for children who are privately insured or uninsured. The information that is included in HEDIS is determined at a national level and therefore, the available age breakdowns do not perfectly align with the 0-8 population. DQA data are not currently publicly available, and therefore, the data from this source were provided through a special request to the Division of Health Benefits (NC Medicaid).

North Carolina Department of Public Instruction (NCDPI)

Data from the North Carolina Department of Public Instruction (NCDPI) includes aggregate information on students in pre-kindergarten through 12th grade from public schools across the state.

Data from the NCDPI provided information on the following ECAP measures:

- The number of children Pre-K-3rd grade enrolled in NC public schools experiencing homelessness
- The percent of 3rd-8th grade students at or above proficiency on statewide End-of-Grade (EOG) assessment results

- The percent of 3rd graders who are at or above proficiency in reading at the end of grade, according to End-of-Grade (EOG) assessment results
- Percent of students reading or exhibiting pre-literacy behaviors at or above grade level by the end of the year according to mCLASS® Reading 3D™: Kindergarten, 1st grade, 2nd grade, 3rd grade reading.

TECHNICAL NOTES: North Carolina End-of-Grade Tests are designed to assess student performance on competencies specified in the [North Carolina Standard Course of Study](#). mCLASS® Reading 3D™ is a literacy assessment administered by classroom teachers three times a year. The mCLASS data reported in this plan are end of year scores. mCLASS data were provided by NCDPI and analyzed by the North Carolina Education Research Data Center within the Duke Center for Child and Family Policy. Data on the number of homeless children who participate in education comes from data currently collected in PowerSchool in accordance with the McKinney-Vento Act. These data were provided to the North Carolina Department of Health and Human Services for use in this report through a special request to the State Coordinator for the Education of Homeless Children and Youth. Third through eighth graders in North Carolina Public Schools take standardized end-of-grade reading and math tests. Data were downloaded from <http://www.ncpublicschools.org/accountability/reporting/>. For information regarding standards for proficiency (i.e., grade-level proficiency and college and career ready) and converting raw test scores, visit <http://www.ncpublicschools.org/docs/accountability/testing/eoceogtechbrief14.pdf>.

North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

NC DETECT comes from the North Carolina Division of Public Health, Carolina Center for Health Informatics. NC DETECT is available at <http://www.ncdetect.org/>. This tool is designed

to provide timely statewide detection of public health events. Hospitals report information daily to the system to allow for early detection of potential epidemics or public health concerns.

Data from NC DETECT provided information on the following ECAP measures:

- Rate of emergency department visits for asthma care for young children aged 0-8 (rate=number of visits /1,000 children aged 0-8)
- Injury rates documented for children aged 0-8 in the emergency department (rate=number of visits /1,000 children aged 0-8)

TECHNICAL NOTES: These data were provided to the NC Department of Health and Human Services (NCDHHS) for use in this report through a special request to the Chronic Disease and Injury Section of the NCDHHS, Division of Public Health. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change.

The ICD9 and ICD10 codes for asthma used in this report are ICD9 493 and ICD10 J45. Case definitions for injury in this report were based on the [CDC Injury Matrix](#) for injury morbidity and mortality data.

NC DETECT 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 the Division of Public Health (DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between 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 DPH, UNC NC DETECT Team and NC Hospital Association.” The NC DETECT Data Oversight Committee (DOC) includes representatives from the DPH, UNC NC DETECT Team and NC Hospital Association.

North Carolina Early Intervention Branch

The North Carolina Early Intervention Branch (NCEI) is a part of the NCDHHS, Division of Public Health. It is the lead agency for the NC Infant-Toddler Program (ITP). The Infant-Toddler Program provides supports and services for families and their children, birth to three who have special needs.

Data from the NC Infant-Toddler Program (ITP) provided information on the following ECAP measures:

- Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data, among children in the NC Infant-Toddler Program (ITP)
- Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills and acquisition and use of knowledge and skills, among children in the NC Infant-Toddler Program (ITP)

TECHNICAL NOTES: These data were provided to the NC Department of Health and Human Services for use in this report through a special request to the North Carolina Early Intervention Branch. Data on improved positive social-emotional skills and acquisition and use of knowledge and skills are designed to examine whether young children with disabilities are making progress toward age level expectations in different outcome areas. Specifically, the data come from Summary Statement I of the

early childhood outcomes data collection. The definition of Summary Statement I is: “of those children who entered the program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they exited the program”.

North Carolina Lead Surveillance System (NC LEAD)

NC LEAD is a module of the North Carolina Electronic Disease Surveillance System (NCEdSS), an initiative of the Centers for Disease Control and Prevention to promote states’ use of web-based surveillance and reporting systems.

