

**NC Pre-K Planning Committee/Board of Directors Meeting
(Hybrid Meeting)
Thursday, October 27, 2022
President's Report**

A. North Carolina Partnership for Children (NCPC) Updates / DCDEE Updates / Legislative Updates

1. NCPC

- Carry-forward funds are anticipated to go into a contract amendment late November/December. We have received the grid of funding allocations and carry-forward funds from NCPC in order to finalize recommendations.
- NCPC has sent out **Pre- and Post-Elections Resources for Fall 2022**. These will be sent out to Board and staff in a separate email.
- **State Expansion of Child Care Health Consultants** – The amendment on the Expansion grant for the No Cost extension through September 30, 2022 was executed. DCDEE notified NCPC that a no-cost extension for October 1, 2022 – November 30, 2023 would be provided for the project. We are awaiting contract information.
- **Federal PDG Grant for Regional Pilots for Family Connects** – Waiting for next steps for contracting for the third year of funding. We have 2 more years of Community Foundation funding for the Community Alignment Specialist position. State level meetings are occurring around sustainability beyond the PDG funding for the Family Connects Pilot sites. Data summary attached.

2. DCDEE

- Child care programs should be looking at the option of the extension of the Stabilization grants for compensation supports for another year. The additional year is utilizing about \$150M in discretionary ARPA funding for this purpose.
- Anticipate late fall for guidance with a first of the year application release from DCDEE on the \$20M for NC Pre-K start-up, quality and capital expenses.
- **PDG B-5 Funding** – Notice of Funding Opportunities. The next round of funding will emphasize what are called bold investments in the ECE workforce, including through planning and implementation of compensation initiatives and developing pathways to licensure, credentialing, and degrees.
- **NC Pre-K** – The state data system for NC Pre-K and other state functions have been down sporadically over the last few weeks. This has impacted ability to process attendance, submit reports and communicate with those at the state level. We were fortunate to be able to get our processing done and keep funding flowing. This has impacted many contract administrators for the program.
 - a. The new funding for NC Pre-K that was granted in the short session will be put into a contract amendment once DCDEE does amendments with Contract Agency Administrators. We are still waiting for guidance and the contract amendment.
 - b. NC Pre-K staff in all sectors will be participating in the state required **LETRs training** on literacy. Cumberland County is in Cohort 3 for this training. The Department of Public Instruction is the lead for this training.
 - c. Utilizing monthly NC Pre-K Directors meetings for work on NC Pre-K processes.

3. Local Level

- **Governor Cooper was in Fayetteville on Thursday, October 20, highlighting the NC Child Care Stabilization Grants.**

- **Child Care Stakeholder Community Meeting** with local and state lawmakers, child care providers and other leaders and stakeholders is being scheduled for November 9 from 11:00 am – noon at the Partnership. Community Engagement will be getting the invitations out. The convening of this meeting resulted from Governor’s visit.
 - Highlights from the 2022 NC Association for County Commissioners Map Book are attached for Cumberland County.
4. **Federal Level** – The federal government is operating under a continuing resolution for operation until December 16. Bills to keep an eye on for potential funding for early childhood at the end of the year include the 2023 Farm Bill which covers SNAP benefits, the MIECHV reauthorization bill, National Defense Authorization Act which impacts military families, and some potential movement in the area of mental health services.

B. Grant Opportunities/Updates/RFPs

1. City of Fayetteville ARPA funding – Child care sites must be within Qualified Census Tract zip code areas in the City of Fayetteville. Application is open. DCDEE’s continuation of Stabilization Grants for compensation will impact implementation of this proposal. Working with City for other potential options to assist the workforce with this funding.

C. PFC Updates & Highlights

1. **Position openings posted: website link** (<https://www.indeed.com/cmp/Partnership-For-Children-of-Cumberland-County>). Please go to our website for new postings and share opportunities. There are programmatic postings.
2. **Welcome** – Michelle Downey, Contracts Coordinator; Fletcher King, IT Systems Engineer; Vonshieka James, Program Support Specialist for Family Connects. Wakenia George, Program Manager for Parent Education and Latasha Jenkins, MAC Coordinator will start Monday, October 31.
3. We continue to monitor federal, state and local health and safety guidelines for any recommendations and compliance guidelines related to COVID-19. Enhanced cleaning and hand sanitizer stations are available as are masks upon request.
4. **Infrastructure Project:** We are working with Fleming & Associates on Phase 2 of the project. Shop drawings have been submitted and are waiting for required revisions and updates from the contractor. In addition, we have received most of the required documentation for the project.

