



BUILDING  
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BEGINNINGS

## Building Better Beginnings for Maryland's Children

### *Maryland's Prenatal-to-Three Equity Report*



Alexis Campbell, MSPH, Felicia Jones, EdD,  
Laura Weeldreyer, MPA, and Cynthia Minkovitz, MD, MPP.

# Acknowledgements

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# Introduction

Maryland's Building Better Beginnings (B3) initiative aims to expand high-quality services available for expectant families and families with children birth to age 3 who are living at or below 200% of the Federal Poverty Level. The initiative focuses on increasing receipt of services in three broad areas: high-quality prenatal and early childhood care and services to support health and development (Healthy Beginnings); comprehensive services that promote maternal health, infant and toddler development, and family well-being (Supported Families); and high quality, affordable infant-toddler child care and early learning experiences (High-Quality Early Care and Learning). The initiative also focuses on systems and infrastructure development to ensure a sustainable prenatal-to-three continuum of care.

B3 is a collaborative initiative generously supported by the Pritzker Children's Initiative (PCI) and under the leadership of Maryland Family Network. Our work is conducted in partnership with Key Leaders from three state agencies that oversee early childhood programs, supports, and initiatives—the Maryland State Department of Education, the Maryland Department of Health, and the Maryland Department of Human Services, along with local agencies, nonprofit organizations, and academic institutions (see Appendix A). The Key Leaders leverage their early childhood expertise and diverse perspectives from around the state, on behalf of B3, including public policy, program, service delivery, and research.

Equity is a core value for the B3 initiative and should be a core value in the prenatal-to-three system of care. We acknowledge that certain populations—whether defined by socioeconomic status, language, ability, family structure, gender, race/ethnicity, geography, or other social or cultural characteristics—have

historically been and are currently treated unjustly.<sup>1</sup> We define equity as the “just and fair inclusion into a [community] in which all can participate” and thrive.<sup>2</sup> Achieving equity requires elimination of systemic barriers (e.g., poverty, racism, discrimination) and their consequences such as lack of access to quality health, education, and family supports; and disparities.<sup>3</sup> In an equitable prenatal-to-three system of care, all expectant families and those with young children “receive necessary supports in a timely fashion so they can develop their full ... potential.”<sup>1</sup>

B3 aspires to lead with equity so that we “help children thrive by recognizing and building on each child's unique set of individual and family strengths, cultural background, home language, abilities, and experiences.”<sup>4</sup> Such an approach prioritizes the delivery of high-quality programs and services for *all* expectant families and those with young children, birth to three.<sup>1</sup> Although B3's vision is for *all* expectant families and families with young children to thrive, we focus on meeting the needs and wants of Maryland families who have been historically excluded from programs, policies, and other opportunities. These exclusions are due to discrimination, systemic racism, and unequal access to services, programs, and supports. Our approach will offer the largest gains for the entire prenatal-to-three population.

In order to promote policies and practices that advance equity, prenatal-to-three initiatives, including B3, must identify and address disparities. Disparities are disproportionate differences in outcomes and receipt of services among one population subgroup relative to another subgroup, which is usually more advantaged. Subgroups can be defined by multiple characteristics, such as race or ethnicity, geography, and socioeconomic

status.<sup>5</sup> Disparities also disproportionately impact subgroups of children and families who historically have been treated unjustly and discriminated against in health and education systems (e.g., Black/African American, Indigenous, and people of color; rural populations; those living in poverty). An equitable early start is essential because early disparities decrease the likelihood that children and families reach their full potential. While some children and families overcome early disparities, equitable early life experiences are formative inputs to an adult's educational attainment, health status, and economic self-sufficiency.<sup>6,7,8</sup>

This inaugural report characterizes the extent to which Maryland has achieved an

equitable prenatal-to-three system of care. The report reviews health and education outcomes and receipt of services, identifies strengths and gaps in data available to measure equity, and makes recommendations to advance equity for Maryland's prenatal-to-three population. Achieving equity is an iterative process, and we welcome your feedback. Our work intends to inform the efforts of the B3 initiative and other prenatal-to-three efforts across the state. We also recognize that ongoing efforts are needed to fully establish equity as a core value, to embed equity in the design of policies and programs, and to monitor our progress. We hope that policymakers, advocates, philanthropic leaders, and other stakeholders use this report and future reports as resources to promote equitable program and service delivery in Maryland.



## Methods

For Maryland's B3 initiative, developing the state's inaugural *Prenatal-to-Three Equity Report* is essential to promoting equity in three broad domains—Healthy Beginnings, Supported Families, and High-Quality Early Care and Learning. The corresponding services related to these areas include prenatal and early childhood care and services to support health and development; services that promote maternal health, infant and toddler development, and family well-being; and infant-toddler child care and early learning experiences.

Planning activities that preceded the launch of the B3 initiative informed the selection of data indicators for this report. In addition, racial and rural equity reports in other states and literature on high-quality early childhood experiences and programs that support equitable outcomes also informed our work.<sup>9,10,11</sup> The B3 initiative addresses the needs of populations historically underserved or categorized as under resourced (e.g., families and children experiencing poverty, children of color, children living in rural/urban communities, and children with disabilities and developmental delays).

### Data Collection

We initiated data collection in August 2020. Data were collected through public sources (e.g., state and federal data) and data requests (e.g., program services) in collaboration with B3's Key Leaders and other partners across state agencies, universities, and nonprofit organizations. Data collection and analysis continued through May 2021. An equity workgroup, a subset of the Key Leaders, reviewed the draft report and provided feedback followed by a review of the entire group of Key Leaders (see Appendix A).

### Indicators

Table 1 summarizes the 24 indicators, their definitions, and data sources. Indicators are

selected for inclusion in this report based on annual data availability, relevance to large numbers of families, and their characterization of Maryland's prenatal-to-three population, health, and education outcomes and services; they are by no means exhaustive. For example, additional attributes describe populations (e.g., employment, gender), and families may seek additional services (e.g., adult education, doula services). Throughout the report, data are disaggregated by race/ethnicity and jurisdiction when available. Disaggregated data can illuminate gaps in service delivery and inform the next steps to address inequities and to deconstruct barriers for families and children most in need. Indicators are described below for population, health and education outcomes, and service indicators.

Three **population** indicators characterize Maryland children under age 3: population of children under age 3, population under age 5 by race and ethnicity, and population under 6 living in poverty. Children's ages for these indicators vary based on the need for larger numbers to estimate race/ethnicity within jurisdictions and based on readily available data.

Four **health indicators** (late or no prenatal care, low birth weight, preterm birth, and infant mortality) and one **education indicator** (kindergarten readiness) are included. Assessments of kindergarten readiness reflect, in part, trajectories of learning, health, and development established in the first three years.

The six **Healthy Beginnings** indicators encompass high-quality prenatal and early childhood care and services to support health and development, especially for low-income families. These indicators relate to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Maryland Infants and Toddlers Program (MITP), Infant and Early Childhood Mental Health Consultation

(IECMHC), and Medicaid/CHIP. Each service has one indicator except for MITP, which has three.

The seven **Supported Families** service indicators focus on programs that value strong and positive relationships and ensure that parents, infants, and toddlers receive a comprehensive set of services that promote maternal health, infant and toddler development, and family well-being. Services are provided at Judy Center Early Learning Hubs (Judy Centers) and Family Support Centers and through home visiting, the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families, and Child Protective Services (CPS). Each service has one indicator except for CPS which has two.

Three **High-Quality Early Care and Learning** indicators prioritize high quality, affordable infant-toddler child care and early learning experiences for low-income families. The Maryland EXCELS (Maryland’s Quality Rating Improvement System) ratings for children enrolled in the Child Care Scholarship Program are highlighted.<sup>a</sup> Additional indicators include child care costs and enrollment in Early Head Start. Thus, the three indicators support children receiving services at child care centers, family child care homes, and Early Head Start programs.

### Reporting by Geography and Race/Ethnicity

Throughout the report, indicators are reported at the state level and for each of Maryland’s 24 jurisdictions except for infant and early childhood mental health consultation (grouped jurisdictions), Judy Centers (state level only), Family Support Centers (regions), home visiting (state level only), and child care costs (not applicable; see Appendix C). Data are



disaggregated by race/ethnicity within each jurisdiction when data are available, and sample sizes are sufficiently large. Race/ethnicity is reported at the grouped jurisdiction level (infant and early childhood mental health consultation), regional (family support centers), or state level (Judy Centers, home visiting, Early Head Start) for selected indicators. Due to federal prohibitions on making the race/ethnicity question mandatory on Medicaid applications, Medicaid race and ethnicity data are unreliable and therefore not included in this report.<sup>12b</sup> Adapting the approach from the State of Babies 2021 report,<sup>13</sup> we report the experience of all prenatal-to-three populations, data permitting. For some indicators, we provide estimates relative to state averages, when available. For other indicators, we provide the upper and lower bounds of the range. Reporting indicators by race/ethnicity and by jurisdiction does not suggest greater or lesser importance of any subgroup but, rather, intends to highlight the variability in indicators.

<sup>a</sup> Excludes children receiving informal CCS vouchers for care provided by a relative or a non-relative

<sup>b</sup> Correspondence with Maryland Medicaid, 12/08/2020

**Table 1: Data Indicators, Definitions, and Sources**

INDICATOR	DEFINITION	DATA SOURCE(S)
<b>Population</b>		
<b>Population of Children Under Age 3</b>	Total population of children under age 3 living in Maryland	US Census Bureau, 2019 American Community Survey (ACS) 5-year estimates, B09001
<b>Population of Children Under Age 5 by Race and Ethnicity</b>	Total population of children under age 5, disaggregated by race/ethnicity, living in Maryland	US Census Bureau, 2019 ACS 5-year estimates, B01001
<b>Population of Children Under 6 Living in Poverty</b>	Total population of children under age 6 living in poverty in Maryland	US Census Bureau, 2019 ACS 5-year estimates, B17020
<b>Health and Education</b>		
<b>Late or No Prenatal Care</b>	Percent of women who do not receive prenatal care until third trimester or who have no prenatal care	Maryland Department of Health, Maryland Vital Statistics Annual Report 2019
<b>Low Birth Weight</b>	Percent of infants born weighing less than 2,500 g (5lbs 8oz)	Maryland Department of Health, Maryland Vital Statistics Annual Report 2019
<b>Preterm Birth</b>	Percent of infants born before 37 weeks gestation	Maryland Department of Health, Maryland Vital Statistics Annual Report 2019
<b>Infant Mortality</b>	Number of infant deaths (deaths before first birthday) for every 1,000 live births	Maryland Department of Health, Maryland Vital Statistics Annual Report 2019
<b>Kindergarten Readiness</b>	Percent of children demonstrating readiness on the Kindergarten Readiness Assessment	Maryland State Department of Education, contracted by Ready at Five, 2019-2020 Kindergarten Readiness Assessment.
<b>Healthy Beginnings</b>		
<b>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</b>	Number of pregnant women, postpartum women, and children under 3 receiving WIC benefits	Maryland WIC, 2019
<b>Maryland Infants and Toddlers Program (MITP)</b> 1. Annual Child Count, 2. Services Delivered in a Timely Manner, and 3. Family Outcomes	1. Number of children under 3 served by MITP 2. Number and percent of children under 3 receiving services in a timely manner 3. Family outcomes—percent of families reporting they know their rights, can communicate child’s needs and can help their child develop and learn	Maryland State Department of Education, Division of Early Intervention and Special Education Services, 1) 2020, 2) 2019, 3) 2018
<b>Infant and Early Childhood Mental Health Consultation (IECMHC)</b>	Number and percent of children under 3 receiving services from IECMHC	Correspondence with Co-Director of Parent, Infant, Early Childhood (PIEC) Program. The Institute for Innovation and Implementation, University of Maryland School of Social Work, 12.09.2020

Continued on next page

**Table 1: Data Indicators, Definitions, and Sources (cont.)**

INDICATOR	DEFINITION	DATA SOURCE(S)
<b>Healthy Beginnings</b>		
<b>Medicaid and CHIP Enrollment</b>	Number of pregnant women and children under 3 enrolled in Medicaid and CHIP	The Hilltop Institute, University of Maryland, Baltimore County for the Maryland Department of Health, received 12.23.2020
<b>Supported Families</b>		
<b>Judy Center Early Learning Hubs (Judy Centers)</b>	Number of children up to age 3 receiving services at Judy Centers; percent of children age 5 and under receiving services at Judy Centers (for race/ethnicity)	Correspondence with Maryland State Department of Education, 10.19.2020
<b>Family Support Centers</b>	Number and percent of families and children under 3 served by Family Support Centers	Maryland Family Network (MFN), 2019
<b>Home Visiting</b>	Number and percent of children and pregnant women served by home visiting programs reporting data in MD	Report on the Implementation and Outcomes of State-Funded Home Visiting Programs in Maryland. Maryland Governor's Office for Children, 2019
<b>Supplemental Nutrition Assistance Program (SNAP)</b>	Number of households with children 0-3 served by SNAP	Maryland Department of Human Services, 2019
<b>Temporary Cash Assistance/ Temporary Assistance to Needy Families (TCA/TANF)</b>	Number of households with children 0-3 served by TCA	Maryland Department of Human Services, 2019
<b>Child Protective Services (CPS) Referrals</b>	Number and percent of households with a child under 3 referred to CPS	Maryland Department of Human Services, 2019
<b>Substance Exposed Newborn (SEN) Referrals</b>	Number of SENs referred to Social Services, percent of referrals receiving a service plan and in-home services, and placed in out of home placement	Maryland Department of Human Services, 2019
<b>High-Quality Early Care and Learning</b>		
<b>Child Care Scholarship (CCS) Program</b>	Number of children under 3 receiving CCS by EXCELS rating by age <sup>c</sup>	Maryland State Department of Education, FY 2020
<b>Child Care Cost</b>	Estimated child care cost and child care cost as a percentage of median income	Maryland Family Network. Child Care Demographics Report, 2020
<b>Early Head Start</b>	Number of EHS slots available for children 0-3	Correspondence with Office of Head Start Collaboration Director, Maryland State Department of Education, 10.14.2020. FY 2021

<sup>c</sup> Excludes children receiving informal CCS vouchers for care provided by a relative or a non-relative.

# Results

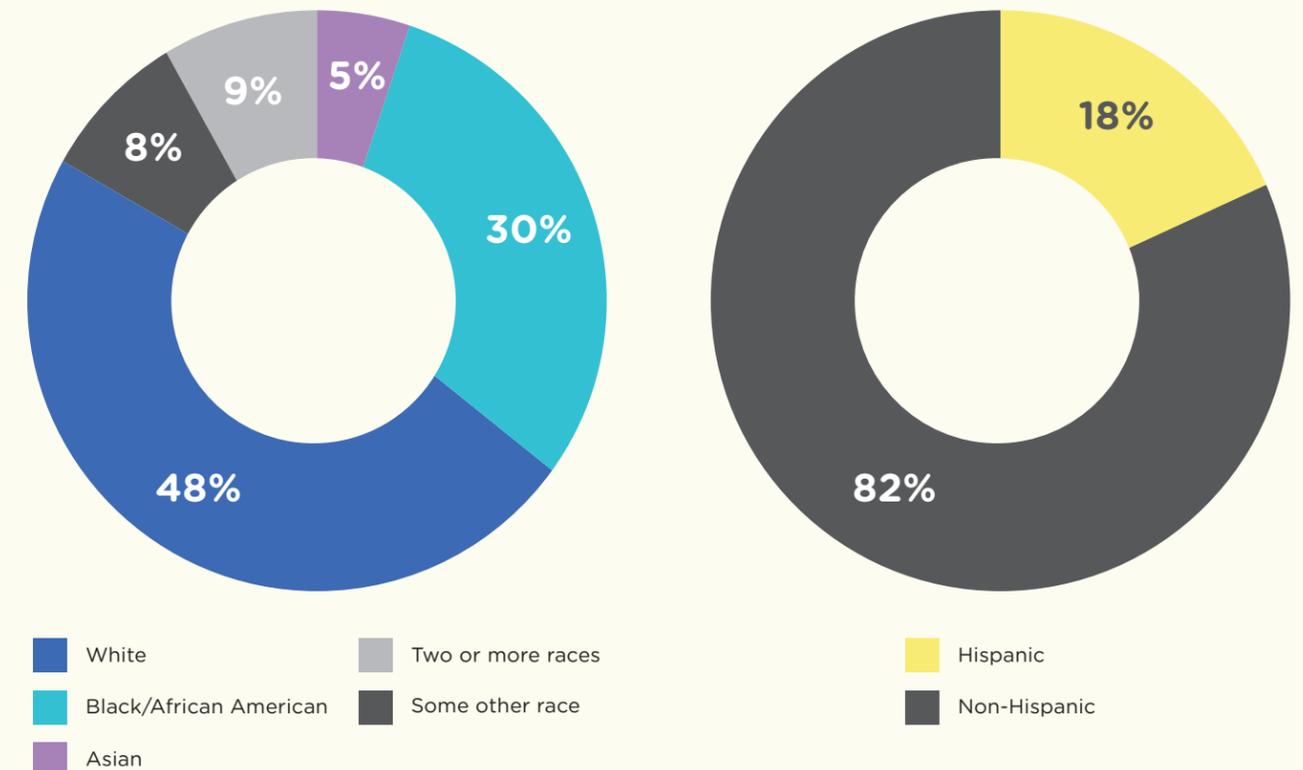
## Maryland's Young Children: A Population Overview

This section presents population estimates for Maryland's youngest children, with data disaggregated by race/ethnicity, poverty, and jurisdiction when available. Approximately 214,079 children under the age of three live across Maryland's 24 jurisdictions, ranging from 429 children in Kent County to 38,758 in Montgomery County (Appendix D, Table 1).

## Race and Ethnicity

Maryland's young children are racially, ethnically, and culturally diverse. Among the 364,868 children under 5, the majority (52%) of children in the state are Black or African American (30%), two or more races (9%), some other race (8%), Asian (5%), American Indian or Alaskan Native (<1%), and Native Hawaiian or Other Pacific Islander (<1%), with the remaining 48% being white. Approximately 18% of children

**Figure 1: Race and Ethnicity of Children Under 5 in Maryland, 2019<sup>d</sup>**



<sup>d</sup> Percentages of American Indian/Alaskan Native and Native Hawaiian/Other Pacific Islander are less than 1% and do not appear on these figures.

under 5 are Hispanic or Latino. (Appendix D, Table 2; Figure 1). The distribution of race/ethnicity also varies across jurisdictions.