Data from NC LEAD provided information on the following ECAP measures:

- Percent of children ages 1 and 2 receiving lead screening
- Percent of young children tested with confirmed elevated blood lead levels

TECHNICAL NOTES: The data were provided to the NC Department of Health and Human Services for use in this report through a special request to the Children’s Environmental Health division of the North Carolina Division of Public Health. “Number tested” is an unduplicated count of children tested for lead poisoning within the calendar year. “Percent tested” is the number of children tested divided by the target population. Starting July 5, 2012, the CDC lowered its reference value to 5 µg/dL; therefore, surveillance tables for 2013 and later include testing and confirmation at ≥5 µg/dL. Starting in 2013, children are counted as being “tested” for lead poisoning in successive years until they are confirmed to have a lead level ≥5 micrograms per deciliter (µg/dL). “Confirmed” lead levels are based on the confirmation date and are classified according to the highest level confirmed during the calendar year. The categories “Confirmed 5-9,” “Confirmed 10-19,” and “Confirmed ≥20” are mutually exclusive. “Percent Confirmed” is the number of children with a confirmed test (≥5 µg/dL) divided by the number tested.

North Carolina Families Accessing Services Through Technology (NC FAST)

North Carolina Families Accessing Services Through Technology (NC FAST) is designed to improve the way the North Carolina Department of Health and Human Services and local departments of social services work together by improving and streamlining application processes, providing better case management capabilities across services, and incorporating a new process for collecting and assuring time and attendance within the subsidized child care program.

Data from NC FAST provided information on the following ECAP measures:

- Rate of children in North Carolina who are substantiated victims of maltreatment*; Rates are calculated separately for children aged 0-3, 4-5 and 6-8.
- Median number of days it takes for a child in the foster care system to be reunified with his or her family. This metric is calculated separately for children aged 0-3, 4-5, and 6-8.
- Median number of days it takes for a child in the foster care system to be adopted. This metric is calculated separately for children aged 0-3, 4-5, and 6-8.

TECHNICAL NOTES: Information on the number of substantiated reports of child maltreatment, days until reunification, and days until adoption came from the Division of Social Services Central Registry and NC FAST.

*Substantiated victim indicates that the child was the subject of a substantiated report of child maltreatment. It is critical to note the limitations of these data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment.

North Carolina Head Start State Collaboration Office

The Office of Head Start (OHS) Program Information Report (PIR) provides data on the

services, staff, children, and families served by Head Start and Early Head Start programs across the nation. This includes the number of children enrolled in Head Start and Early Head Start programs by state.

Data from the Office of Head Start provided information on the following ECAP measure:

- Percent of eligible children enrolled in Head Start: Ages (a) 0-2 and (b) 3-5

TECHNICAL NOTES: Information from the PIR regarding the numbers of children enrolled in Head Start was downloaded from the Annie E. Casey website: <https://datacenter.kidscount.org/data/tables/9786-head-start-enrollment-by-age-group#detailed/>. The number of children who were eligible for Head Start was estimated from the American Community Survey as the percent of children aged 0-2 and 3-5, separately for each year.

North Carolina Preschool Exceptional Children Program

The Department of Public Instruction's Preschool Exceptional Children Program supports the development of North Carolina's preschool-age children with special needs and their families. The program supports a wide number of activities, such as early learning programs, in a wide range of settings, including homes and communities. In order to accomplish this goal, the Preschool Exceptional Children Program must maintain strong collaborations with a variety of partners. In collaboration with the North Carolina Early Learning Network, NC's Preschool Exceptional Children Program provides state and local data on the Preschool Exceptional Children Program on an annual basis.

Data from NC's Preschool Exceptional Children Program and NC-ELN provided information on the following ECAP measures:

- Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data, among children in the NC Preschool Exceptional Children Program

- Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills and acquisition and use of knowledge and skills among children in the NC Preschool Exceptional Children Program

TECHNICAL NOTES: Data were downloaded from <https://ncln.fpg.unc.edu/state-data>. Data on improved positive social-emotional skills and acquisition and use of knowledge and skills are designed to examine whether young children with disabilities are making progress toward age level expectations in different outcome areas. Specifically, the data come from Summary Statement I of the early childhood outcomes data collection. The definition of Summary Statement I is: “of those children who entered the program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they exited the program”.

North Carolina State Center for Health Statistics (NC SCHS)

The State Center for Health Statistics compiles detailed information on a wide range of survey data and vital statistics data, including births and fetal deaths. The Basic Automated Birth Yearbook (The Baby Book), contains statewide and county tables for live births by selected infant and maternal characteristics. This information is available for all births and deaths in North Carolina and reports are disaggregated by year, race/ethnicity, and county.