D. Events/Community Outreach

1. **Board and Committee Meetings:** Meetings are being offered in a hybrid format and in-person. Please refer to your meeting invites for the format of the particular meeting.
2. **All Staff Meetings:** Monthly meetings are offered in a hybrid format with increased offerings of in-person meetings.
3. **Tenant Meetings:** The next quarterly meeting is November 15th from 5:30-6:30 pm and will be in person.
4. **Drive-Through Truckload of Hope Diaper Bank: November 5 and December 10** from 8:30-10:30 am. Volunteers needed. Contact Daniele Malvesti (dmalvesti@ccpfc.org) if you can assist. We continue to be in conversations with the Diaper Bank of NC about additional options for the Diaper Bank in Cumberland County.
5. **United Way Campaign – Runs through November 16. Contact Anthony**, aramos@ccpfc.org, **or Belinda**, bgainey@ccpfc.org **if you would like more details or to get involved with us.** Our Annual Food Drive for Fayetteville Urban Ministry in conjunction with the United Way Campaign ends November 10.
6. **Government in Action State and Local Roundtable event, October 20-21 in Washington, DC** – meeting covered what states were doing around Pre-Natal to Three policy and federal policies on the horizon. In addition, the Prenatal-Three State Policy Roadmaps for 2022 were recently released. The North Carolina State Prenatal-Three roadmap as well as the 2021 North Carolina Fact Sheet on Child Care are attached as part of your packet.
7. **The Soiree – March 24, 2023. It has been moved to be more budget friendly and will be held at the Crown Expo Center. We need your help!** Contact Sharon Moyer (smoyer@ccpfc.org) for more information in upcoming meetings. The proposed theme is “The 70’s”.

Family Connects, North Carolina Southeastern Region

Data verified through July, 2022 by Family Connects International

	Program Start Date 10/4/2021	10/4/2021 - 6/30/2022	Jul-22	Aug-22	Sep-22	10/4/2021 - 8/31/2022
BIRTH DATA						
Total Births	0	2624	301	350	314	3747
Eligible*	0	2243	254	303	275	3212
Not Eligible	0	381	47	47	39	535

CASE STATUS BY DELIVER DATE

Scheduled	0	1610	181	218	177	2253
Scheduling Rate - 75% Goal	0%	72%	71%	72%		72%
Decline	0	250	15	14	18	300
Decline Rate	0%	11%	6%	5%	7%	9%
Completed	0	925	117	137	92	1276
Completion Rate - 80% Goal	0%	58%	65%	61%		59%
Pending (Changes daily)	0	85	58	71	80	361
Pending Rate - Goal 0%	0%	4%	23%	23%	29%	7%
Unable to Contact - Closed	0	666	63	45	51	869
Unable To Contact Rate	0%	31%	25%	15%	19%	29%
Population Reach - 60% Goal	0%	41%	46%	44%		42%

COMPLETED VISITS

County of Residency						
Cumberland - 56% Goal	0%	85%	88%	82%	86%	85%
Hoke - 28% Goal	0%	9%	8%	13%	10%	9%
Robeson - 16% Goal	0%	5%	4%	4%	4%	5%

These numbers change daily. Goal is to have 0 in Pending and keep Unable to Contact as low as possible.

These numbers are provided by Family Connects International usually about 60 days after end of month.

Cumberland County

Highlights from the 2022 NCACC Map Book



Demographics

2022 population	334,508
Projected change over next 20 years	0%
2042 population projection	334,959
2022 Population Facts	County NC Rank¹
Median Age	33.4 39.6 97
Population Under 18	26% 21% 4
Population Age 65+	14% 18% 92
Veterans	15% 6% 1



Health and Wellbeing

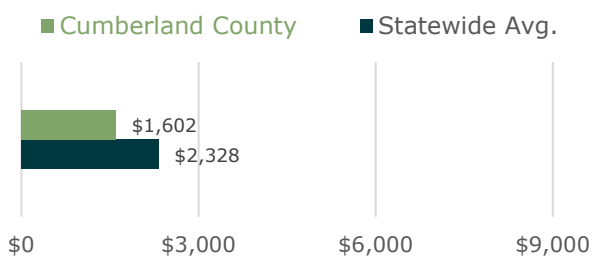
34% of residents are covered by Medicaid.(4)	12% of residents under 65 are uninsured.(2)	16% of households are food insecure.(3)
143 residents died from opioid poisoning in 2020.	47,383 residents were prescribed opioids in 2020.	