Of the 429,426 children under 6, about one in eight Maryland children (12.9%) live in households with incomes below the federal poverty level (Appendix D, Table 3). Although Maryland's average for children living below poverty is far below the national average (20.2%), percentages of children living in poverty vary across jurisdictions. Seven Maryland jurisdictions have child poverty rates exceeding the national average (Allegany, Baltimore City, Caroline, Dorchester, Somerset, Washington, and Wicomico). Somerset (36.2%), Caroline (31.2%), and Baltimore City (30.3%) have the highest percentages of children living in poverty, while Howard (4.8%), Calvert (5.2%), and Carroll (6.0%) counties have the lowest percentages of children living in poverty.

Percentages of children living in poverty also vary by race and ethnicity. Figure 3 presents the variation by race and ethnicity, in order from lowest percentage of children living in poverty (Native Hawaiian/Other Pacific Islander, 7.3%) to highest percentage (Black/African American, 21.1%).

### Health and Education Outcomes

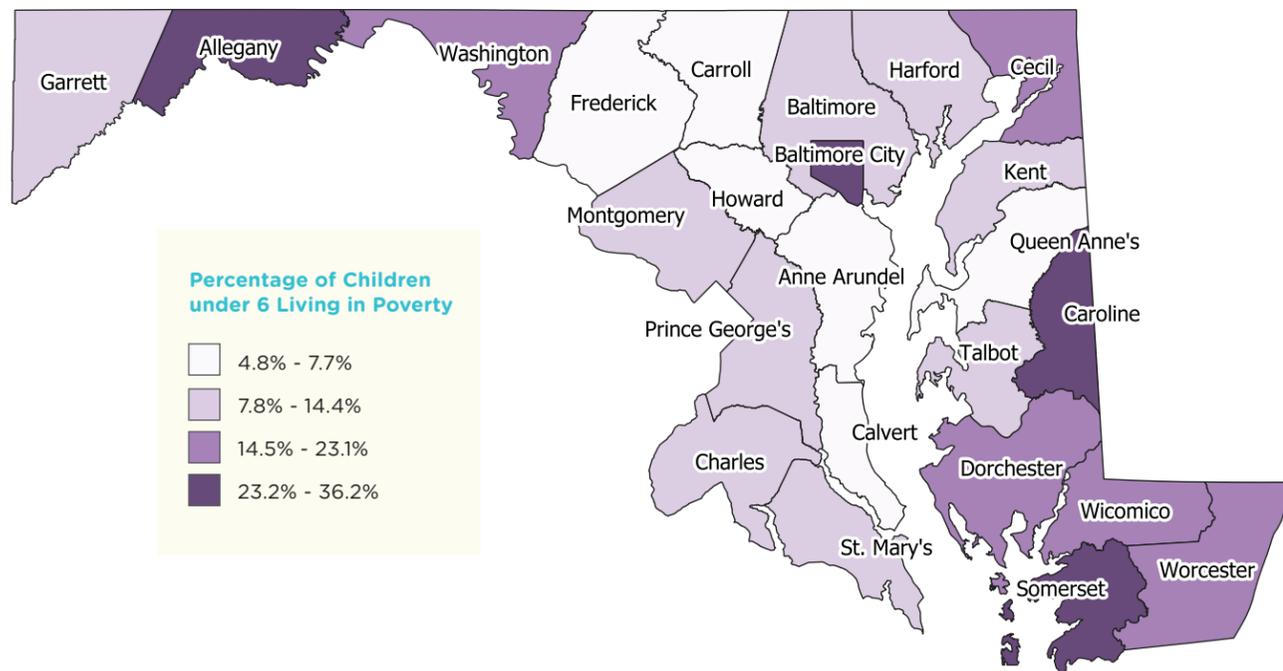
The report highlights four health (prenatal care, low birth weight, preterm birth, and infant mortality) and one education (kindergarten readiness) outcome that are critical to the well-being of the prenatal-to-three population.

### Birth Outcomes

Birth outcomes (i.e., prenatal care, low birth weight, preterm birth, and infant mortality) are essential measures of maternal and infant well-being. Maryland fares worse than the national averages for percentage of births to women receiving late or

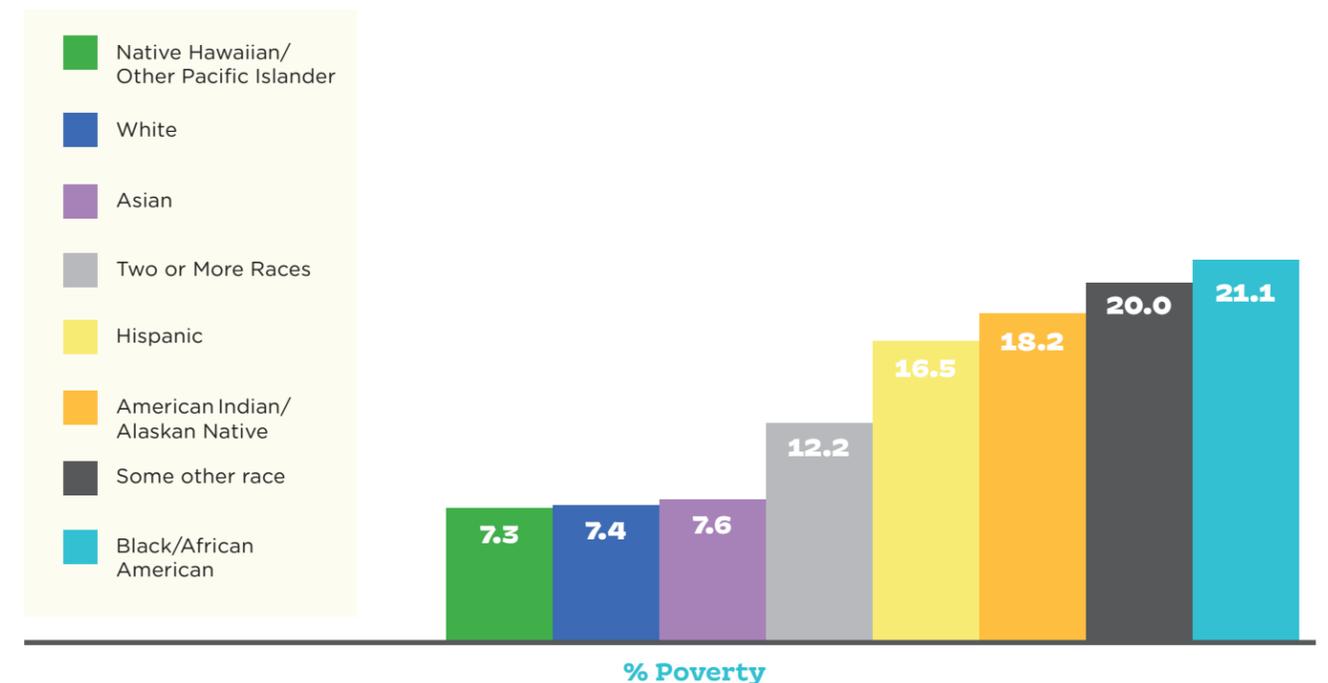


**Figure 2: Maryland Children Under Age 6 Living in Poverty, 2015-2019<sup>e</sup>**



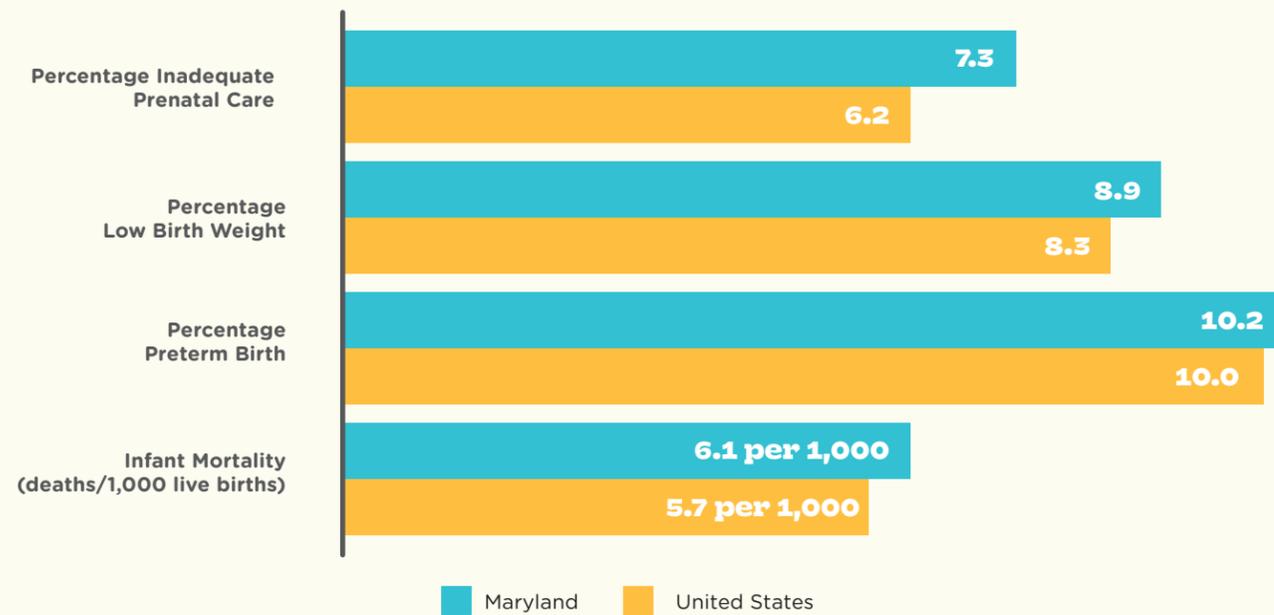
<sup>e</sup> Source: Poverty Status in the Past 12 Months by Age. US Census Bureau, 2019 American Community Survey 5-Year Estimates. Table B17020.

**Figure 3: Maryland Children Under Age 6 Living in Poverty, by Race and Ethnicity, 2015-2019<sup>f</sup>**



<sup>f</sup> Source: Poverty Status in the Past 12 Months by Age. US Census Bureau, 2019 American Community Survey 5-Year Estimates. Table B17020.

**Figure 4: Select Birth Outcomes for Maryland and the United States, 2018<sup>9</sup>**



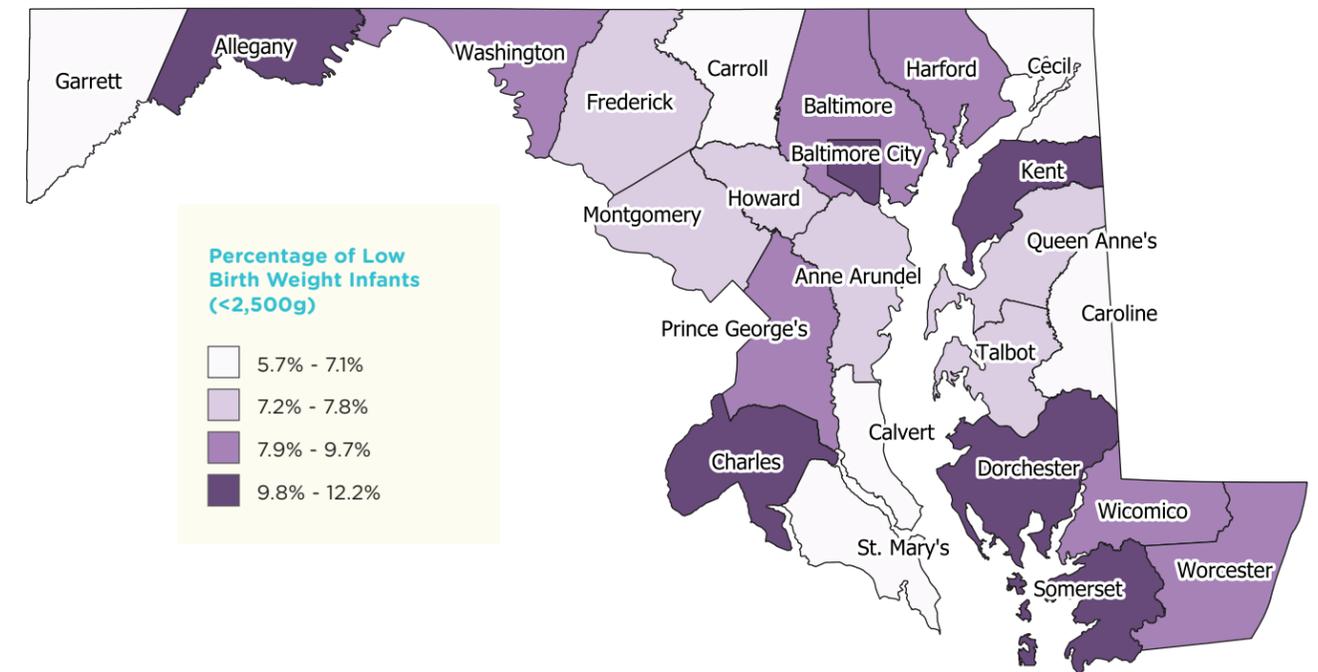
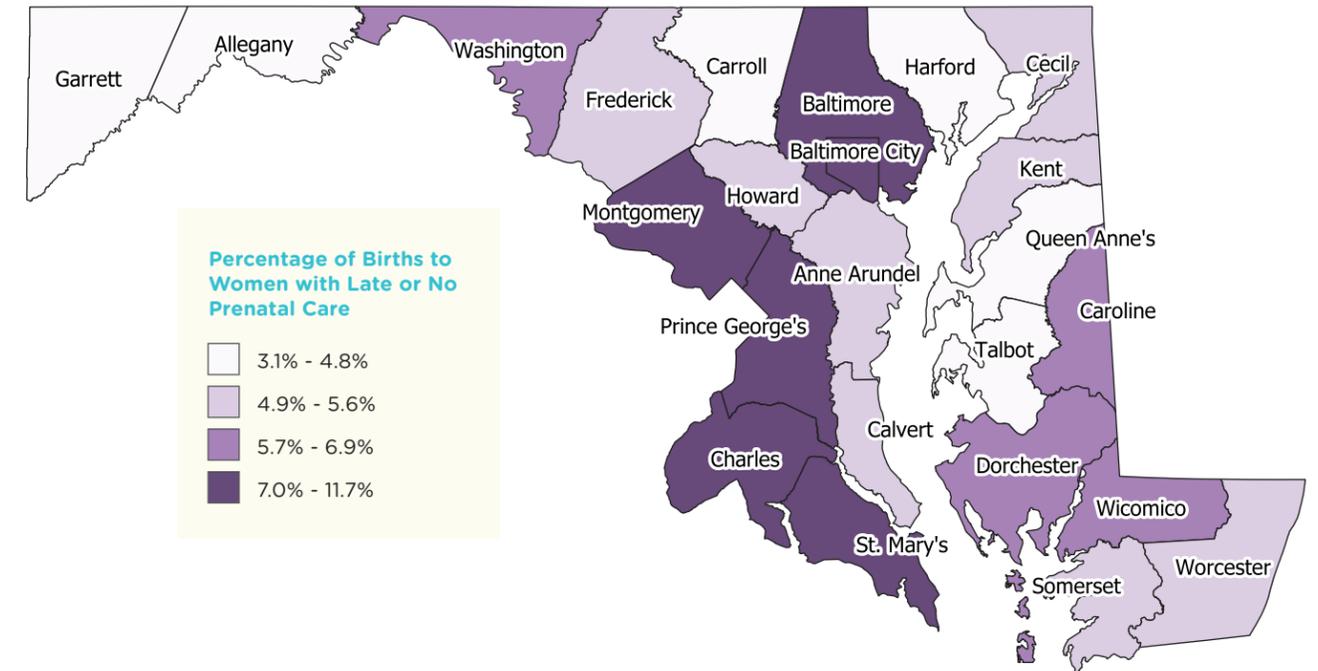
no prenatal care, low birth weight babies, and infant mortality. However, Maryland’s preterm birth rate is comparable to the national preterm birth rate (Figure 4).<sup>14,15,16</sup>

Birth outcomes vary widely across Maryland’s 24 jurisdictions. Baltimore City, Charles County, and Prince George’s county have birth outcomes consistently worse than both state and national averages. Calvert, Frederick, and Queen Anne’s Counties have birth outcomes consistently better than state and national averages. Baltimore City has the highest percentages of low birth weight and preterm birth infants in the state. Garrett county has the lowest percentages of births to women receiving late or no prenatal care and low birth weight infants. Additionally, many jurisdictions have variable patterns; these jurisdictions perform better on some indicators and perform worse on others when compared to the state average. For example, although Garrett county

has the most favorable indicators for prenatal care and low birth weight, the county has a five-year infant mortality rate (7.1 deaths per 1,000 live births) that exceeds the state (6.1 per 1,000 live births) and national (5.7 deaths per 1,000 live births) averages (Appendix D, Table 4). Figure 5 illustrates the variation across all 24 Maryland jurisdictions, for each of the four birth outcomes.