Data from the NC SCHS provided information on the following ECAP measures:

- Infant mortality rate [rate = (number of deaths divided by the number births) *1000]
- Percent of children born with low birth weight (<2,500 grams)

TECHNICAL NOTES: Data were downloaded from <https://schs.dph.ncdhhs.gov/interactive/query/>. In addition to the measures listed above, the NC SCHS also houses, analyzes, and reports state data for survey data included in the plan, including the BRFSS and PRAMS.

Nutrition Services Branch, Division of Public Health

The Nutrition Services Branch within the Division of Public Health of the North Carolina Department of Health and Human Services works to promote healthy nutrition among infants, children and women. The branch works at the state and local levels to prevent nutritional risk factors and improve health outcomes. The Special Supplemental Nutrition Program for Women, Infants, and Children is housed within the Public Health Nutrition Unit within the Nutrition Services Branch.

Data from the Nutrition Services Branch provided information on the following ECAP measure:

- Percent of eligible families receiving state and federal supplemental food/nutrition assistance benefits: Women, Infants, and Children (WIC)

TECHNICAL NOTES: NC FAST provides information on the number of families who receive supplemental food and nutrition assistance benefits. The population of families who are eligible for WIC includes pregnant women and children aged 0-4 in families with incomes 185% less than the federal poverty limit. The number of families eligible for WIC was estimated from information including the number of live births and fetal deaths (from the North Carolina Vital Statistics) and the population aged 0-4 (from the NC Department of Administration, Office of Management and Budget), and the percent of the population with income less than 185% of poverty (from the U.S. Department of Agriculture, decennial census data).

Pediatric Nutrition Surveillance System (PedNSS)

The Pediatric Nutrition Surveillance System (PedNSS) is a child-based public health surveillance system that monitors the nutritional status of low income children in federally funded maternal and child health programs. Data on birthweight, short stature, underweight, overweight, anemia, and breastfeeding are collected for children who visit public health clinics for routine care and

nutrition services, including education and supplemental food. Data are collected at the clinic level, and then aggregated at the state level and submitted to the Centers for Disease Control and Prevention (CDC) for analysis.

Data from the PedNSS provided information on the following ECAP measure:

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

TECHNICAL NOTES: Data were downloaded from <https://www.nutritionnc.com/nutrsurv.htm>. County-level data for 2014 were not available. Prior to 2014, PedNSS was formerly known as North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS).

Pregnancy Risk Assessment Monitoring System (PRAMS)

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a sample of women who have recently had a live birth. The sample is drawn from the state's birth certificate file. Each state that participates in the PRAMS samples between 1,300 and 3,400 women per year. Women from some groups are oversampled to ensure sufficient numbers to learn more about higher risk populations. Women selected for participation are first contacted by mail, but if not responsive following repeated mailing attempts, women are then called and asked to complete a telephone interview. Standardized data collection procedures and instruments allow comparisons between states.

Data from the PRAMS provided information on the following ECAP measure:

- Percent of mothers indicating their pregnancy was intended

TECHNICAL NOTES: Because the sample size within the state is relatively small, confidence intervals for point estimates tend to be large when the data are disaggregated by subgroups. County-level estimates are not possible from this data source. Technical documentation for the PRAMS can be found <https://www.cdc.gov/prams/methodology.htm>.

Data were downloaded from <https://schs.dph.ncdhhs.gov/data/prams/survey.htm>.

US Department of Health and Human Services, Administration for Children and Families

The Administration for Children and Families of the US Department of Health and Human Services produces a report entitled "Early Childhood Homelessness in the United States: 50-State Profile." This report combines publicly available data from the US Census Bureau, the US Department of Education, the US Department of Health and Human Services, and the Annie E. Casey Foundation.

Data from the Administration for Children and Families provided information on the following ECAP measure:

- The number of children across North Carolina under age six experiencing homelessness

TECHNICAL NOTES: Early Childhood Homelessness in the United States: 50-State Profile report is available here: https://www.acf.hhs.gov/sites/default/files/ece/epfp_50_state_profiles_6_15_17_508.pdf.

Calculations were based on methodology established by Bassuk, et al. (2014) and 2015 data from US Department of Education and US Department of Housing and Urban Development (See citation below). These calculations include using data from (a) the US Department of Education McKinney-Vento Education Data on the count of homeless children in US public schools and (b) population estimates by age group and sex from the US Census data.

Bassuk, E.L., DeCandia, C.J., Beach, C.A., & Berman, F. (2014). America's youngest outcasts: A report card on child homelessness. Newton Centre, MA: American Institutes for Research. <https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>