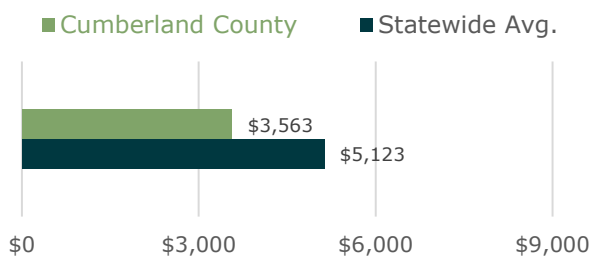
Education

50% of eligible children are enrolled in NC Pre-K.(4)	46% of adults 25-44 hold a post-secondary degree or credential. (5)	13% of residents age 16-24 are not in school or working.(2)
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Local K-12 \$ Per Student, FY 2020-21



Avg Teacher Salary Supplement, FY 2021-22



Economy and Taxes

	County	NC	Rank ¹
Income			
Per Capita Income (3)	\$42,992	\$50,305	45
Average Weekly Wage (4)	\$936	\$1,146	18
Children in Poverty (3)	25%	18%	31
Employment			
Unemployment Rate (May 2022)	5.3%	3.5%	9
Employed residents whose job is within the county (3)	89%	71%	5
Employed residents who commute by driving alone (3)	79%	71%	86
Access to Technology			
Households with broadband or satellite internet access (3)	78%	76%	21
Households with access to a computing device (3)	91%	91%	20
Local Taxes, FY 2021-22			
Property Tax Rate	0.7990	0.6072	20
Taxable property per capita (in thousands of dollars)	\$72.7	\$131.1	95
Property tax levy per capita	\$581	\$822	87
Sales tax rate (State + local)	7.00%	-	-

Notes: (1) A rank of 1 indicates the highest level or rate Statewide; a rank of 100 represents the lowest. (2) 2019 data; (3) 2020 data; (4) 2021 data; (5) 2018 data. For full notes and sources, or to download the Map Book or this fact sheet, visit www.ncacc.com/mapbook.

North Carolina Roadmap Summary

Effective Roadmap Policy

2022 Policy Snapshot

Expanded Income Eligibility for Health Insurance

▶ **39%**

North Carolina is one of 12 states that has not expanded Medicaid eligibility under the Affordable Care Act; thus, only parents earning up to 39% of the FPL are eligible for Medicaid coverage in NC. The NC legislature will consider Medicaid expansion in Fall 2022.

Reduced Administrative Burden for SNAP

▶ **6 months**

North Carolina offers two of the three policies to reduce administrative burden to most families. The state offers simplified reporting and an online application to most families, but only offers 6-month recertification intervals.

Paid Family Leave Program of at Least 6 Weeks

▶ **0 weeks**

North Carolina does not have a statewide paid family leave program, but it does have a paid family leave program for eligible state employees.

State Minimum Wage of \$10.00 or Greater

▶ **\$7.25**

North Carolina's statutes specify either a \$6.15 minimum wage or the federal minimum, whichever is higher. As a result, the current state minimum wage defaults to the federal minimum of \$7.25.

Refundable State Earned Income Tax Credit of at Least 10%

▶ **No EITC**

North Carolina does not have a refundable state EITC.



State has adopted and fully implemented the policy



State has newly adopted and fully implemented the policy since October 1, 2021

Effective Roadmap Strategy

2022 Strategy Snapshot

Comprehensive Screening and Connection Programs

▶ **2**

Families had access to 2 evidence-based comprehensive screening and connection programs in North Carolina in 2021.

Child Care Subsidies

▶ **83.4%**

North Carolina's base reimbursement rates cover 83.4% of the true cost of providing base-quality care for infants in center-based care.

Group Prenatal Care

▶ **29**

North Carolina served pregnant people in 29 group prenatal care sites across the state in 2021.

Evidence-Based Home Visiting Programs

▶ **6.1%**

North Carolina served an estimated 6.1% of children under age 3 in families with incomes of less than 150% of the FPL in the state's home visiting programs in 2019.

Early Head Start

▶ **6.5%**

Approximately 6.5% of income-eligible infants and toddlers had access to Early Head Start programs in North Carolina in 2019.

Early Intervention Services

▶ **5.5%**

North Carolina served 5.5% of its birth-to-3 population in Early Intervention services (Part over the course of a year (2020-2021)).