For birth outcomes in Maryland, indicators for Black, Indigenous, and people of color are far worse than those reported statewide and nationally. Birth outcomes for Black (non-Hispanic) women in Maryland are consistently worse than those reported for all women combined (average for all races; Figure 6). Additionally, American Indian (non-Hispanic) and Asian or Pacific Islander (non-Hispanic) women in Maryland have higher percentages of low birth weight infants (10.8% and 8.8%, respectively), and Hispanic women have the

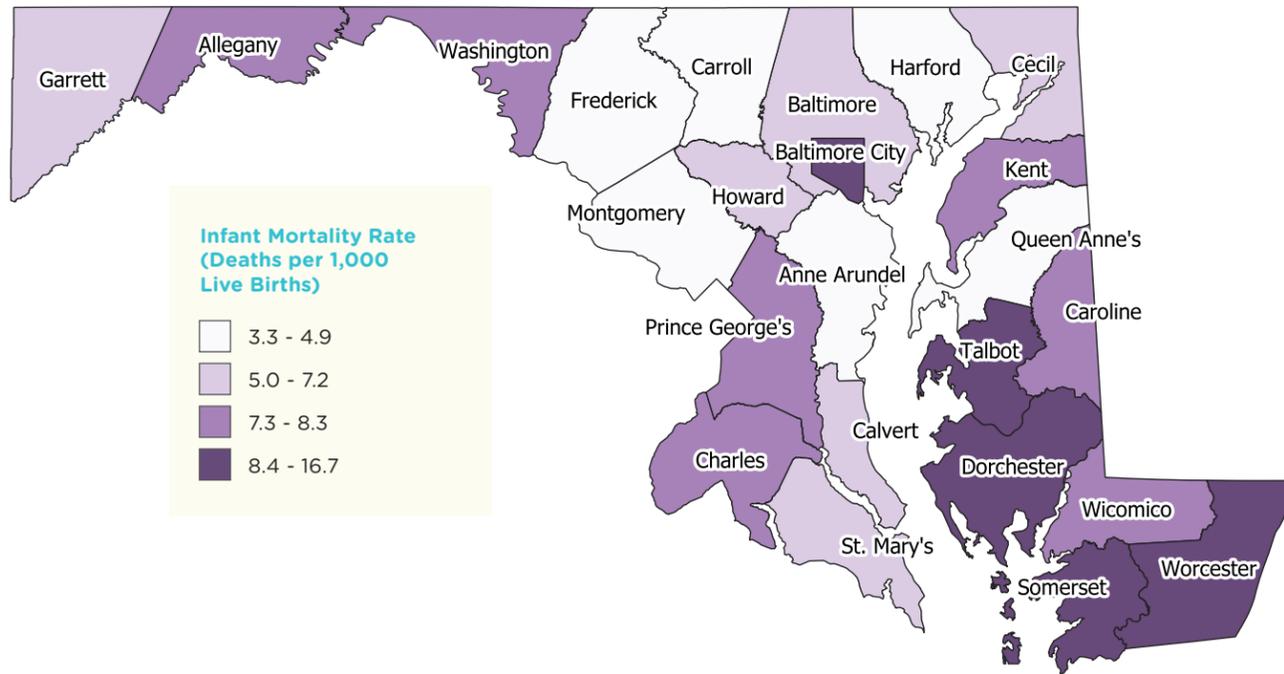
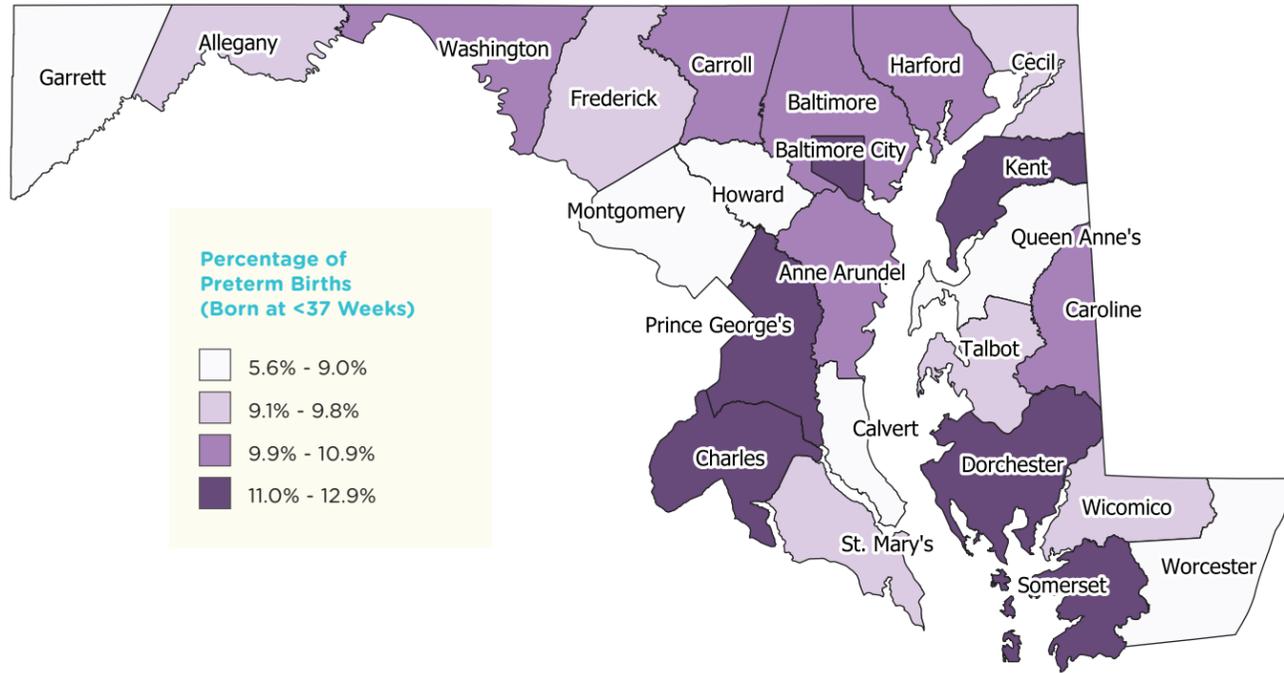
**Figure 5: Birth Outcomes by Jurisdiction for Prenatal Care, Low Birth Weight, and Preterm Birth, 2019, and Infant Mortality, 2015-2019.**



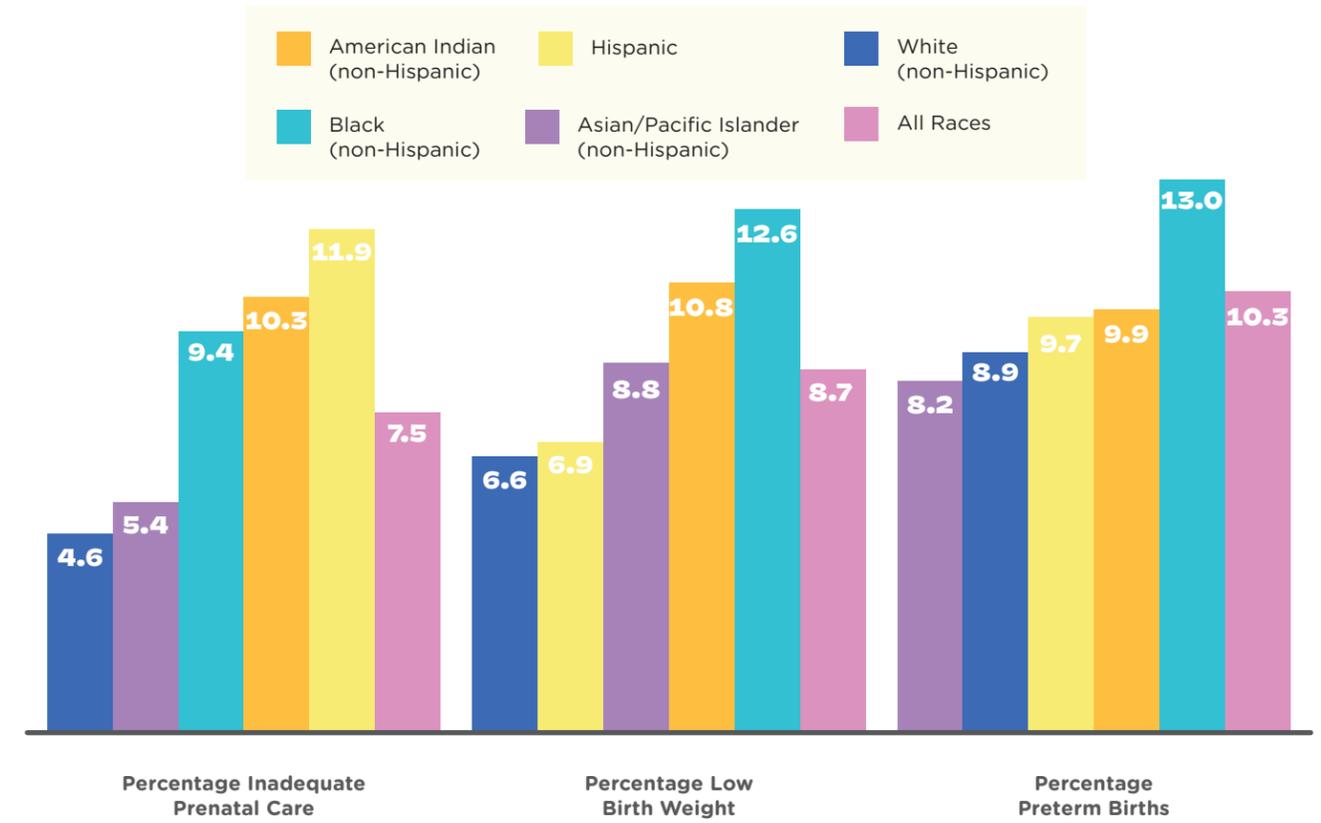
<sup>9</sup> 2018 data used since 2019 data for inadequate prenatal care and low birth weight not available.

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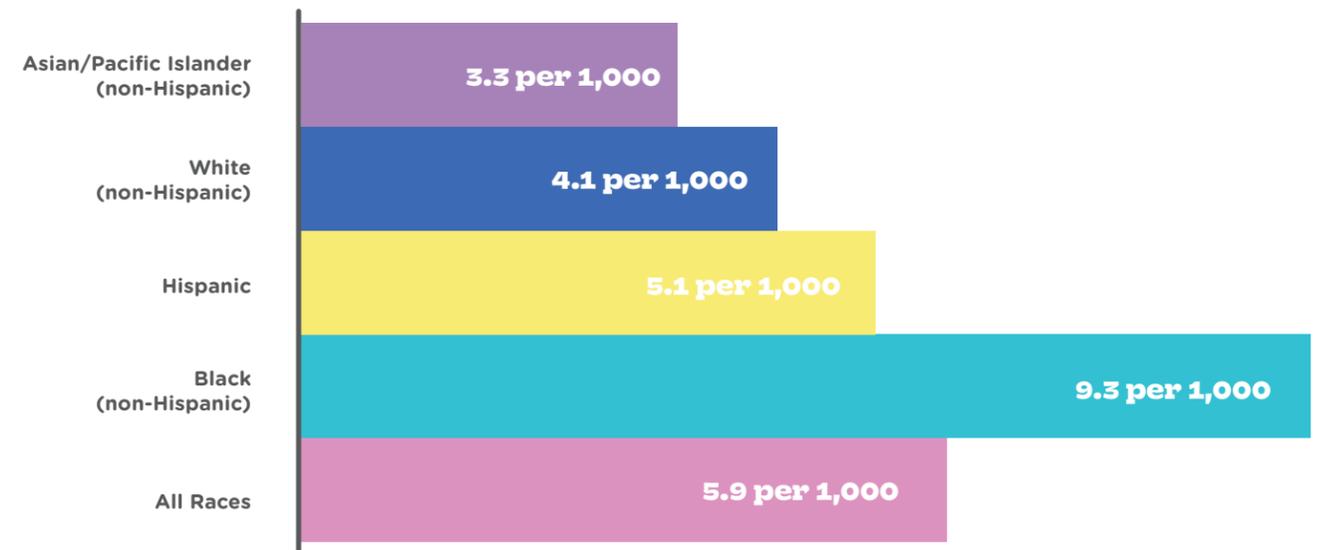
**Figure 5: Birth Outcomes by Jurisdiction for Prenatal Care, Low Birth Weight, and Preterm Birth, 2019, and Infant Mortality, 2015-2019. (cont.)**



**Figure 6: Selected Birth Outcomes in Maryland, by Race and Ethnicity, 2019**



**Figure 7: Maryland Infant Mortality by Race and Ethnicity, 2019<sup>h</sup>**



<sup>h</sup> Infant mortality rate for American Indian (non-Hispanic) infants not provided because it is based on fewer than 5 events. Such rates are subject to instability. See Appendix D, Table 5.

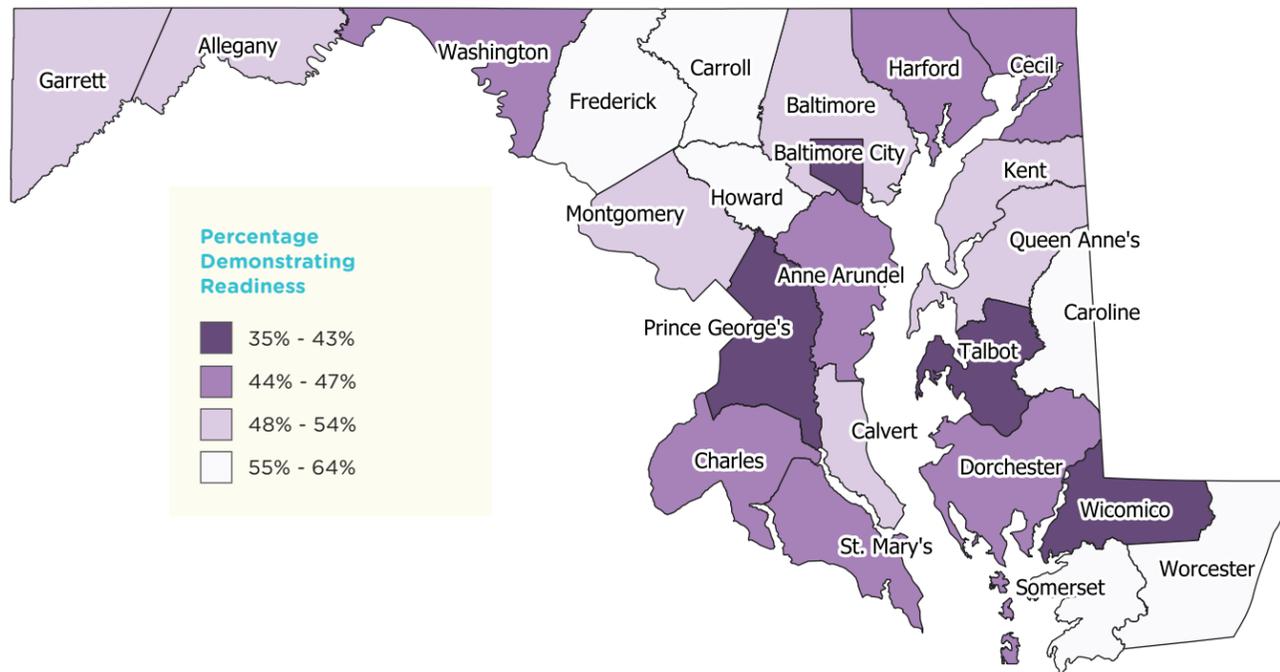
highest percentage of inadequate prenatal care (11.9%) compared to the state's average for all women combined (Appendix D, Table 5; Figure 6). These disparities in birth outcomes also extend to infant mortality—infants born to Black (non-Hispanic) women (9.3 deaths per 1,000 live births) have the highest infant mortality rates in Maryland (Appendix D, Table 5; Figure 7). Figures 6 and 7 present variation in birth outcomes by race and ethnicity, presented from most to least favorable, followed by outcomes for all races.

### Kindergarten Readiness Assessment (KRA)

The 2019-2020 KRA results indicate that less than half (47%) of children assessed in Maryland demonstrate readiness across four learning domains; moreover, this performance indicator varies across jurisdictions and by race and ethnicity.<sup>i</sup> Thirteen jurisdictions exceed the state average of demonstrating readiness,

with Worcester (64%), Somerset (63%), and Carroll (59%) counties having the highest percent of students demonstrating readiness. No counties meet the long-term goal of more than 64% of children demonstrating readiness. Eleven jurisdictions fare worse than the state average, with Prince George's (35%), Baltimore City (37%), Talbot (43%) and Wicomico (43%) counties having the lowest percentages of students demonstrating readiness. Higher percentages of children who are white (60%), Asian (56%), and two or more races (53%) demonstrate kindergarten readiness, while lower percentages of children who are African American (42%), American Indian (41%), Native Hawaiian/Pacific Islander (30%), and Hispanic/Latino (26%), demonstrate kindergarten readiness (Appendix D, Table 6; Figure 8). In the 2020-2021 school year, the KRA was not administered, because all local school systems began the year with a virtual instruction model.

**Figure 8: Demonstrating Readiness by Jurisdiction, 2019-2020 School Year**



<sup>i</sup> Readiness also varies by other characteristics (i.e., student population with direct certification, English language learners, and children with disabilities); see 2019-2020 Kindergarten Readiness Assessment [Report](#).

# Healthy Beginnings

In addition to the racial/ethnic and geographical variability in population indicators and outcomes, we also observe variability in the receipt of high-quality prenatal and early childhood care and services to support health and development, especially for families and children with low incomes.

The [Maryland WIC](#) program helps support the nutritional needs of low-income pregnant women, postpartum women, and children under age 5. Approximately 102,928 children 0-3, or 48.1% of the total 0-3 population, received WIC benefits in 2019. Participation in WIC varies across jurisdictions. The largest numbers of children received WIC benefits in Montgomery County, Prince George's County, and Baltimore City, corresponding with large numbers of children and/or high percentages living in poverty (Appendix D Tables 3 and 7; Figure 9). In the state overall, 41.8% of WIC participants birth up to age 3 are Black (non-Hispanic), 16.2% are white (non-Hispanic), 5.7% are other race (non-Hispanic), and 3.5% are Asian (non-Hispanic). Approximately one-third (32.9%) are Hispanic or Latino (Appendix D Table 8).

The [Maryland Infants and Toddlers Program \(MITP\)](#) provides family-centered early intervention services (EIS) for children birth up to age 3 with developmental delays and disabilities. Between July 1, 2019 - June 30, 2020, MITP served 10,498 children birth up to age 3. For the state overall, 42.3% of children served were white (not Hispanic), 27.9% Black/African American, 18.1% Hispanic/Latino, 5.8% two or more races, 5.6% Asian, 0.1% American Indian/



Alaskan Native, and 0.1% Native Hawaiian/Other Pacific Islander (Appendix D, Table 9).

For MITP, two additional indicators measure quality of services: receipt of timely services and family outcomes. Services are considered timely if eligible children and their families receive EIS on their signed and consented Individualized Family Service Plan (IFSP) within 30 days, or if there is a validated family request for service delay outside the 30-day period. The program's goal is to achieve 100% timely delivery, and the Maryland average for State Fiscal Year (SFY) 2019 was 97.15%. Timely delivery also varies across jurisdictions, with half (12) of jurisdictions meeting the 100% goal, nine jurisdictions with timely delivery greater than 95%, and three jurisdictions with timely delivery less than 95% (Appendix D, Table 10).