Leading state on effective strategy

THE PRENATAL-TO-3 SYSTEM OF CARE IN NORTH CAROLINA

The prenatal to age 3 (PN-3) period is the most rapid and sensitive period of development, and it sets the foundation for long term health and wellbeing. The science of the developing child points to eight PN-3 policy goals that all states should strive to achieve to ensure that infants and toddlers get off to a healthy start and thrive.

To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This **Prenatal-to-3 State Policy Roadmap** identifies the 11 most effective evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

The Prenatal-to-3 State Policy Roadmap is a tool for your state to:

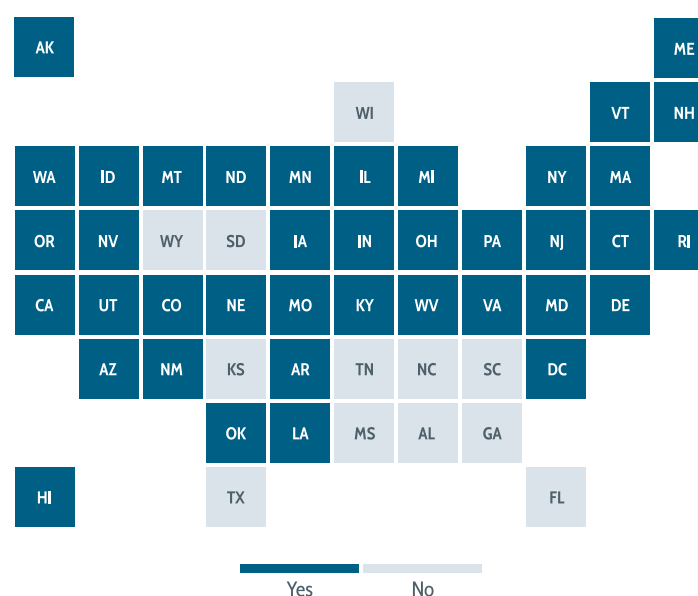
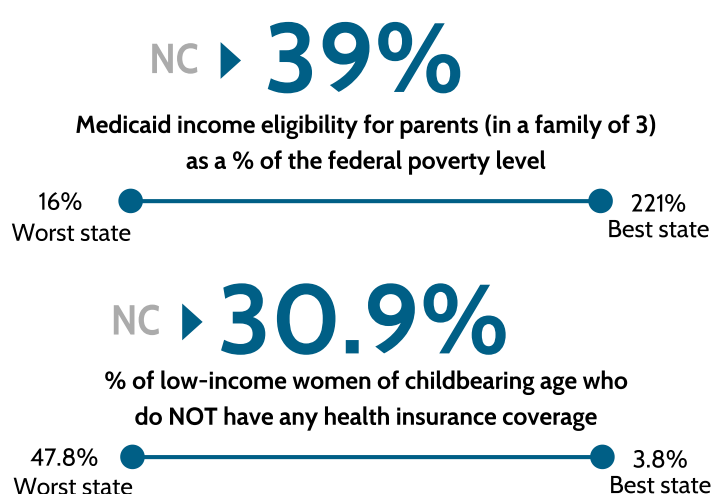
- Assess the wellbeing of your state's infants and toddlers and prioritize your state's PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor the adoption and implementation of the 11 effective policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.

In this Roadmap summary, we provide a snapshot of the progress your state has made implementing each of the 11 effective policies and strategies over the last year. Additional details, including extensive information on the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies is provided in the full Roadmap in a longer profile for each [policy and strategy](#).

Visit the [US Summary](#) for more extensive information on the progress states have made over the last year toward full and equitable implementation of each of the 11 solutions.

EXPANDED INCOME ELIGIBILITY FOR HEALTH INSURANCE

North Carolina



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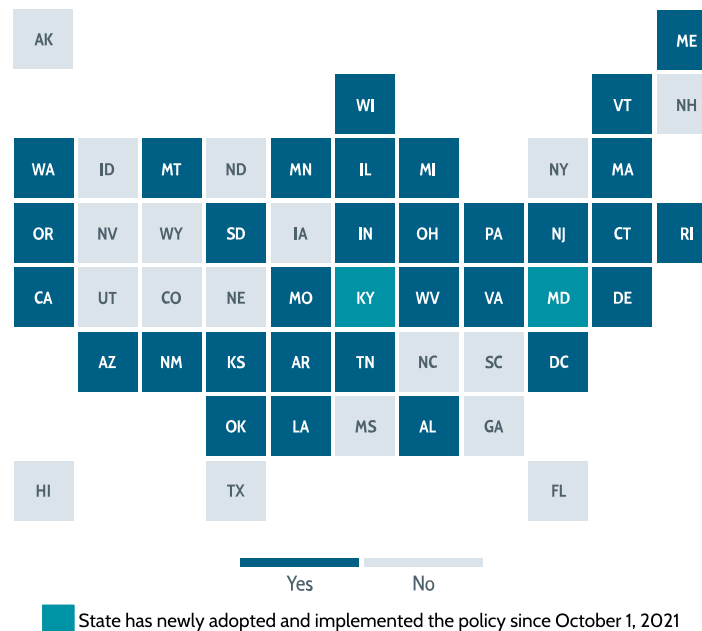
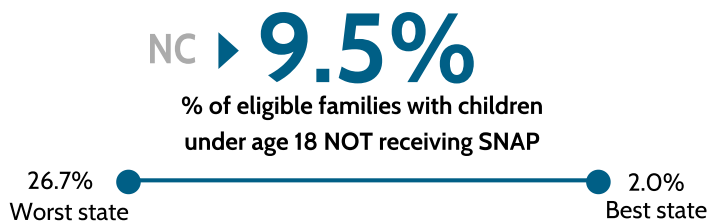
states have adopted and fully implemented the **Medicaid expansion under the Affordable Care Act** that includes coverage for most adults with income up to 138% of the federal poverty level.

North Carolina has not expanded Medicaid eligibility under the Affordable Care Act. In 2013, the legislature passed S.B. 4, which requires legislative approval before the state can adopt and implement Medicaid expansion. In the last year, North Carolina took action on four bills to expand income eligibility to 138 % of the FPL. H.B. 149, amended in the Senate from its original purpose to include Medicaid expansion, passed the Senate, but the House did not vote on the amended version of the bill. In a similar manner, the House passed S.B. 408, which was amended from its original purpose to include the creation of a joint committee to provide recommendations for a Medicaid expansion plan by December 2022, but the bill did not make further progress. Both bills include provisions to impose work requirements. Negotiations within the legislature are ongoing. An estimated 372,400 uninsured adults would become eligible for Medicaid if the state opted to expand coverage, which is 37% of the state's total uninsured population.

For additional information about how states compare to one another, see the detailed [profile](#) on Medicaid expansion.

REDUCED ADMINISTRATIVE BURDEN FOR SNAP

North Carolina



33

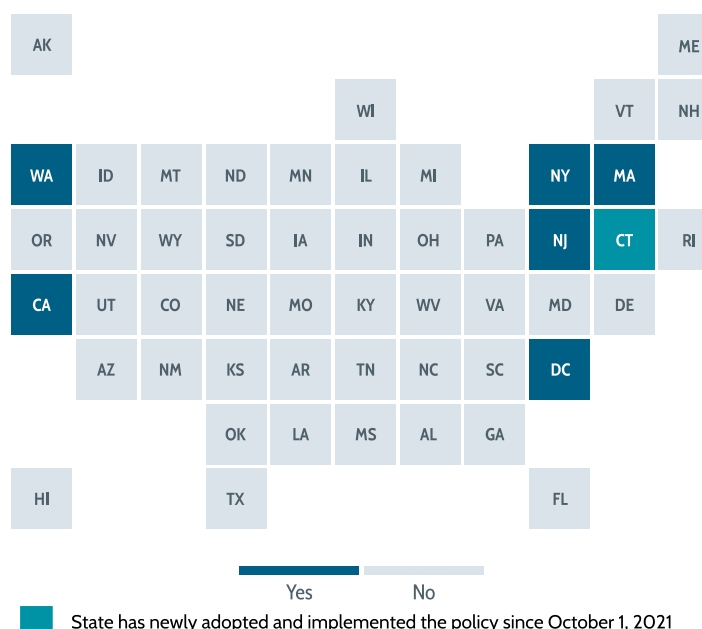
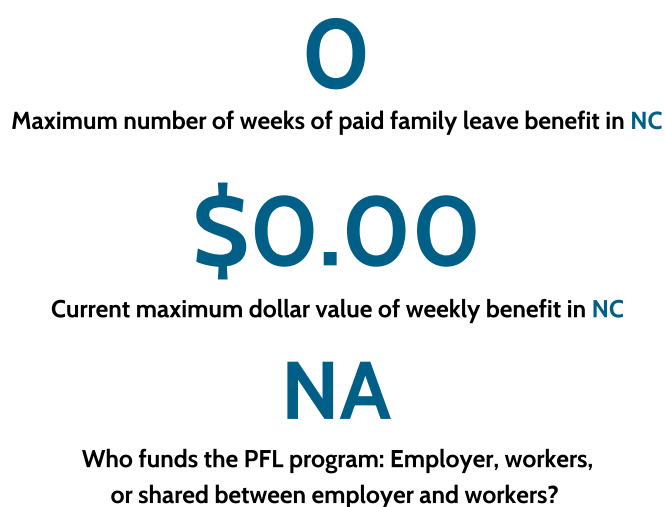
states have implemented a combination of policies to **reduce the administrative burden for SNAP**.