For family outcomes, MITP conducts an annual parent survey to assess family experiences with EIS and family capacity building. The parent survey captures feedback from parents



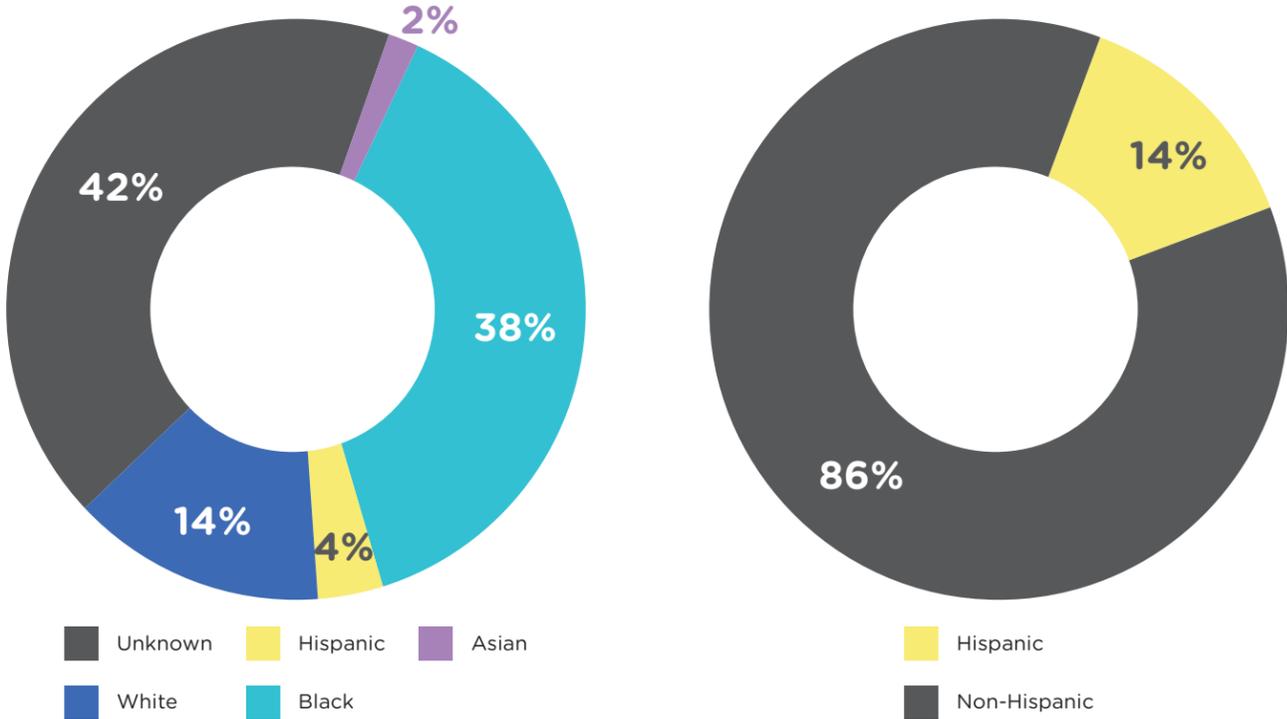
# Supported Families

We also observe variability in the receipt of services that promote maternal health, infant and toddler development, and family well-being.

A total of 53 Judy Center Early Learning Hubs ([Judy Centers](#)) spread [across all 24 Maryland jurisdictions](#) served approximately 4,628 children birth up to age 3 in the 2019-2020 school year (Appendix D, Table 14).<sup>18</sup> Although there is at least one Judy Center located within each Maryland jurisdiction, data is reported in the aggregate for the state. Of all children birth through age 5 served by Judy Centers,

41.3% were Black or African American, 29.6% white, 21.4% were Hispanic or Latino, 6.1% two or more races, 1.4% Asian, <1% American Indian or Alaskan Native, and <1% Native Hawaiian or Other Pacific Islander (Appendix D, Table 15). In the 2020-2021 school year, Judy Centers increased in number to 60, and in the 2021-2022 school year, there will be 70 operating in Maryland. In addition, the [Blueprint for Maryland's Future](#), recently passed into law, funds an additional 117 Judy Centers from SFY 2023 to SFY 2030.

**Figure 10: Race (Left) and Ethnicity (Right) of Households with Children Under Age 3 Participating in SNAP, SFY 2019<sup>k,l,m</sup>**



in three areas: knowing their rights, ability to communicate their child's needs, and skills to help their child develop and learn. Of all the Maryland parents who responded to the FFY 18 survey, 97.5% felt they knew their rights, 97.9% felt they can communicate their child's needs, and 98.2% felt they have obtained skills to help their child develop and learn. Based on the survey responses, Garrett, Kent, and Talbot counties have the most favorable family outcomes, while Calvert, Carroll, and Somerset have the least favorable family outcomes (Appendix D, Table 11).

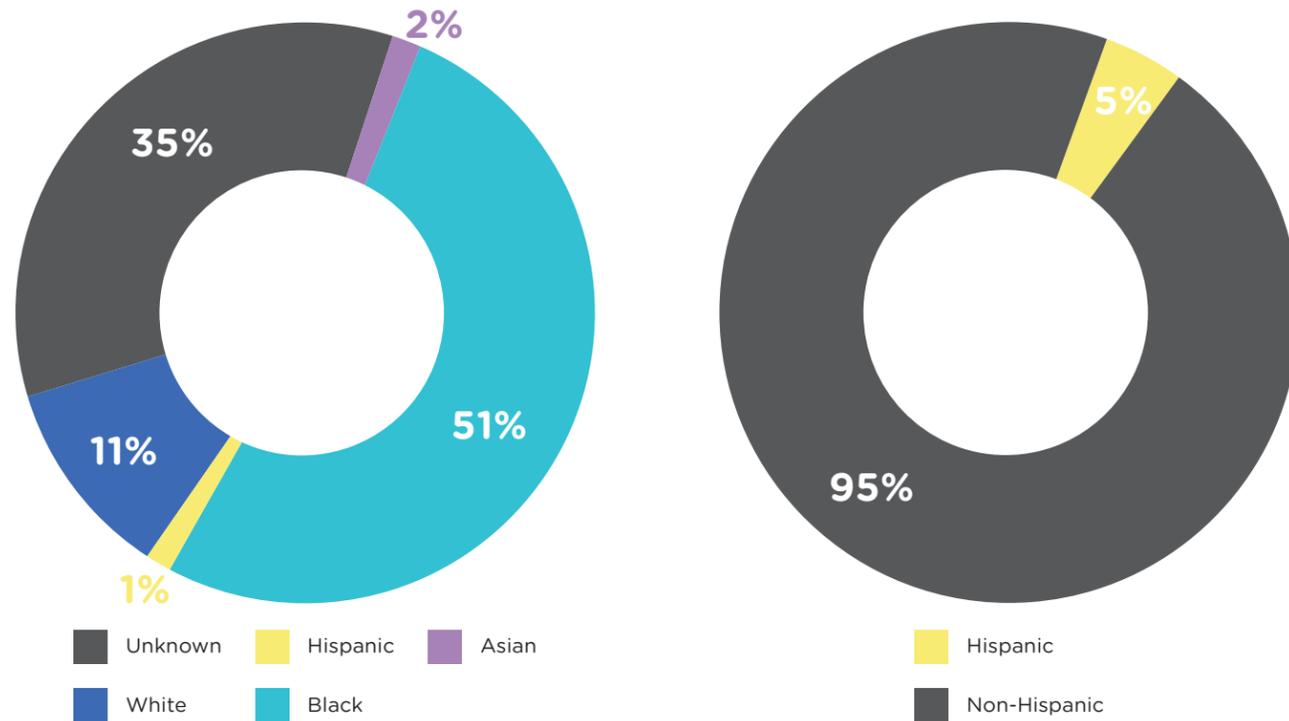
[Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#) serves to build strong relationships with families, programs, and teachers to prevent, identify, treat, and reduce the impact of mental health problems among children.<sup>17</sup> IECMHC services are available in all 24 Maryland jurisdictions; some programs service multiple jurisdictions. Data by race and ethnicity are available for programs, but comparisons cannot be drawn to the racial and ethnic compositions of jurisdictions due to small

numbers of participants. In Fiscal Year 2020, across all programs, 60 Maryland children birth up to age 3 were served by IECMHC services. (IECMHC served 382 children overall in FY 2020, and most children served are ages 4-5.) Among children birth up to age 3 served, 48.3% were white, 23.3% Black or African American, and 28.3% other race/ethnicity (Appendix D, Table 12).

[Medicaid](#) and Maryland's Children's Health Insurance Program (CHIP), known as Maryland Children's Health Program (MCHP) are income-based eligibility programs that provide free or low-cost health insurance coverage. In 2019, a total of 46,009 pregnant women and 137,084 children birth up to age 3 were enrolled in Maryland Medicaid. A total of 58 pregnant women and 13,477 children birth up to age 3 were enrolled in MCHP (Appendix D, Table 13). Data are not available to assess the percent of eligible participants who enroll by jurisdiction; as mentioned earlier, data by race/ethnicity are not presented in this report due to federal prohibitions.

<sup>k</sup> For SNAP and TCA, percentages of Native American and Pacific/Alaskan Native receiving benefits are less than 1%  
<sup>l</sup> Note on percentages of unknown race category: for SNAP and TCA, race and ethnicity information does not factor into the eligibility determination process and therefore are not mandatory to collect.  
<sup>m</sup> Hispanic category is available as a race and as an ethnicity. For race figures, Hispanic category applies to individuals who only select Hispanic as a race. For ethnicity figures, non-Hispanic category includes individuals of any race except Hispanic; Hispanic category includes individuals of any race, including Hispanic.

**Figure 11: Race (Left) and Ethnicity (Right) of Households with Children Under Age 3 Participating in TCA, SFY 2019<sup>l,m,n</sup>**



A total of 26 [Family Support Centers spread across 15 jurisdictions](#) served approximately 2,118 Maryland children 0-3 in Fiscal Year 2019. Of the total children, parents and expectants, and families served by FSCs, 32% were Hispanic, 30% African American, 26% white, 11% other race, and 1% Asian (Appendix D, Table 16).

In Maryland, 78 home visiting sites provide services to expectant families and those with young children.<sup>19</sup> In SFY 2019, approximately 3,194 children under age 3 and 4,357 women were served by home visiting in Maryland (Appendix D, Table 17). Of the total children served by home visiting (N=4,108; includes children age birth to age 5), 39% were Black or African American (non-Hispanic), 23% white (Hispanic), 20% white (non-Hispanic) 6% multiracial (non-Hispanic), 5% Hispanic/Latino/

Spanish (unspecified race), 3% multiracial (Hispanic), 1% Asian, 1% not specified, and 1% other race (Appendix D, Table 18).

Family supports also include Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA) which are two programs with eligibility determined, in part, by low-income status. [SNAP](#) helps families purchase food to support the nutritional needs of their households. [TCA](#) provides cash assistance to families with dependent children while participants prepare for independence through work. In 2019, approximately 78,852 Maryland households with Children Under 3 received SNAP benefits, ranging from 267 households in Kent county to 17,880 households in Baltimore City. Approximately 12,650 Maryland households with children under 3

received TCA, ranging from 36 households in Queen Anne's county to 4,726 households in Baltimore City. Two counties (i.e., Baltimore County and Prince George's County) with higher numbers of households with children under 3 receiving SNAP and TCA have poverty rates lower than the state average. Additionally, Kent County's percentage of children under age 6 living in poverty exceeds the state average, but the county has a small number of households with children under 3 receiving SNAP and TCA (Appendix D, Tables 3 and 19).

Although race and ethnicity are available by jurisdiction for both indicators, we present race and ethnicity for the state overall given small cell sizes for jurisdiction counts (Appendix D, Table 20; Figures 10,11).

In SFY 2019, there were approximately 65,802 referrals to Maryland's Child Protective Services (CPS). Of those referrals, 26,313 were accepted into CPS. Of accepted referrals, 7,647 (29.1%) were households with a child under age 3 (Appendix D, Table 21). The jurisdictions with the highest percentages of accepted referrals with households with a child under age 3 are Allegany (47.0%), Somerset (41.1%), and Washington (40.6%) counties. Of note, the highest percentages of households with a child under 3 being screened into CPS are some of the smallest jurisdictions. The jurisdictions with the lowest percentages of accepted referrals with households with a child under age 3 are Prince George's (21.3%), Howard (21.6%), and Anne Arundel (22.1%) counties (Appendix D, Table 21). The rate of accepted referrals also varies by race and ethnicity, with a range from 34.5% of white households having a child under age 3 and 22.1% of Hispanic households having a child under age 3 (Appendix D, Table 22). Race and ethnicity data collected for CPS is limited to what is reported at the time a referral is made; therefore, there is a large count (13,621) of the unable to determine race category.

In SFY 2019, there were approximately 2,288 substance exposed newborn (SENs) referrals to the Local Departments of Social Services (LDSS) in Maryland. Of these, 82.0% received a service plan to ensure they receive appropriate services to address their needs. Of the SENs who came to the attention of the Maryland Department of Human Services, 67.1% received intensive in-home preservation services within 30 days. Only 2.2% of SENs referred to the LDSS in Maryland required a removal from their home and placement in an out-of-home setting (Appendix D, Table 23). SEN referral patterns vary by jurisdiction. Baltimore City has the highest SEN referral count (446), while



<sup>n</sup> For select homeowner expenses (i.e., mortgage, taxes, insurance, utilities). See MFN [Child Care Demographics](#) 2020.



Caroline County has the lowest SEN referral count (18). Montgomery (84) and Prince George's (171) counties, which are larger in size and had more births in 2019, have relatively low SEN referral counts compared to smaller counties with fewer births, like Allegany (125) and Washington (183). The percentage of SENS receiving a service plan in Maryland ranged from 59.1% in Somerset County to 98.4% in Allegany County, while the percentage of SENS receiving family preservation services ranged from 4.8% in Montgomery County to 98.4% in Allegany County. The percent of SEN being removed from their homes is relatively low in Maryland (2.2%), and most jurisdictional data are suppressed due to low counts (Appendix D, Table 23).

The percentage of SEN referrals receiving a service plan also varies by race and ethnicity, with a lower percentage of newborns who are of unknown race ("unable to determine"; 79.3%) or Hispanic (81.8%) receiving service plans compared to higher percentages of newborns who are white (89.4%) or other ("all other"; 85.7%) receiving a service plan. Discrepancies are also seen for SENS receiving in-home services—lower percentages of newborns who are Hispanic (54.5%) and newborns who are Black (54.7%) received in-home services within 30 days, while a higher percentage of newborns who are white (78.2%) and newborns of other race ("all other"; 71.4%) received in-home services within 30 days. Percent of referrals to CPS also vary by race, with other (0.0%) and Hispanic (0.0%) newborns having the lowest percentages of newborns referred to CPS and those with an unknown race ("unable to determine") having the highest percentage (2.6%) of newborns placed in CPS within 30 days (Appendix D, Table 24). As with CPS data, race and ethnicity are not required questions for the SEN referral process.

## High-Quality Early Care and Learning



We also observe variability in services that prioritize high-quality, affordable infant and toddler child care and early learning experiences for low-income families. Accessing high-quality child care is dependent, in part, on families' abilities to cover out-of-pocket costs. Due to developmental needs, children under 24 months of age need more attentive individualized care than older children, resulting in [higher costs](#) of care. Also, as [quality increases](#) (e.g., higher teacher credentials, type of curriculum), so do out-of-pocket expenses. Families in Baltimore City spend the highest percentage of their median income (32.8%) on child care. In comparison, families in Garrett

County spend the lowest percentage of their median income (17.0%) on child care (Appendix D, Table 25).<sup>n</sup> In Allegany County, Baltimore City, and Somerset County, families spend over a quarter of their median income on child care. According to the Maryland Family Network Child Care Demographics Report, child care costs are the number one household expense for families living in Allegany County, Baltimore City, and Baltimore County.<sup>20</sup>

The Child Care Scholarship program (CCS; formerly the Child Care Subsidy program) is an income eligibility-based program that can help low-income families with the high cost of child care and make high-quality early care

<sup>n</sup> For select homeowner expenses (i.e., mortgage, taxes, insurance, utilities). See MFN [Child Care Demographics 2020](#).

and learning opportunities more accessible.<sup>21</sup> In order for family child care homes and child care centers to receive reimbursement from the CCS program, they must be participating in Maryland EXCELS—Maryland’s voluntary quality rating improvement system (QRIS) that operates on a rating scale of 1 (lowest) to 5 (highest). In SFY 2020, approximately 4,917 children birth up to age 3 participating in the CCS program were enrolled in child care settings participating in Maryland EXCELS. Of these children, 1,613 (32.8%) were enrolled in high-quality child care settings (i.e., child care providers and centers rated at an EXCELS level of three or higher) (Appendix D, Table 26). The Maryland State Department of Education does collect CCS [program participation data](#) by jurisdiction and race/ethnicity; however, these data are not available by age and by jurisdiction. Therefore, data for race/ethnicity and by jurisdiction for this indicator are not included in this report.

In addition to participation, another important feature of CCS program is where state reimbursement rates stand relative to the market rate. In SFY 2021, CCS provider reimbursement rates increased to the 60th percentile of tuition charged by child care programs based on the 2019 market rate survey, which is lower than the federally recommended 75th percentile.<sup>22,23</sup> Although Maryland’s reimbursement rate is below the federally recommended level, the state’s CCS program still fares better than at least 21 other states.<sup>24</sup>

Early Head Start data are assessed through funded enrollment (i.e., number of slots available) and cumulative enrollment data. Among the 1,724 funded enrollment slots estimated for children 0-3 in SFY 2021, 79.1% are center based and 20.9% are home based with variability across jurisdictions (Appendix D, Table 27). For cumulative enrollment in 2019, 38 Early Head Start programs served

approximately 2,456 children under age 3 and 188 pregnant women.<sup>25o</sup> Because of turnover (i.e., children leaving or graduating the program), multiple children may occupy the same slot in a given year. Of children and pregnant women included in cumulative enrollment, 50.8% were Black or African American (non-Hispanic), 15.0% percent were white (non-Hispanic), 10.6% were white (Hispanic), 8.8% were other race (Hispanic), 7.1% were bi- or multi-racial (non-Hispanic) 3.6% were bi- or multi-racial (Hispanic) 1.3% were other race (non-Hispanic), and the remaining 2.8% was comprised of small percentages (i.e., less than 1%) of American Indian/Alaskan Native (Hispanic and non-Hispanic), Asian (Hispanic and non-Hispanic), Black/African American (Hispanic), Native Hawaiian/other Pacific Islander (Hispanic and non-Hispanic), and unspecified race (Hispanic and non-Hispanic) (Appendix D, Table 28).



o Based on 2019 cumulative enrollment.