North Carolina only assigns 6-month recertification intervals rather than 12-month intervals for SNAP. The state does assign simplified reporting to most eligible families with children, however. North Carolina has an online application, but it does not offer change reporting or renewal services online. In the last year, legislators did not introduce any bills related to adjusting recertification interval income reporting for SNAP.

For additional information about how states compare to one another, see the detailed [profile](#) on reduced administrative burden for SNAP.

PAID FAMILY LEAVE

North Carolina



7

states have adopted and fully implemented a **paid family leave** program of a minimum of 6 weeks following the birth, adoption or the placement of a child into foster care.

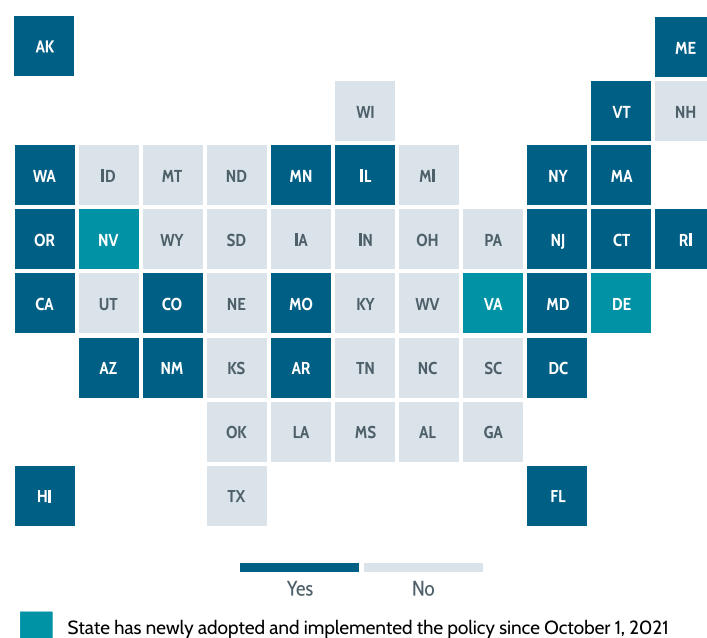
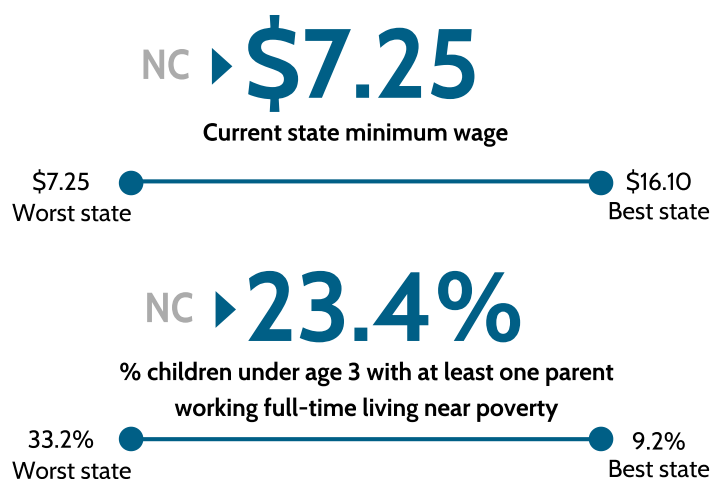
North Carolina does not have a statewide paid family leave program. The state does, however, have a paid family leave program with weeks of benefits for eligible state employees, who include employees of any North Carolina department, agency, board, or commission that operates under the oversight of the governor.