## Discussion

This inaugural *Maryland’s Prenatal-to-Three (PN-3) Equity Report* draws on diverse data sources to characterize the extent to which Maryland has achieved an equitable prenatal-to-three system of care for three broad areas: Healthy Beginnings, Supported Families, and High-Quality Early Care and Learning. The review highlights variability in the achievement of equity in health and education outcomes and service delivery. The review of twenty-four indicators also indicates variability in available data to characterize equity across jurisdictions and by race/ethnicity. This discussion provides a high-level overview, strengths and limitations, and suggested next steps.

Our analyses identify disparities present in the prenatal period and in the earliest years. Birth outcomes are worse for infants who are American Indian (inadequate prenatal care, low birth weight), Black (inadequate prenatal care, low birth weight, pre-term birth, infant mortality rate), and Hispanic (inadequate prenatal care) relative to outcomes for infants from all races combined. Moreover, smaller percentages of children who are American Indian, Black, Native Hawaiian/ Pacific Islander, and Hispanic are kindergarten ready relative to the state average. We also observe variability in these outcomes and in receipt of services across jurisdictions in ways that often are not explained by underlying population characteristics such as the geographic distribution of children living in poverty. While not unique to Maryland, these disparities are essential to recognize and address to improve population health and achieve equity. The PN-3 period is a critical time for promoting child development and for achieving equity. An equitable beginning to life is essential because early disparities, although not determinant of lifetime health trajectories,

decrease the likelihood that children and families receive the services they need and desire to reach their full potential.

Racial disparities in birth and education outcomes in the United States are longstanding<sup>26,27,28,29</sup> with causes attributed, in part, to racism, differential access to high-quality services that promote favorable outcomes, and differential experiences among those receiving services. For example, Black and Hispanic women are more likely than their white peers to have unhelpful interactions with healthcare providers, not be respected and heard, and receive lower-quality care.<sup>30</sup> In addition, the school readiness gap for Black and Hispanic children has been attributed, in part, to differences in socioeconomic status, environmental exposures, and access to high-quality early life experiences, including early childhood education.<sup>28</sup> Despite long-standing recognition of these disparities, systematic attention has not led to effective policy changes and investments that eliminate disparities. Thus, prevention and intervention approaches must acknowledge and address racism as a driving force<sup>31</sup> behind poor birth and education outcomes.

Although this is Maryland’s first statewide PN-3 equity report, it is by no means Maryland’s first representation of equitable work. Past and ongoing initiatives at both the state and local levels have been undertaken to address equity. For example, state legislation in 2018 required the Maryland Health Care Commission in partnership with stakeholders to produce a report regarding mortality for African American infants and infants in rural areas. The 2019 recommendations focused on care coordination, access and use of services, and a sustained and centralized focus on infant mortality.<sup>32</sup> Ongoing Maryland efforts include the 2020 release of the

state's 5-year strategic plan for comprehensive early childhood systems development, *Maryland Ready: Maryland's Path to School Readiness and Success*. The plan commits to "providing each Maryland child equitable access to a high-quality early childhood experience that promotes a healthy body and mind, as well as the foundational knowledge and skills necessary for success."<sup>21</sup>

At the local level, B'more for Healthy Babies has focused on policy change, service improvements, community mobilization, and behavior change to reduce infant mortality and promote equitable birth outcomes. From the start of the initiative in 2009 to 2019, infant mortality in Baltimore City has decreased from 13.5 to 8.8 deaths per 1000 live births, and the

disparity between white and black infant deaths has decreased by 53%.<sup>33,34</sup> In Montgomery County, as part of the African American Health Program focuses on eliminating health disparities for African Americans and people of African descent, the S.M.I.L.E (Start More Infants Living Equally healthy) Program focuses on decreasing high rates of Black infant mortality and improving good pregnancy outcomes among Black women.<sup>35</sup> The current report extends these and other efforts to address equity by reporting statewide data across sectors and organizations and with subgroups by jurisdiction and race/ethnicity, when available.

In May 2021, Governor Hogan and the Maryland Department of Health announced "maternal and child health as [the State's]

third and final population health priority under its Statewide Integrated Health Improvement Strategy" (SIHIS).<sup>36</sup> To support this priority, the State will invest in services to reduce disparities in maternal and child health. Maryland's Health Services Cost Review Commission (HSCRC) is providing additional Medicaid funding for a home visiting services pilot expansion, reimbursement for doula services, CenteringPregnancy, HealthySteps, and Maternal Opioid Misuse (MOM) model expansion. The Prevention and Health Promotion Administration is receiving additional funding for an asthma home visiting program, implementation of CenteringPregnancy, and expansion of "promising practices in home visiting (e.g., Healthy Start, Maternal and Infant Care, and Family Connects)."<sup>36</sup>

Our report has both strengths and limitations. Strengths include analysis of a broad array of indicators across three service domains with disaggregation by jurisdiction and race/ethnicity for many indicators. Ongoing engagement and support of multiple agencies and organizations across the state facilitated report completion. Another strength is that the detailed Appendix tables operationalize race/ethnicity as was used by each of the entities providing data; as a result, however, our use of race/ethnicity categories varies across programs, thus limiting cross-program comparisons. Moreover, the selected indicators are by no means exhaustive; some services that contribute to social determinants of health and educational outcomes are excluded (e.g., housing, transportation, employment, tax credits), we did not focus on family-level outcomes, and we lack measures of the numbers of children and pregnant women eligible for each service. For some services and outcomes with small numbers, data need to be aggregated over multiple years in order to generate subgroups analyses by jurisdiction and race/ethnicity. Finally, an examination of

variability in outcomes and service delivery within jurisdictions is beyond the scope of this report though remains critical in local efforts to promote equity.

While the data we present highlight marked differences for some indicators by race/ethnicity, further work is needed to understand the source of these differences and to place these differences in context. For example, lower numbers of children of particular race/ethnic groups receiving services in some jurisdictions may reflect underlying population characteristics as well as barriers to accessing care such as lack of culturally appropriate services, ineffective outreach to clients who are eligible for services, and complex eligibility determination processes. The intent is for the data presented in this report to stimulate conversations within and across service sectors and organizations to understand and address the sources of observed differences.

This report reflects a statewide, coordinated effort to assess the extent to which Maryland has achieved equitable program and service delivery for its Prenatal-to-Three population. Twenty-four indicators are included in this report to characterize progress within and across organizations and sectors, by jurisdiction and by race/ethnicity. **Our suggested next steps for our work as part of Building Better Beginnings include:**

- 1. Build public awareness** about the achievement of equity for the prenatal-to-three population in Maryland, including both the current status and lessons learned from past and ongoing related efforts.
- 2. Engage diverse stakeholders and community members** in planning and developing solutions to promote equity. Encourage organizations responsible for each of the services and programs highlighted in this report to share insights about available data, observed disparities, and possible sources for variability. Also

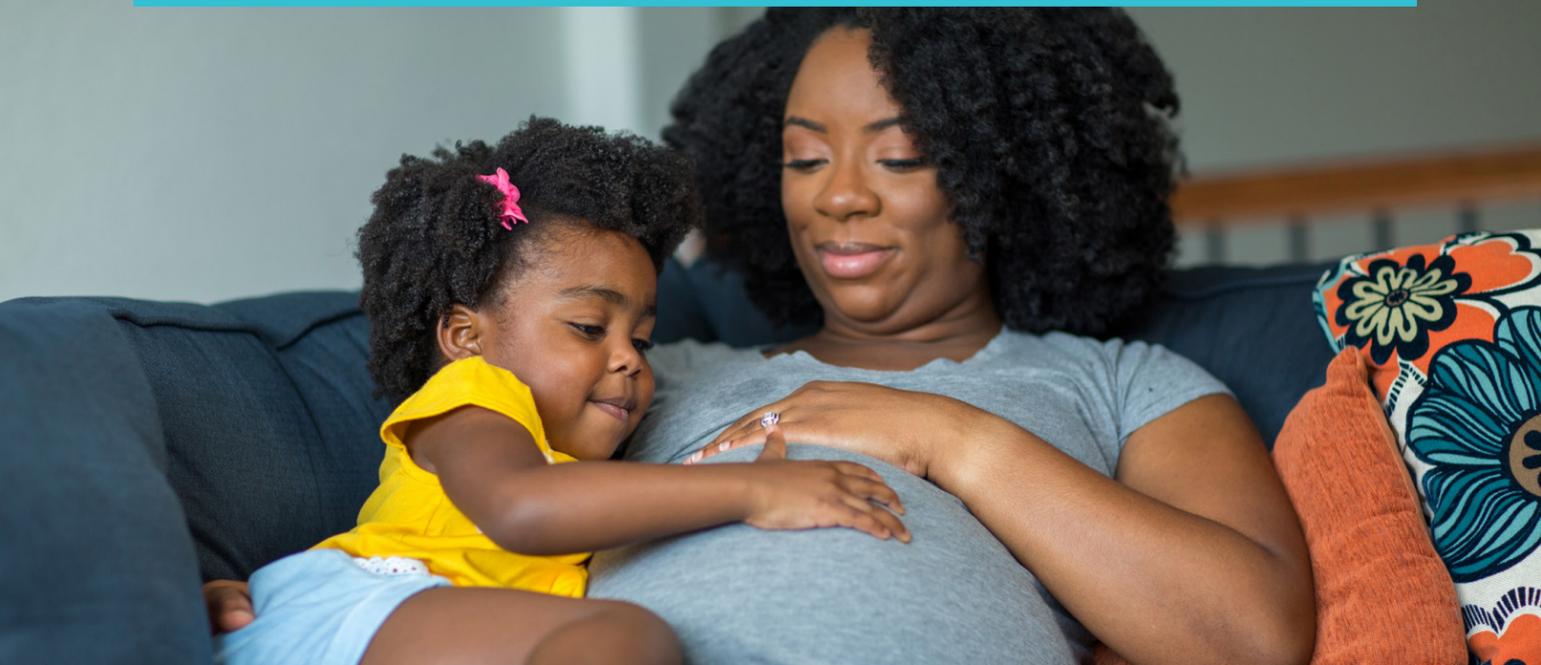


encourage organizations in partnership with community members, including parents, to identify meaningful goals and strategic objectives for addressing disparities, as appropriate.

- 3. Compile and disseminate sources of support** (e.g., workforce training, available services, leadership training, and compensation for parents) to facilitate addressing equity within and across sectors and organizations.
- 4. Identify resources to support and monitor progress** in achieving equity through biennial prenatal-to-three equity reports. Adapt indicators as data become available to address critical issues identified by prenatal-to-three stakeholders.

- 5. Encourage organizations to systematically collect and review race and ethnicity data**, and to the extent possible, standardize demographic data categories to allow comparisons across sectors, to promote statewide alignment, and to assess the extent to which equitable outcomes are achieved.
- 6. Future reports should incorporate information about individuals eligible for services**, to the extent data are available, to enhance understanding about numbers of children and families receiving services. Such efforts are critical to distinguishing challenges related to access and eligibility in receipt of programs and services and can highlight shortfalls in the demand vs supply of PN-3 services.

We look forward to continued partnerships with Maryland's stakeholders for expanding high-quality services for expectant families and families with children birth to age 3. Such partnerships are essential for promoting the health, development, and well-being of all of our prenatal-to-three population and for achieving equity, especially for those who are historically discriminated against, living in under-resourced communities, and ignored by power structures.



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**MARYLAND FAMILY NETWORK**

1001 Eastern Avenue, 2nd Floor | Baltimore, MD 21202 | 410.659.7701

[marylandfamilynetwork.org](http://marylandfamilynetwork.org)

# Appendix



# Appendix A: Key Leaders

**Laura Weeldreyer**

*Maryland Family Network*

**Felicia Jones**

*Maryland Family Network*

**Barbara Andrews**

*Montgomery County Department of Health and Human Services*

**Margo Candelaria**

*School of Social Work, University of Maryland*

**Cathy Costa**

*Baltimore City Health Department*

**Marcella Franczkowski**

*Maryland State Department of Education*

**Diedra Henry-Spires**

*Dalton-Daley Group*

**Steven Hicks**

*Maryland State Department of Education*

**Cynthia Minkovitz**

*Bloomberg School of Public Health, Johns Hopkins University*

**Keisha Peterson**

*Department of Human Services*

# Appendix B: Glossary of Maryland Prenatal to Three Programs and Services

PROGRAM/SERVICE	DESCRIPTION
<b>Child Care Scholarship Program</b>	<p>“Formerly known as the Child Care Subsidy, this program provides financial assistance to eligible working families in Maryland to cover part of their care and education costs in programs that participate in Maryland EXCELS, with scholarship amounts based on a bi-annual market rate survey and determined by household income, family size and region, and family co-payments on a sliding scale.” The program is available to families with incomes &lt; 295% FPL.</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>
<b>Child Care Center</b>	<p>“Licensed, out-of-home group settings for care and education services part or all of any day, at least twice a week. They may be operated by private entities, non-profit organizations, or faith-based organizations, such as churches, synagogues, or mosques.”</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>
<b>Child Protective Services (CPS)</b>	<p>“CPS is a specific social service provided by the Maryland Department of Human Services to assist children believed to be neglected or abused by parents or other adults having permanent or temporary care or custody, or parental responsibility. The program also offers service to households or family members who may require intervention to decrease the risk of any continuing physical, sexual or mental abuse or neglect. The first priority of CPS is to safely maintain a child in their home and to protect the child from further harm and maltreatment. Remaining safely at home or with family is always preferable to placement in foster care.”</p> <p><a href="https://dhs.maryland.gov/child-protective-services/">https://dhs.maryland.gov/child-protective-services/</a></p>
<b>Early Head Start</b>	<p>Federal program that “provide(s) family-centered services for low-income pregnant women and families with children up to age 3. These programs are designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.” Services are offered through Centers or in homes and “promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving.”</p> <p><a href="https://eclkc.ohs.acf.hhs.gov/programs/article/about-early-head-start-program">https://eclkc.ohs.acf.hhs.gov/programs/article/about-early-head-start-program</a>  <a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>
<b>Family Child Care Home</b>	<p>“Licensed home-based settings that may provide care to up to 8 children, with large family child care homes caring for up to 12 children. In these settings, providers take care of 1 or more children who are not related to them in their own home.”</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>

## Appendix B: Glossary of Maryland Prenatal to Three Programs and Services (cont.)

PROGRAM/SERVICE	DESCRIPTION
<p><b>Family Preservation Services</b></p>	<p>Family Preservation Services represent a continuum of programs available within Local Departments of Social Services (LDSS). These programs are geared towards addressing child abuse and neglect, assessing high-risk families, protecting children within their homes, and assisting caregivers in providing proper care and attention to their children. These programs are also used for situations that do not meet the criteria for a CPS response; many of these cases stem from a referral where maltreatment has not occurred, but there is a risk of harm to a child. Substance exposed newborns (SENS), for example, are risk of harm referrals.</p> <p>Family Preservation programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family Preservation Services actively seek to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment. Other issues such as domestic violence, homelessness, substance abuse, and mental and physical health issues are also prevailing conditions and concerns addressed through Family Preservation service interventions.</p> <p><a href="https://dhs.maryland.gov/in-home-services/">https://dhs.maryland.gov/in-home-services/</a>  <a href="https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/">https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/</a></p>
<p><b>Family Support Centers</b></p>	<p>“Place-based settings that offer a range of two-generation services, including quality infant/toddler care and assessments, parent education, adult education, family literacy and job readiness training programs, health education, referrals for services, home visits for some services, and peer supports.”</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>
<p><b>Infant and Early Childhood Mental Health Consultation (IECMH)</b></p>	<p>Infant and Early Childhood Mental Health (IECMH) Consultation “is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve children’s social, emotional, and behavioral health and development.”</p> <p><a href="https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes-2018/presentation-notes/Institute-No-18-Notes.pdf">https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes-2018/presentation-notes/Institute-No-18-Notes.pdf</a></p> <p>Services are provided to individual children and within classroom and early childhood program settings.</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/legislative_brief_fy2020_3.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/legislative_brief_fy2020_3.pdf</a>  <a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/md_iecmhss_standards_guidelines_3.5.2020_1_3.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/md_iecmhss_standards_guidelines_3.5.2020_1_3.pdf</a></p>
<p><b>Judy Center Early Learning Hubs</b></p>	<p>“Formerly called Judith P. Hoyer Early Child Care and Family Education Centers, and informally called “Judy Centers,” these Maryland-specific programs are state- and locally funded early childhood and family learning centers that provide comprehensive early childhood services for children birth through age 5. They exist in specific Title I school zones, which are areas with high concentrations of poverty, although they may be used by families of all income levels. They are vehicles for collaboration and coordination in the state, charged with coordinating prekindergarten, early intervention, and preschool special education, center-based and family child care, as well as family support services to deliver a wide spectrum of Early Childhood Education and family support. There are currently 60 Judy Centers across Maryland.”</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>

## Appendix B: Glossary of Maryland Prenatal to Three Programs and Services (cont.)

PROGRAM/SERVICE	DESCRIPTION
<p><b>Maryland EXCELS</b></p>	<p>Maryland EXCELS is the statewide, voluntary Quality Rating Improvement System (QRIS) for early care and education programs. EXCELS “awards ratings from 1 (lowest) to 5 (highest) based on a program’s implementation of nationally recognized standards and best practices. The system provides programs with a roadmap that encourages and rewards improvement of services, promotes Maryland’s definition of quality, and offers a framework and supports designed to increase the quality of programs.”</p> <p><i>* Program is required for programs who wish to receive Child Care Scholarship reimbursement.</i></p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>
<p><b>Maryland Infants and Toddlers Program (MITP)</b></p>	<p>“The Maryland Infants and Toddlers Program (MITP) directs a family-centered system of early intervention services for young children with developmental delays and disabilities and their families. By recognizing each family’s concerns and priorities and focusing on each child’s strengths and needs, the MITP assists families of children with special needs during the first four years of the child’s developmental journey. Support, information, and coordinated services in community settings are what families tell us to enhance their ability to manage the challenges and celebrate the gifts that each child has to offer.”</p> <p>If you would like additional information about eligibility criteria for MITP and early intervention services, please click the link below: <a href="http://www.marylandpublicschools.org/programs/Pages/Special-Education/MITP/index.aspx">http://www.marylandpublicschools.org/programs/Pages/Special-Education/MITP/index.aspx</a></p>
<p><b>Home Visiting</b></p>	<p>“Home visiting programs are voluntary and take place in families’ homes. The Maternal and Infant Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting for at-risk pregnant women and parents with children up to kindergarten entry. MIECHV is funded by the Health Resources and Services Administration, in partnership with the Administration for Children and Families. MIECHV funds states, territories, and tribal entities to develop and implement evidence-based, voluntary family support programs that best meet the needs of their communities. MIECHV models in Maryland include Nurse-Family Partnership (NFP), Healthy Families America (HFA), and Family Connects Maryland. Non-MIECHV models in Maryland include Early Head Start, Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPPY), and the Attachment Biobehavioral Catch-up Program.”</p> <p><a href="https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf">https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready- a_path_to_school_readiness_and_success_6.pdf</a></p>
<p><b>Medicaid and Children’s Health Insurance Program (CHIP)/Maryland Children’s Health Program (MCHP)</b></p>	<p>Medicaid and MCHP are administered by the State and jointly funded by the federal government and Maryland. Both programs provide free or low-cost health insurance coverage. Pregnant women are eligible for Medicaid if their monthly household modified adjusted gross income (MAGI) is at or below 264% of the federal poverty level (FPL) (i.e., for a family of four in 2020, a household with a MAGI at or below \$5,766).</p> <p><a href="https://www.marylandhealthconnection.gov/wp-content/uploads/2019/05/MHC_Factsheet_Medicaid.pdf">https://www.marylandhealthconnection.gov/wp-content/uploads/2019/05/MHC_Factsheet_Medicaid.pdf</a></p> <p>Children under 19 are eligible for Medicaid and MCHP if their monthly household MAGI is at or below 211% of the FPL (i.e., for a family of four in 2020, a household with a MAGI at or below \$4,608/month). Income guidelines <a href="#">here</a>.</p> <p>Medicaid also offers an MCHP premium program; however, this program is excluded in this report because we are focused on capturing populations of children living in families with incomes &lt; 200% FPL.</p>

## Appendix B: Glossary of Maryland Prenatal to Three Programs and Services (cont.)

PROGRAM/SERVICE	DESCRIPTION
<p><b>Supplemental Nutrition Assistance Program (SNAP)</b></p>	<p>SNAP is administered by the United State Department of Agriculture’s Food and Nutrition Service (FNS) and local departments of Social Services in Maryland run the program through their local offices. SNAP provides nutrition benefits to supplement the food budget of families that work for low wages, are unemployed or work part time, receive other public assistance, are elderly/disabled/live on a small income, or are homeless so they can purchase healthy food.</p> <p><a href="https://dhs.maryland.gov/food-supplement-program/about-the-food-supplement-program/">https://dhs.maryland.gov/food-supplement-program/about-the-food-supplement-program/</a></p> <p>Families and individuals are eligible for SNAP if they have a gross monthly income under 130% of the Federal Poverty Level (FPL) (i.e., a gross monthly income below \$2,389 for a family of four) or have a maximum net income under 100% of the FPL (i.e., a maximum net income under \$2,184 for a family of four).</p> <p><a href="https://dhs.maryland.gov/documents/Food%20Supplement%20Program/October-2020-Income-Guidelines-1-1.pdf">https://dhs.maryland.gov/documents/Food%20Supplement%20Program/October-2020-Income-Guidelines-1-1.pdf</a></p>
<p><b>Temporary Cash Assistance (TCA)/ Temporary Assistance to Need Families (TANF)</b></p>	<p>“Temporary Cash Assistance (TCA), Maryland’s Temporary Assistance to Needy Families (TANF) program, provides cash assistance to families with dependent children when available resources do not fully address the family’s needs and while preparing program participants for independence through work.”</p> <p><a href="https://dhs.maryland.gov/weathering-tough-times/temporary-cash-assistance/">https://dhs.maryland.gov/weathering-tough-times/temporary-cash-assistance/</a></p>
<p><b>The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</b></p>	<p>WIC is a federal program administered by the US Department of Agriculture that provides nutrition education, breastfeeding promotion and support, supplemental foods, and referrals for other needed services to eligible pregnant, breastfeeding and post-partum women, infants, and children up to the age of five with incomes up to 185% of the Federal Poverty Level (FPL, i.e., a monthly income up to \$4,040 for a family of four).</p> <p><a href="https://www.fns.usda.gov/wic/about-wic">https://www.fns.usda.gov/wic/about-wic</a></p> <p><a href="https://phpa.health.maryland.gov/wic/Pages/wic-eligible.aspx">https://phpa.health.maryland.gov/wic/Pages/wic-eligible.aspx</a></p>

# Appendix C: Data Availability by Race/Ethnicity and Geography

INDICATOR	RACE/ETHNICITY	GEOGRAPHY
<b>Population</b>		
Population of Children Under Age 3	No	Jurisdiction
Population of Children Under Age 5 by Race and Ethnicity	Yes	Jurisdiction
Population of Children Under 6 Living in Poverty	Yes	Jurisdiction
<b>Health and Education</b>		
Late or No Prenatal Care	Yes	Jurisdiction
Low Birth Weight	Yes	Jurisdiction
Preterm Birth	Yes	Jurisdiction
Infant Mortality	Yes	Jurisdiction
Kindergarten Readiness	Yes	State*
<b>Healthy Beginnings</b>		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes	Jurisdiction
Maryland Infants and Toddlers Program (MITP)	Yes <sup>±</sup>	Jurisdiction
Infant and Early Childhood Mental Health Consultation (IECMHC)	Yes	Grouped jurisdictions
Medicaid and CHIP Enrollment	No	Jurisdiction
<b>Supported Families</b>		
Judy Center Early Learning Hubs	Yes	State
Family Support Centers	Yes	Region
Home Visiting	Yes	State
Supplemental Nutrition Assistance Program (SNAP)	Yes**	Jurisdiction
Temporary Cash Assistance/Temporary Assistance to Needy Families (TCA/TANF)	Yes**	Jurisdiction
Child Protective Services (CPS) Referrals	Yes**	Jurisdiction
Substance Exposed Newborn (SEN) Referrals	Yes**	Jurisdiction
<b>High-Quality Early Care and Learning</b>		
Child Care Scholarship (CCS)	No	State
Child Care Cost	N/A	Jurisdiction
Early Head Start	Yes**	Jurisdiction

\*Jurisdiction level data available, but different jurisdictions use different sampling methods (i.e., census vs. sample collection)

\*\* Race and ethnicity are reported at a state level while service availability reported at jurisdiction level

± MITP race and ethnicity available for state and local annual child count only.

# Appendix D: Data Tables

## Population Data by Geography and Race/Ethnicity

1. Population of Children Under Age 3 Years in Maryland by Jurisdiction, 2019
2. Population of Children Under Age 5 Years in Maryland by Race and Ethnicity, by Jurisdiction, 2019
3. Population of Children Under Age 6 Years Living in Poverty in Maryland by Jurisdiction, 2019

## Health and Education Data by Geography and Race/Ethnicity

4. Selected Birth and Death Outcomes in Maryland by Jurisdiction, CY 2019
5. Selected Births and Death Outcomes in Maryland by Race and Ethnicity, CY 2019
6. Children Demonstrating Kindergarten Readiness in Maryland by Race and Ethnicity, by Jurisdiction, 2019-2020

## Program Data by Geography and Race/Ethnicity

### Healthy Beginnings

7. Unduplicated Participation in The Special Supplemental Nutrition Program for Women, Infants, and Children in Maryland (Maryland WIC) by Jurisdiction, CY 2019
8. Unduplicated Participation in The Special Supplemental Nutrition Program for Women, Infants, and Children in Maryland (Maryland WIC) by Race and Ethnicity, by Jurisdiction, CY 2019
9. Maryland Infants and Toddlers Program (MITP) State and Local Annual Child Count by Race and Ethnicity, by Jurisdiction, SFY 2020

10. Maryland Infants and Toddlers Program (MITP): Services Delivered in a Timely Manner by Jurisdiction, SFY 2019
11. Maryland Infants and Toddlers Program (MITP): Family Outcomes by Jurisdiction, FFY 2018
12. Children 0-3 Years Served by Infant and Early Childhood Mental Health Consultation (IECMHC) in Maryland by Race and Ethnicity, by Region, SFY 2020
13. Children 0-3 Years and Pregnant Women Enrolled in Medicaid and Maryland's Children's Health Program (MCHP), by Jurisdiction, CY 2019

### Supported Families

14. Children 0-3 Years Served by Judy Centers in Maryland, SFY 2020
15. Children 0-5 Years Served by Judy Centers in Maryland by Race and Ethnicity, SFY 2019
16. Children 0-3 Years, Parents & Expectants, and Families Served at Home by Family Support Centers in Maryland by Race and Ethnicity, by Region, SFY 2019
17. Women and Children Served by Home Visiting in Maryland by Age, SFY 2019
18. Women and Children Served by Home Visiting in Maryland by Race and Ethnicity, SFY 2019
19. Households with Children Under Age 3 Years Receiving Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA) in Maryland by Jurisdiction, SFY 2019

- 20.** Households with Children Under Age 3 Years Receiving Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA) in Maryland by Race and Ethnicity, SFY 2019
- 21.** Referrals to Child Protective Services (CPS) in Maryland by Jurisdiction, SFY 2019
- 22.** Referrals to Child Protective Services (CPS) in Maryland by Race and Ethnicity, SFY 2019
- 23.** Substance Exposed Newborn (SEN) Referrals to Social Services in Maryland by Jurisdiction, SFY 2019
- 24.** Substance Exposed Newborn (SEN) Referrals to Social Services in Maryland by Race and Ethnicity, SFY 2019

### **High-Quality Early Care and Learning**

- 25.** Estimated Child Care Cost and Child Care Cost as Percentage of Median Income Spent on Child Care in Maryland by Jurisdiction, CY 2019
- 26.** Children Enrolled in Child Care Scholarship (CCS) Program by EXCELS rating in Maryland by Age, SFY 2020
- 27.** Funded Early Head Start Enrollment Slots for Children 0-3 Years in Maryland by Jurisdiction, SFY 2021
- 28.** Cumulative Early Head Start Enrollment for Children 0-3 Years and Pregnant Women Served by Early Head Start in Maryland by Race and Ethnicity, 2019

*Notes:*

*CY: Calendar Year. January 1 through December 31 (e.g., CY19 is 1/1/2019 – 12/31/2019).*

*SFY: State Fiscal Year. July 1 of the previous numbered year through June 30 of the year (e.g., SFY 2019 is 7/1/2018 – 6/30/2019).*

*FFY: Federal Fiscal Year. October 1 of the previous numbered year through September 30 of the year (e.g., FFY 2019 is 10/1/2018 – 9/30/2019).*

**Table 1:** Population of Children Under Age 3 Years in Maryland by Jurisdiction, 2019

Jurisdiction	Number of Children Under 3
Allegany	1,842
Anne Arundel	20,532
Baltimore City	22,557
Baltimore County	28,648
Calvert	2,808
Caroline	1,276
Carroll	4,767
Cecil	3,181
Charles	5,759
Dorchester	1,129
Frederick	8,889
Garrett	641
Harford	8,669
Howard	10,983
Kent	429
Montgomery	38,758
Prince George's	36,322
Queen Anne's	1,422
Somerset	733
St. Mary's	4,252
Talbot	1,028
Washington	4,679
Wicomico	3,521
Worcester	1,254
<b>Maryland</b>	<b>214,079</b>

**Source:** Population Under 18 Years by Age. US Census Bureau, B09001, 2015-2019 American Community Survey 5-Year Estimates.

**Table 2: Population of Children Under Age 5 Years in Maryland by Race and Ethnicity, by Jurisdiction, 2019**

Jurisdiction	AI and AN Alone (%)	Asian Alone (%)	Black/African American Alone (%)	NH and OPI Alone (%)	White Alone (%)	Some Other Race Alone (%)	Two or More Races (%)	Hispanic or Latino (%)
Allegany	7 (0.2)	7 (0.2)	106 (3.3)	0 (0.0)	2,836 (88.3)	4 (0.1)	253 (7.9)	79 (2.5)
Anne Arundel	0 (0.0)	912 (2.6)	5,561 (15.8)	0 (0.0)	23,281 (66.2)	1,419 (4.0)	4,006 (11.4)	5,067 (14.4)
Baltimore City	42 (0.1)	672 (1.7)	24,292 (62.2)	5 (0.0)	10,615 (27.2)	1,166 (3.0)	2,267 (5.8)	4,426 (11.3)
Baltimore County	130 (0.3)	3,222 (6.6)	15,329 (31.3)	145 (0.3)	25,153 (51.3)	1,188 (2.4)	3,822 (7.8)	5,365 (11.0)
Calvert	41 (0.8)	48 (1.0)	368 (7.6)	0 (0.0)	3,853 (79.7)	0 (0.0)	526 (10.9)	290 (6.0)
Caroline	0 (0.0)	0 (0.0)	287 (14.3)	0 (0.0)	1,479 (73.6)	35 (1.7)	208 (10.4)	351 (17.5)
Carroll	41 (0.5)	126 (1.4)	234 (2.6)	0 (0.0)	7,796 (87.3)	118 (1.3)	612 (6.9)	584 (6.5)
Cecil	0 (0.0)	171 (3.0)	452 (7.9)	0 (0.0)	4,650 (81.0)	100 (1.7)	365 (6.4)	417 (7.3)
Charles	14 (0.1)	232 (2.4)	4,390 (45.9)	0 (0.0)	3,751 (39.2)	76 (0.8)	1,104 (11.5)	1,029 (10.8)
Dorchester	0 (0.0)	7 (0.4)	640 (35.2)	0 (0.0)	916 (50.4)	4 (0.2)	250 (13.8)	238 (13.1)
Frederick	0 (0.0)	511 (3.5)	1,676 (11.3)	5 (0.0)	10,955 (74.0)	435 (2.9)	1,213 (8.2)	2,479 (16.8)
Garrett	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1,333 (93.7)	6 (0.4)	84 (5.9)	52 (3.7)
Harford	0 (0.0)	205 (1.5)	2,198 (15.6)	0 (0.0)	10,151 (71.8)	313 (2.2)	1,264 (8.9)	1,005 (7.1)
Howard	49 (0.3)	3,540 (18.7)	3,543 (18.7)	0 (0.0)	9,393 (49.6)	289 (1.5)	2,124 (11.2)	2,240 (11.8)
Kent	0 (0.0)	0 (0.0)	122 (15.7)	0 (0.0)	549 (70.5)	19 (2.4)	89 (11.4)	65 (8.3)
Montgomery	191 (0.3)	6,896 (10.4)	12,683 (19.2)	0 (0.0)	29,346 (44.5)	9,593 (14.5)	7,308 (11.1)	20,116 (30.5)
Prince George's	202 (0.3)	1,625 (2.7)	31,703 (52.9)	0 (0.0)	8,806 (14.7)	14,109 (23.5)	3,467 (5.8)	19,188 (32.0)
Queen Anne's	0 (0.0)	0 (0.0)	117 (4.7)	0 (0.0)	2,118 (84.3)	151 (6.0)	127 (5.1)	224 (8.9)
Somerset	0 (0.0)	35 (2.8)	402 (32.3)	0 (0.0)	589 (47.3)	34 (2.7)	184 (14.8)	116 (9.3)
St. Mary's	18 (0.3)	15 (0.2)	1,136 (15.9)	0 (0.0)	5,212 (72.9)	91 (1.3)	674 (9.4)	549 (7.7)
Talbot	5 (0.3)	31 (1.9)	266 (16.0)	0 (0.0)	1,267 (76.3)	0 (0.0)	92 (5.5)	323 (19.4)
Washington	0 (0.0)	140 (1.6)	884 (10.2)	20 (0.2)	6,331 (73.1)	195 (2.3)	1,089 (12.6)	807 (9.3)
Wicomico	0 (0.0)	208 (3.4)	1,997 (32.3)	0 (0.0)	3,456 (55.9)	160 (2.6)	364 (5.9)	691 (11.2)
Worcester	0 (0.0)	0 (0.0)	320 (15.0)	18 (0.8)	1,623 (76.2)	0 (0.0)	170 (8.0)	164 (7.7)
<b>Maryland</b>	<b>740 (0.2)</b>	<b>18,603 (5.1)</b>	<b>108,706 (29.8)</b>	<b>193 (0.1%)</b>	<b>175,459 (48.1)</b>	<b>29,505 (8.1)</b>	<b>31,662 (8.7)</b>	<b>65,865 (18.1)</b>

**Source:** Sex by Age. US Census Bureau, B01001 series, 2015-2019 American Community Survey 5-Year Estimates.

Race and ethnicity categories match those provided by the US Census. AI and AN: American Indian and Alaskan Native; NH and OPI: Native Hawaiian and Other Pacific Islander. Survey respondents can choose a race and separately select ethnicity. Hispanic or Latino category includes those who identify as Hispanic, Latino, or Spanish and may be of any race.

**Table 3:** Population of Children Under Age 6 Years Living in Poverty in Maryland by Jurisdiction, 2019

Jurisdiction	Percent of Children Under 6 Living in Poverty	Number of Children Under 6 Living in Poverty	Total Children Under 6
Allegany	27.4%	1,025	3,747
Anne Arundel	7.7%	3,195	41,667
Baltimore City	30.3%	13,982	46,107
Baltimore County	11.9%	6,817	57,293
Calvert	5.2%	302	5,782
Caroline	31.2%	735	2,359
Carroll	6.0%	642	10,619
Cecil	18.5%	1,276	6,892
Charles	8.9%	1,035	11,571
Dorchester	23.1%	489	2,119
Frederick	7.7%	1,341	17,501
Garrett	9.2%	151	1,650
Harford	11.1%	1,901	17,135
Howard	4.8%	1,086	22,480
Kent	14.4%	142	987
Montgomery	9.1%	6,989	77,177
Prince George's	12.1%	8,416	69,836
Queen Anne's	6.8%	194	2,870
Somerset	36.2%	551	1,521
St. Mary's	10.2%	831	8,111
Talbot	12.2%	244	1,999
Washington	21.3%	2,139	10,046
Wicomico	22.3%	1,660	7,435
Worcester	17.8%	450	2,522
<b>Maryland</b>	<b>12.9%</b>	<b>55,593</b>	<b>429,426</b>

**Source:** Poverty Status in the Past 12 Months by Age. US Census Bureau, B17020, 2015-2019 American Community Survey 5-Year Estimates.