In the last year, legislators considered two companion bills (H.597/ S.564) that would have created a statewide paid family leave program with up to 12 weeks of benefits. Legislators also proposed a bill (H.1136) that would have extended the current state employee program to 12 weeks of benefits. None of the bills passed.

For additional information about how states compare to one another, see the detailed [profile](#) on paid family leave.

STATE MINIMUM WAGE

North Carolina



25 states have adopted and fully implemented a minimum wage of \$10.00 or greater.

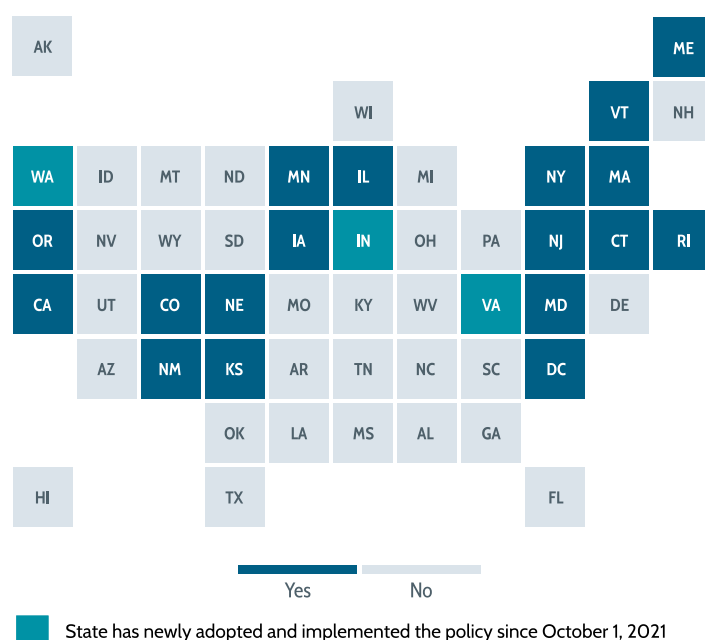
North Carolina's statutes specify either a \$6.15 minimum wage or the federal minimum, whichever is higher. As a result, the current state minimum wage defaults to the federal minimum of \$7.25. The tipped minimum wage also defaults to the federal minimum of \$2.13. In the last year, legislators did not introduce any bills to increase the state minimum wage.

For additional information about how states compare to one another, see the detailed [profile](#) on state minimum wage.

STATE EARNED INCOME TAX CREDIT

North Carolina

No EITC
Refundable EITC value as a % of the federal EITC in NC



21 states have adopted and fully implemented a refundable EITC of at least 10% of the federal EITC for eligible families with any children under age 3.

North Carolina does not have a state EITC. In 2014, the state legislature eliminated the state EITC. In the last year, legislators considered several bills to re-establish a refundable state EITC. The legislation varied in terms of the value of the EITC. Four bills (S. 181, S. 858, S. 883 and H. 850) would have adopted a 5% refundable EITC and three bills, including companion bills (S. 576 and H. 499), would have adopted a 20% refundable EITC. None of the bills passed.

For additional information about how states compare to one another, see the detailed [profile](#) on the state earned income tax credit.

COMPREHENSIVE SCREENING AND CONNECTION PROGRAMS

North Carolina

Evidence-based comprehensive screening and connection program:	Program offered in NC:	% of children/families served in NC:
DULCE	✗	0.0%
HealthySteps	✓	6.4%
Family Connects	✓	3.5%

State Leaders

in comprehensive screening and connection programs:

- Have a high percentage of families who access the programs;
- Enact legislation to reach families across the state; and/or
- Invest deeply in evidence-based programs.

2022 State Leaders:

CA CO CT NJ OR

In 2021, North Carolina was one of 12 states in which families could access the Family Connects model. Family Connects served more than 4,200 families, or 3.5% of births, across six sites—both the highest number and percentage of births compared to other states that implement this model. Family Connects has a substantial and long-term implementation in Durham, North Carolina after the program started there in 2008. The state is working on implementation in other cities. In 2021, North Carolina was also one of 25 states in which families could access the HealthySteps model. HealthySteps served nearly 29,900 families, or 6.4% of children through age 3, across 10 sites— the fourth highest percentage of children served among all states that implement this model. Both programs use a variety of funding streams, including Medicaid reimbursement, private philanthropy, state public health funds, court funds, Department of Defense funds, and grants from other federal agencies. North Carolina does not implement the third comprehensive screening and connection program, DULCE.

For additional information about how states compare to one another, see the detailed [profile](#) on comprehensive screening and connection programs.