**Table 4:** Selected Birth and Death Outcomes in Maryland by Jurisdiction, Calendar Year 2019

Jurisdiction	Total Births	Inadequate Prenatal Care (% of births with late or no prenatal care)	Low Birth Weight (% live born infants <2500 g)	Preterm Birth (% infants born <37 weeks)	Infant Mortality Rate, 2019 (Deaths per 1,000 live births)	Infant Mortality Rate, 2015-2019 (Deaths per 1,000 live births)
Allegany	645	4.7	10.5	9.1	15.5	8.3
Anne Arundel	6,830	5.6	7.8	9.9	4.2	4.4
Baltimore City	7,720	9.9	12.2	12.9	8.8	8.8
Baltimore County	9,606	7.2	9.1	10.6	7.1	6.3
Calvert	896	4.9	6.4	8.5	**	4.9
Caroline	416	6.2	6.7	10.3	**	8.0
Carroll	1,649	4.3	6.9	10.3	4.9	3.3
Cecil	1,166	5.6	6.7	9.3	5.5	6.1
Charles	1,876	11.7	10.1	11.1	7.5	7.8
Dorchester	347	6.4	10.7	11.5	**	9.4
Frederick	2,935	5.2	7.3	9.5	4.4	4.5
Garrett	264	3.1	5.7	6.1	**	7.1
Harford	2,686	4.8	8.0	9.9	4.8	4.4
Howard	3,356	5.3	7.2	9.0	4.4	5.9
Kent	168	5.5	10.7	11.3	**	7.9
Montgomery	12,019	7.4	7.5	8.9	4.2	4.8
Prince George's	11,798	10.4	9.6	11.1	6.2	7.8
Queen Anne's	516	4.8	7.2	8.9	**	4.1
Somerset	233	5.6	10.7	12.4	**	16.7
St. Mary's	1,372	8.2	6.8	9.8	4.4	5.8
Talbot	328	4.3	7.6	9.1	**	9.7
Washington	1,656	6.9	8.3	10.9	7.9	7.3
Wicomico	1,255	6.8	9.0	9.2	7.2	8.3
Worcester	393	5.4	7.9	5.6	**	9.3
<b>Maryland</b>	<b>70,130</b>	<b>7.5</b>	<b>8.7</b>	<b>10.3</b>	<b>5.9</b>	<b>6.3</b>

**Sources:** Maryland Department of Health, Maryland Vital Statistics Annual Report 2019.

Maryland Vital Statistics [Infant Mortality in Maryland](#), 2019. October 2020.

**Table 5:** Selected Birth and Death Outcomes in Maryland by Race and Ethnicity, Calendar Year 2019

Race/ethnicity	Total Births	Inadequate Prenatal Care (% of births with late or no prenatal care)	Low Birth Weight (% live born infants <2,500 g)	Preterm Birth (% infants born <37 weeks)	Infant Mortality Rate (Deaths per 1,000 live births)
American Indian (non-Hispanic)	111	10.3	10.8	9.9	**
Asian or Pacific Islander (non-Hispanic)	5,127	5.4	8.8	8.2	3.3
Black (non-Hispanic)	22,269	9.4	12.6	13.0	9.3
White (non-Hispanic)	29,486	4.6	6.6	8.9	4.1
Hispanic	12,860	11.9	6.9	9.7	5.1
<b>All Races</b>	<b>70,130</b>	<b>7.5</b>	<b>8.7</b>	<b>10.3</b>	<b>5.9</b>

**Sources:** Maryland Vital Statistics Annual Report 2019

Race and ethnicity categories adapted from the above report. Persons of Hispanic origin may be of any race. All Races category includes races categorized as “unknown” or “other.”

**Table 6:** Children Demonstrating Kindergarten Readiness in Maryland by Race and Ethnicity, by Jurisdiction, 2019-2020 School Year

Orange shading notes counties with census sampling methodology; gray notes counties with representative samples.

Jurisdiction	Overall Demonstrating Readiness	Race and Ethnicity						
		% African American	% American Indian	% Asian	% Hispanic/Latino	% Native Hawaiian/Pacific Islander	% Two or More Races	% White
Allegany	50%	36%	*	67%	46%	*	43%	51%
Anne Arundel	46%	34%	14%	44%	28%	33%	51%	55%
Baltimore City	37%	37%	9%	43%	20%	*	61%	62%
Baltimore County	48%	41%	*	47%	27%	*	56%	61%
Calvert	51%	46%	*	*	*	*	38%	54%
Caroline	55%	53%	*	*	32%	*	62%	62%
Carroll	59%	*	*	*	38%	*	40%	64%
Cecil	44%	31%	*	38%	24%	*	42%	48%
Charles	44%	39%	*	44%	39%	*	52%	53%
Dorchester	44%	36%	*	*	26%	*	48%	56%
Frederick	57%	49%	*	63%	34%	*	49%	66%
Garrett	53%	*	*	*	38%	*	*	53%
Harford	45%	35%	*	*	31%	*	48%	50%
Howard	57%	44%	78%	62%	35%	57%	66%	69%
Kent	54%	29%	*	*	29%	*	29%	72%
Montgomery	53%	52%	*	63%	31%	*	64%	75%
Prince George's	35%	46%	36%	42%	18%	21%	54%	48%
Queen Anne's	48%	35%	*	*	26%	*	45%	53%
Somerset	63%	55%	*	*	60%	*	56%	72%
St. Mary's	45%	26%	*	30%	28%	*	44%	53%
Talbot	43%	37%	*	30%	23%	*	54%	58%
Washington	44%	29%	60%	50%	36%	*	46%	48%
Wicomico	43%	36%	*	47%	24%	*	38%	55%
Worcester	64%	51%	*	67%	54%	*	41%	70%
<b>Maryland</b>	<b>47%</b>	<b>42%</b>	<b>41%</b>	<b>56%</b>	<b>26%</b>	<b>30%</b>	<b>53%</b>	<b>60%</b>

\* fewer than 5 kindergarteners or less than 1% assessed.

**Source:** Ready at Five, Maryland State Department of Education (MSDE), 2019-2020 Kindergarten Readiness Assessment Report.

Race and ethnicity categories listed alphabetically and in same order they appear within the KRA report.

**Table 7: Unduplicated Participation in The Special Supplemental Nutrition Program for Women, Infants, and Children in Maryland (Maryland WIC) by Jurisdiction, Calendar Year 2019**

Jurisdiction	Total Women Receiving Benefits (Pregnant and Postpartum)	Total Children 0-3 Receiving Benefits	Total Children 3-4 Receiving Benefits	Percentage of Children 0-3 Receiving Benefits
Allegany	785	1,441	422	78.2
Anne Arundel	3,224	5,598	1,646	27.3
Baltimore City	9,901	17,308	5,702	76.7
Baltimore County	7,245	12,644	3,779	44.1
Calvert	397	694	222	24.7
Caroline	519	959	330	75.2
Carroll	690	1,227	377	25.7
Cecil	835	1,610	481	50.6
Charles	1,287	2,256	649	39.2
Dorchester	444	793	274	70.2
Frederick	1,741	3,187	1,070	35.9
Garrett	287	547	227	85.3
Harford	1,512	2,788	827	32.2
Howard	1,768	3,214	1,082	29.3
Kent	175	321	92	74.8
Montgomery	13,153	22,811	8,392	58.9
Prince George's	8,988	15,972	5,133	44.0
Queen Anne's	233	439	144	30.9
Somerset	217	439	153	59.9
St. Mary's	837	1,487	482	35.0
Talbot	324	605	204	58.9
Washington	1,569	2,976	990	63.6
Wicomico	1,791	3,108	999	88.3
Worcester	246	504	184	40.2
<b>Maryland</b>	<b>58,168</b>	<b>102,928</b>	<b>33,861</b>	<b>48.1</b>

**Note:** data included in this table are adapted from unduplicated count reports for Calendar Year 2019 by race, category, and county.

**Sources:** Correspondence with Maryland WIC 09.03.2020; Population Under 18 Years by Age. US Census Bureau, B09001, 2015-2019 American Community Survey 5-Year Estimates.

**Table 8:** Unduplicated Participation in The Special Supplemental Nutrition Program for Women, Infants, and Children in Maryland (Maryland WIC) by Race and Ethnicity, by Jurisdiction, Calendar Year 2019

Jurisdiction	%Asian (Non-Hispanic)	% Black (Non-Hispanic)	% Other (Non-Hispanic)	% White (Non-Hispanic)	% Hispanic or Latino
Allegany	0.3	4.1	11.9	80.3	3.4
Anne Arundel	3.3	28.3	7.3	26.4	34.6
Baltimore City	1.6	70.5	3.3	7.6	17.0
Baltimore County	7.3	45.6	6.7	18.7	21.7
Calvert	1.3	19.7	16.9	51.2	11.0
Caroline	1.6	21.1	9.0	39.1	29.3
Carroll	1.3	6.9	11.7	61.2	18.9
Cecil	0.9	11.4	15.9	56.5	15.3
Charles	1.6	56.6	10.3	15.9	15.6
Dorchester	0.4	41.4	10.8	29.0	18.4
Frederick	3.2	17.8	10.5	28.5	40.0
Garrett	0.2	0.2	4.0	93.6	2.0
Harford	2.0	32.9	15.0	33.4	16.7
Howard	11.4	39.9	3.6	10.4	34.7
Kent	1.9	23.4	13.7	42.4	18.7
Montgomery	4.1	28.1	2.0	3.1	62.7
Prince George's	3.1	55.4	2.1	2.6	36.8
Queen Anne's	0.5	10.3	10.9	49.4	28.9
Somerset	0.7	49.9	10.3	26.0	13.2
St. Mary's	1.7	30.6	16.1	36.8	14.8
Talbot	1.8	18.5	9.4	26.9	43.3
Washington	0.9	18.8	17.1	46.1	17.1
Wicomico	1.2	47.8	10.4	25.5	15.3
Worcester	0.8	33.5	11.5	41.3	12.9
<b>Maryland</b>	<b>3.5</b>	<b>41.8</b>	<b>5.7</b>	<b>16.2</b>	<b>32.9</b>

**Data source:** Correspondence with Maryland WIC, 05.15.2020

Race/ethnicity estimates include participants age 0-3 (i.e., infants, children age 1, children age 2). Race and ethnicity categories match those provided by Maryland WIC. Other category includes participants that identify as American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islanders, and multiple races. Ethnicity is collected and shown separately.

**Table 9:** Maryland Infants and Toddlers Program (MITP) State and Local Annual Child Count\* by Race and Ethnicity, by Jurisdiction, State Fiscal Year 2020

Jurisdiction	Child Count	AI/AN	Asian	Black/African American	Hispanic/Latino	NH/OPI	Two or More Races	White (Not Hispanic)
Allegany	108	0.9%	0.9%	4.6%	1.9%	0.0%	6.5%	85.2%
Anne Arundel	1,122	0.0%	3.1%	17.7%	12.6%	0.0%	6.1%	60.4%
Baltimore City	881	0.1%	0.9%	58.7%	12.5%	0.2%	4.5%	23.0%
Baltimore County	1,322	0.1%	6.8%	32.5%	9.4%	0.2%	4.1%	46.9%
Calvert	183	0.5%	0.5%	7.1%	7.1%	0.5%	12.0%	72.1%
Caroline	59	0.0%	1.7%	23.7%	8.5%	0.0%	10.2%	55.9%
Carroll	226	0.0%	0.4%	1.3%	5.8%	0.0%	2.7%	89.8%
Cecil	215	0.5%	0.0%	5.6%	10.7%	1.4%	6.0%	75.8%
Charles	239	0.0%	2.5%	48.5%	12.6%	0.4%	7.9%	28.0%
Dorchester	57	0.0%	0.0%	43.9%	8.8%	0.0%	8.8%	38.6%
Frederick	415	0.0%	4.8%	10.1%	16.6%	0.2%	6.3%	61.9%
Garrett	48	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	97.9%
Harford	460	0.0%	2.2%	16.1%	8.0%	0.0%	8.7%	65.0%
Howard	559	0.0%	20.6%	20.9%	9.8%	0.0%	6.3%	42.4%
Kent	33	0.0%	0.0%	9.1%	21.2%	0.0%	9.1%	60.6%
Montgomery	2,316	0.0%	11.0%	18.6%	30.0%	0.0%	6.3%	34.2%
Prince George's	1,514	0.3%	2.4%	53.4%	32.2%	0.1%	3.4%	8.2%
Queen Anne's	97	0.0%	1.0%	4.1%	10.3%	0.0%	4.1%	80.4%
Somerset	12	0.0%	0.0%	41.7%	0.0%	0.0%	25.0%	33.3%
St. Mary's	179	0.0%	1.1%	14.5%	11.2%	0.6%	10.6%	62.0%
Talbot	72	0.0%	0.0%	6.9%	36.1%	0.0%	2.8%	54.2%
Washington	200	0.0%	0.0%	11.5%	8.5%	0.0%	8.0%	72.0%
Wicomico	137	0.0%	3.6%	40.1%	10.2%	0.0%	14.6%	31.4%
Worcester	44	0.0%	0.0%	9.1%	2.3%	0.0%	6.8%	81.8%
<b>Maryland</b>	<b>10,498</b>	<b>0.1%</b>	<b>5.6%</b>	<b>27.9%</b>	<b>18.1%</b>	<b>0.1%</b>	<b>5.8%</b>	<b>42.3%</b>

**Data source:** Correspondence with MD State Department of Education, Division of Early Intervention and Special Education Services, 09.01.2020. Note: Preliminary data for July 1, 2019-June 30, 2020. MITP State and Local Annual Child Count. \*Annual count reflects actual numbers of children served in the time period and may not match other published "snapshot" data.

Race and ethnicity categories listed alphabetically and in same order as provided by MITP.

**Table 10: Maryland Infants and Toddlers Program (MITP): Services Delivered in a Timely Manner by Jurisdiction, State Fiscal Year 2019**

Jurisdiction	Number of Children	Total Number of Children Received Service within 30 Days or the Service Delay Requested by Family or Validated on IFSP	Percent of Children Received Service Within 30 days or the Service Delay Requested by Family or Validated on IFSP
Allegany	107	107	100.00%
Anne Arundel	1,227	1,227	100.00%
Baltimore City	962	902	93.76%
Baltimore County	1,604	1,471	91.71%
Calvert	174	173	99.43%
Caroline	55	55	100.00%
Carroll	191	190	99.48%
Cecil	199	199	100.00%
Charles	222	220	99.10%
Dorchester	37	37	100.00%
Frederick	497	497	100.00%
Garrett	27	27	100.00%
Harford	456	369	80.92%
Howard	536	535	99.81%
Kent	24	24	100.00%
Montgomery	2,417	2,407	99.54%
Prince George's	1,910	1,882	98.53%
Queen Anne's	91	90	98.90%
Somerset	14	14	100.00%
St. Mary's	205	204	99.51%
Talbot	82	82	100.00%
Washington	255	254	99.61%
Wicomico	121	121	100.00%
Worcester	65	65	100.00%
<b>Maryland</b>	<b>11,478</b>	<b>11,151</b>	<b>97.15%</b>

Part C Indicator # 1. Target: 100% Actual: 97.15% IFSP: Individualized Family Service Plan

**Data Source:** Correspondence with Maryland State Department of Education, Division of Early Intervention and Special Education Services, 09.01.2020. State Fiscal Year 2019 (7/1/18-6/30/19)

**Table 11:** Maryland Infants and Toddlers Program (MITP):  
Family Outcomes by Jurisdiction, Federal Fiscal Year 2018

Jurisdiction	4A-Know Your Rights	4B-Communicate Child's Needs	4C-Help Child Develop & Learn
Allegany	100.00%	98.59%	98.57%
Anne Arundel	96.77%	97.55%	97.48%
Baltimore City	97.84%	98.49%	99.13%
Baltimore County	97.42%	98.88%	98.12%
Calvert	92.96%	94.29%	95.77%
Caroline	97.06%	93.94%	100.00%
Carroll	94.64%	94.44%	92.59%
Cecil	98.39%	100.00%	98.33%
Charles	97.83%	96.81%	96.74%
Dorchester	95.83%	100.00%	100.00%
Frederick	98.17%	97.26%	95.85%
Garrett	100.00%	100.00%	100.00%
Harford	95.83%	98.61%	97.83%
Howard	98.40%	97.54%	96.72%
Kent	100.00%	100.00%	100.00%
Montgomery	97.79%	97.93%	99.25%
Prince George's	97.76%	98.13%	98.74%
Queen Anne's	98.21%	98.21%	98.11%
Somerset	81.82%	81.82%	81.82%
St. Mary's	96.94%	97.94%	95.88%
Talbot	100.00%	100.00%	100.00%
Washington	98.25%	97.32%	98.23%
Wicomico	99.26%	98.52%	99.24%
Worcester	96.15%	92.59%	96.30%
<b>Maryland</b>	<b>97.52%</b>	<b>97.88%</b>	<b>98.15%</b>

Part C Indicator #4

**Data Source:** Correspondence with Maryland State Department of Education, Division of Early Intervention and Special Education Services, 09.01.2020. Federal Fiscal Year 2018 (10/1/2017 - 9/30/2018)

**Table 12: Children 0-3 Years Served by Infant and Early Childhood Mental Health Consultation (IECMHC) in Maryland by Race and Ethnicity, by Region, State Fiscal Year 2020**

Program Jurisdiction(s) Served	Child Count	Child Race or Ethnicity		
		Black or African American	White	Other Race/Ethnicity
Care Center Howard	6	0.0%	50.0%	50.0%
CHAMPS Anne Arundel	8	12.5%	62.5%	25.0%
Early Childhood Destination: Inclusion Alleghany, Garrett, Washington	7	0.0%	85.7%	14.3%
Early Intervention Project Baltimore City	6	33.3%	50.0%	16.7%
Lower Shore Early Intervention Program Wicomico, Worcester, Somerset	3	100.0%	0.0%	0.0%
Montgomery County ECMH Consultation Service Montgomery	4	0.0%	25.0%	75.0%
Partnerships for Emotionally Resilient Kids (PERKS) Carroll, Frederick	4	0.0%	100.0%	0.0%
Project ACT Early Childhood Consultation Services Baltimore County, Cecil, Harford	7	42.8%	28.6%	28.6%
Project First Choice or ECMHP Calvert, Charles, St. Mary's	7	0.0%	71.4%	28.6%
Project Right Steps Caroline, Dorchester, Kent, Queen Anne's, Talbot	0	0.0%	0.0%	0.0%
Project Win Prince George's	8	42.8%	0.0%	37.5%
<b>Maryland</b>	<b>60</b>	<b>23.3%</b>	<b>48.3%</b>	<b>28.3%</b>

Source: Correspondence with Co-Director of Parent, Infant, and Early Childhood (PIEC) Program. The Institute for Innovation and Implementation, University of Maryland School of Social Work. 12.09.2020. Race and ethnicity categories match those provided by The Institute. Other race/ethnicity category includes American Indian or Alaskan Native, Asian, Hispanic or Latino, multi-racial, and Native Hawaiian/Other Pacific Islander.

**Table 13:** Children 0-3 Years and Pregnant Women Enrolled in Medicaid and Maryland's Children's Health Program (MCHP) by Jurisdiction, Calendar Year 2019.

Jurisdiction	Total Medicaid Enrollees		Total CHIP Enrollees (Excluding CHIP Premium)	
	Pregnant Women	Children 0-3	Pregnant Women	Children 0-3
Allegany	649	1,824	*	129
Anne Arundel	3,296	9,377	*	1,066
Baltimore City	6,834	21,385	*	975
Baltimore County	6,941	20,224	*	1,841
Calvert	440	1,154	*	102
Caroline	408	1,175	*	101
Carroll	629	1,875	*	226
Cecil	767	2,482	*	179
Charles	1,139	3,302	*	323
Dorchester	366	1,089	*	60
Frederick	1,395	4,070	*	519
Garrett	267	644	*	86
Harford	1,402	4,205	*	373
Howard	1,351	4,100	*	485
Kent	141	359	*	33
Montgomery	6,554	18,968	*	2,697
Prince George's	9,072	28,004	*	3,236
Queen Anne's	233	680	*	75
Somerset	260	766	*	42
St. Mary's	694	2,019	*	128
Talbot	232	755	*	65
Washington	1,381	4,199	*	355
Wicomico	1,237	3,483	*	298
Worcester	321	945	*	83
<b>Maryland</b>	<b>46,009</b>	<b>137,084</b>	<b>58</b>	<b>13,477</b>

**Source:** The Hilltop Institute, University of Maryland, Baltimore County for the Maryland Department of Health, received 12.23.2020.

\* Counts under 11 are suppressed CHIP: Children's Health Insurance Program.

**Table 14:** Children 0-3 Years Served by Judy Centers in Maryland, State Fiscal Year 2020

Age 0-1	Age 1	Age 2	Age 3
1,251	1,406	1,971	2,612

**Source:** Correspondence with Maryland State Department of Education, Division of Early Childhood. 10.19.2020

**Table 15:** Children 0-5 Years Served by Judy Centers in Maryland by Race and Ethnicity, State Fiscal Year 2020 N = 16,463

AI/AN	Asian	Black/African American	Hispanic/Latino	NH/OPI	Two or more races	White
<1%	1.4%	41.3%	21.4%	<1%	6.1%	29.6%

**Source:** Correspondence with Maryland State Department of Education, Division of Early Childhood. 10.19.2020

**Table 16:** Children 0-3 Years, Parents & Expectants, and Families Served at Home by Family Support Centers in Maryland by Race and Ethnicity, by Region, State Fiscal Year 2019

	Baltimore City, Baltimore County	Metro DC Southern MD	Northern Maryland	Western Maryland	Eastern Shore	Total
<b>Population served</b>						
Parents & expectants	836	476	184	476	543	<b>2,515</b>
Children 0-3	804	389	138	359	428	<b>2,118</b>
Families served at home	470	163	79	112	280	<b>1,104</b>
<b>Race/Ethnicity</b>						
African-American	76%	12%	10%	13%	37%	<b>30%</b>
Asian	1%	2%	2%	1%	1%	<b>1%</b>
Hispanic	11%	65%	29%	28%	29%	<b>32%</b>
White	8%	6%	42%	47%	23%	<b>26%</b>
Other	5%	14%	17%	11%	10%	<b>11%</b>

**Source:** Correspondence with Maryland Family Network 10.01.2020.

Race and ethnicity categories match those provided by Maryland Family Network. Other race/ethnicity category is a self-select category; it includes whatever the service participant deems as other.

**Table 17:** Women and Children Served by Home Visiting in Maryland by Age, State Fiscal Year 2019

Women (years)							Children (months)		
< 18	18-19	20-29	30-39	40-49	50+	Unknown	0-6	7-12	13-35
216	259	2,200	1,337	216	43	86	788	788	1,618

**Source:** Report on the Implementation and Outcomes of State-Funded Home Visiting Programs in Maryland. Maryland Governor’s Office for Children. 2019. Numerical estimates adapted from percentages. See figures 9 and 11.

**Table 18:** Women (N= 4,357) and Children (N=4,108) Served by Home Visiting in Maryland by Race and Ethnicity, State Fiscal Year 2019

	Asian	Black or African American, Not Hispanic	Hispanic, Latino/ Spanish and Unspecified Race	White		Multiracial		Not Specified	Other
				Hispanic	Not Hispanic	Hispanic	Not Hispanic		
<b>Women</b>	--	43%	5%	16%	21%	6%	2%	4%	1%
<b>Children</b>	1%	39%	5%	23%	20%	3%	6%	1%	1%

**Source:** Report on the Implementation and Outcomes of State-Funded Home Visiting Programs in Maryland. Maryland Governor’s Office for Children. 2019.

Race and ethnicity categories match those provided in the Report listed above.

Hispanic categories include those that are Hispanic, Latino, or Spanish.

Other category includes: American Indian and Alaskan Native, Native Hawaiian or Pacific Islander, Black AND Hispanic, Latino or Spanish.

**Table 19:** Households with Children Under Age 3 Years Receiving Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA) in Maryland by Jurisdiction, State Fiscal Year 2019

Jurisdiction	Households with Children Under 3 Receiving SNAP	Households with Children Under 3 Receiving TCA
Allegany	1,352	293
Anne Arundel	4,534	822
Baltimore City	17,880	4,726
Baltimore County	12,357	1,602
Calvert	639	55
Caroline	763	94
Carroll	1,029	82
Cecil	1,582	280
Charles	1,971	234
Dorchester	784	101
Frederick	2,224	234
Garrett	363	46
Harford	2,467	344
Howard	1,916	253
Kent	267	48
Montgomery	7,337	723
Prince George's	12,978	1,159
Queen Anne's	348	36
Somerset	586	135
St. Mary's	1,338	295
Talbot	484	64
Washington	2,737	570
Wicomico	2,370	390
Worcester	542	63
<b>Maryland</b>	<b>78,852</b>	<b>12,650</b>
<b>Distinct* Maryland Total</b>	<b>75,554</b>	<b>12,124</b>

**Data source:** Correspondence with Maryland Department of Human Services, Family Investment Administration, 10.02.2020.  
 \*Distinct Maryland total is the unduplicated count of households with children under 3 receiving SNAP and TCA.

**Table 20:** Households with Children Under Age 3 Years Receiving Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA) in Maryland by Race and Ethnicity, State Fiscal Year 2019

	Asian		Black		Caucasian		Hispanic	Native American		Pacific/Alaskan Native		Unknown	
	H	NH	H	NH	H	NH		H	NH	H	NH	H	NH
<b>SNAP</b>	0.1%	1.7%	0.7%	37.4%	1.2%	13.0%	3.3%	<0.0%	0.2%	<0.0%	0.1%	8.5%	33.6%
<b>TCA</b>	<0.0%	1.4%	0.6%	50.7%	0.6%	10.4%	1.2%	<0.0%	0.2%	<0.0%	<0.0%	2.5%	32.5%

**Data source:** Correspondence with Maryland Department of Human Services, Family Investment Administration, 10.02.2020.

H: Hispanic; NH: Non-Hispanic

Race categories include both Hispanic and Non-Hispanic estimates. Race and ethnicity categories match those provided by Maryland DHS; race and ethnicity information does not factor into the eligibility determination process and therefore are not mandatory to collect.

**Table 21: Referrals to Child Protective Services (CPS) in Maryland by Jurisdiction, State Fiscal Year 2019**

Jurisdiction	Referrals	Accepted Referrals	Accepted Referrals: Households with a Child Under 3 Screened in (%)
Allegany	2,050	534	251 (47.0)
Anne Arundel	6,908	2,729	603 (22.1)
Baltimore City	8,047	4,858	1,392 (28.7)
Baltimore County	5,801	2,771	941 (34.0)
Calvert	995	416	120 (28.8)
Caroline	510	124	43 (34.7)
Carroll	2,509	853	268 (31.4)
Cecil	2,272	770	312 (40.5)
Charles	1,810	679	190 (28.0)
Dorchester	716	268	99 (36.9)
Frederick	3,505	992	300 (30.2)
Garrett	486	197	61 (31.0)
Harford	3,853	1,432	449 (31.4)
Howard	2,708	589	127 (21.6)
Kent	185	108	29 (26.9)
Montgomery	6,403	2,775	698 (25.2)
Prince George's	7,991	3,213	685 (21.3)
Queen Anne's	387	94	37 (39.4)
Somerset	569	190	78 (41.1)
St. Mary's	1394	478	127 (26.6)
Talbot	449	131	43 (32.8)
Washington	3,463	1,057	429 (40.6)
Wicomico	1,983	685	252 (36.8)
Worcester	808	370	113 (30.5)
<b>Maryland</b>	<b>65,802</b>	<b>26,313</b>	<b>7,647 (29.1)</b>

**Source:** Correspondence with Maryland Department of Human Services, Social Services Administration, 10.13.2020

**Table 22:** Referrals to Child Protective Services (CPS) in Maryland, by Race and Ethnicity, State Fiscal Year 2019

Race/Ethnicity	Referrals	Accepted Referrals	Accepted Referrals: Households with a Child Under 3 Screened in (%)
Black	12,522	6,080	1,687 (27.8)
Hispanic	1,979	898	198 (22.1)
White	14,169	5,544	1,913 (34.5)
Unable to Determine	36,774	13,621	3,802 (27.9)
All other	358	170	47 (27.7)
<b>Total</b>	<b>65,802</b>	<b>26,313</b>	<b>7,647 (29.1)</b>

**Source:** Correspondence with Maryland Department of Human Services, Social Services Administration, 10.13.2020.

Race and ethnicity categories match those provided by Maryland DHS.

Note: "All Other" category includes small counts of Asian, Alaskan Native/American Indian, Native Hawaiian/Other Pacific Islander. "Unable to Determine" category—race/ethnicity is not a mandatory screening question.

**Table 23:** Substance Exposed Newborn (SEN) Referrals to Social Services in Maryland by Jurisdiction, State Fiscal Year 2019

Jurisdiction	Total SEN Referrals	Percent of Referrals Receiving a Service Plan	Percent of Referrals Receiving In-Home Services within 30 Days	Percent of Referrals Placed in CPS within 30 Days
Allegany	125	98.4%	98.4%	**
Anne Arundel	189	96.8%	96.3%	**
Baltimore City	446	84.1%	39.0%	2.5%
Baltimore County	300	66.0%	65.0%	**
Calvert	48	87.5%	87.5%	**
Caroline	18	88.9%	88.9%	**
Carroll	60	81.7%	81.7%	**
Cecil	103	62.1%	58.3%	**
Charles	68	86.8%	50.0%	**
Dorchester	33	63.6%	63.6%	**
Frederick	73	94.5%	93.2%	**
Garrett	**	**	**	**
Harford	119	88.2%	88.2%	10.9%
Howard	42	85.7%	85.7%	**
Kent	**	**	**	**
Montgomery	84	78.6%	4.8%	1.2%
Prince George's	171	81.3%	66.7%	**
Queen Anne's	19	73.7%	68.4%	0.0%
Somerset	22	59.1%	59.1%	**
St. Mary's	42	64.3%	61.9%	**
Talbot	**	**	**	**
Washington	183	89.1%	87.4%	**
Wicomico	92	75.0%	62.0%	0.0%
Worcester	26	96.2%	88.5%	0.0%
<b>Maryland</b>	<b>2,288</b>	<b>82.0%</b>	<b>67.1%</b>	<b>2.2%</b>

Double asterisk \*\* denotes population 10 or less

**Source:** Correspondence with Maryland Department of Human Services, Social Services Administration, 10.13.2020

**Table 24:** Substance Exposed Newborn (SEN) Referrals to Social Services in Maryland by Race and Ethnicity, State Fiscal Year 2019

Race/Ethnicity	Total SEN Referrals	Percent of Referrals Receiving a Service Plan	Percent of Referrals Receiving In-Home Services within 30 Days	Percent of Referrals Placed in CPS within 30 Days
Black	393	85.0%	54.7%	1.3%
Hispanic	11	81.8%	54.5%	0.0%
White	386	89.4%	78.2%	1.8%
Unable to Determine	1,491	79.3%	67.5%	2.6%
All other	7	85.7%	71.4%	0.0%
<b>Total</b>	<b>2,288</b>	<b>82.0%</b>	<b>67.1%</b>	<b>2.2%</b>

**Source:** Correspondence with Maryland Department of Human Services, Social Services Administration, 10.13.2020.

Race and ethnicity categories match those provided by Maryland DHS.

Note: Race and ethnicity questions not mandatory for referral process.

**Table 25:** Estimated Child Care Cost and Child Care Cost as Percentage of Median Income Spent on Child Care in Maryland by Jurisdiction, Calendar Year 2019

Jurisdiction	Estimated Child Care Cost	% of Median Income Spent on Child Care
Allegany	\$13,780	25.2%
Anne Arundel	\$24,402	22.8%
Baltimore City	\$19,028	32.8%
Baltimore County	\$21,291	24.4%
Calvert	\$19,779	17.6%
Caroline	\$13,729	18.8%
Carroll	\$21,300	20.4%
Cecil	\$16,658	20.3%
Charles	\$20,856	19.7%
Dorchester	\$14,171	23.5%
Frederick	\$23,115	21.9%
Garrett	\$10,108	17.0%
Harford	\$21,806	22.9%
Howard	\$27,743	20.8%
Kent	\$17,858	26.6%
Montgomery	\$30,934	24.3%
Prince George's	\$21,950	24.6%
Queen Anne's	\$18,795	18.4%
Somerset	\$14,495	27.1%
St. Mary's	\$19,318	19.2%
Talbot	\$15,112	17.2%
Washington	\$15,583	22.2%
Wicomico	\$15,784	23.4%
Worcester	\$16,351	21.5%

**Source:** Maryland Family Network. Child Care Demographics 2020.

**Table 26:** Children Enrolled in Child Care Scholarship (CCS) Program by EXCELS rating in Maryland by Age, State Fiscal Year 2020

Child's Age on Sept. 18, 2019	EXCELS Level					Total
	1	2	3	4	5	
Under 1 year old	387	52	180	17	32	668
1 year old	1,018	157	440	52	77	1,744
2 years old	1,469	221	584	77	154	2,505
<b>Total</b>	<b>2,874</b>	<b>430</b>	<b>1,204</b>	<b>146</b>	<b>263</b>	<b>4,917</b>

**Source:** Maryland State Department of Education.

Children participating in the CCS program must receive care in a setting participating in Maryland EXCELS. Certain informal providers (i.e., relative care, in-home care, and babysitting) can be approved by the Child Care Scholarship Branch to receive reimbursement. This table excludes informal providers.

Note: Number of children above tallied from receipted formal vouchers and reflect those who were enrolled in the CCS program, as of September 18, 2019.

**Table 27:** Funded Early Head Start (EHS) Enrollment Slots for Children 0-3 Years in Maryland by Jurisdiction, State Fiscal Year 2021

Jurisdiction	Center-based	Home-based
Allegany	12	30
Anne Arundel	45	0
Baltimore City	362	0
Baltimore County	0	40
Calvert	0	0
Caroline	95	0
Carroll	28	34
Cecil	40	0
Charles	32	0
Dorchester	50	0
Frederick	0	0
Garrett	54	35
Harford	22	38
Howard	0	0
Kent	0	0
Montgomery	258	137
Prince George's	56 (See Montgomery)	See Montgomery
Queen Anne's	0	0
Somerset	52	0
St. Mary's	0	0
Talbot	65	0
Washington	80	47
Wicomico	86	0
Worcester	26	0
<b>Total Slots</b>	<b>1,363</b>	<b>361</b>

**Source:** Correspondence with Office of Head Start Collaboration, Division of Early Childhood, Maryland State Department of Education, 10.14.2020. See Montgomery: Home-based centers and some center-based programs in Montgomery serve children in PG county; other center-based program in PG county only serve children in PG county.

**Table 28:** Cumulative Early Head Start (EHS) Enrollment for Children 0-3 Years and Pregnant Women Served by Early Head Start in Maryland by Race and Ethnicity, 2019

AI/AN		Asian		Black/AA		NH/OPI		White		Bi/multi-racial		Other		Unspecified	
H	NH	H	NH	H	NH	H	NH	H	NH	H	NH	H	NH	H	NH
0.1%	<0.1	0.1%	0.8%	0.3%	50.8%	0.0%	<0.1%	10.6%	15.0%	3.6%	7.1%	8.8%	1.3%	.7%	.7%

**Source:** Office of Head Start—Program Information Report (PIR) Enrollment Statistics Report—2019—State Level

Race and ethnicity categories match those provided in Report above under cumulative enrollment section of report. H: Hispanic, NH: Non-Hispanic, AI/AN: American Indian or Alaskan Native; Black/AA: Black or African American.