CHILD CARE SUBSIDIES

North Carolina

NC ▶ **65%**

Household income eligibility for child care subsidies as a % of state median income (Federal maximum is 85%)
 40% ● Worst state ————— ● 140% Best state

NC ▶ **10.0%**

Monthly copayment amount as a percentage of income for a family of 3 at 150% of the federal poverty level
 14.0% ● Worst state ————— ● 0.0% Best state

NC ▶ **44.0%**

Share of child care costs for an infant in center-based care paid by a family of 3 at 150% of the federal poverty level
 54.8% ● Worst state ————— ● 0.0% Best state

★ State Leaders

in child care subsidies:

- Increase reimbursement rates to meet or exceed the providers' true cost of care;
- Decrease or eliminate family copays;
- Reduce the family share of the total cost of child care; and/or
- Expand income eligibility thresholds.

2022 State Leaders:



Over the past year, North Carolina's base reimbursement rate for infants in center-based care has not changed. For that same group, the state would need to increase its reimbursement rates by \$242/month to meet the equal access target (75th percentile of MRS) and by \$192/month to meet the estimated true cost of providing base-quality care. The state has indicated that updated reimbursement rates will be released in October 2022.

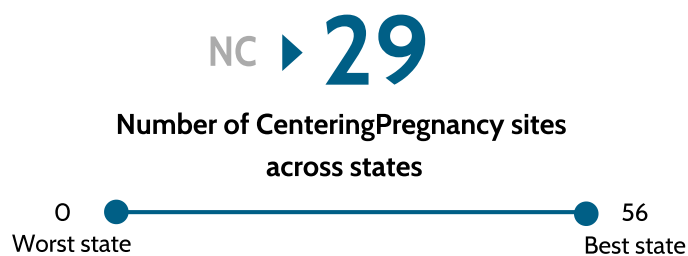
For families with incomes at 150% of the FPL, the family share of the cost of child care has slightly increased since August 2021. Families in North Carolina currently pay one of the highest shares of child care costs in the country.

In the last year, legislators included a provision in the appropriations bill to temporarily increase reimbursement rates to those recommended in the 2018 market rate survey using ARPA funds, until those funds expire in September 2024. The legislature introduced, but did not enact, a bill that would have expanded eligibility to 200% of the FPL.

For additional information about how states compare to one another, see the [detailed profile](#) on child care subsidies.

GROUP PRENATAL CARE

North Carolina



State Leaders

in group prenatal care:

- Provide financial support for group prenatal care
- Provide enhanced reimbursement rates for group prenatal care through Medicaid; and/or
- Serve pregnant people in a high number of group prenatal care sites across the state.

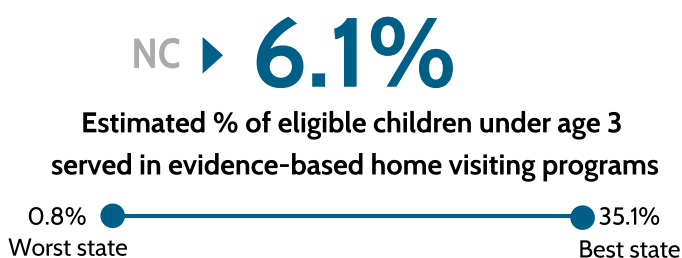
2022 State Leaders:				
CA	MD	MT	OH	SC

In North Carolina, pregnant people had access to group prenatal care at 29 CenteringPregnancy sites in 2021. This places North Carolina in the top ten states for number of sites. North Carolina uses both financial and non-financial supports to encourage the use of group prenatal care services in the state. In 2021, North Carolina transitioned from a fee-for-service delivery system to Medicaid Managed Care. The plan aimed to include value-based payment (VBP) components in all provider contracts within 5 years, and it planned to provide reimbursement for enhanced maternity care. VBPs incentivize providers to offer services that have an evidence base of improving health outcomes, such as group prenatal care. It has not been confirmed whether the VBP components were implemented. In a report released in April 2020, the North Carolina Institute of Medicine, in partnership with the Division of Public Health and the North Carolina Department of Health and Human Services, recommended that private insurers and prepaid health plans in the state also develop policies, such as value-based payments and enhanced reimbursements, to encourage the use of group prenatal care. Furthermore, North Carolina has provided grant funding for group prenatal care.

For additional information about how states compare to one another, see the detailed [profile](#) on group prenatal care.

EVIDENCE-BASED HOME VISITING PROGRAMS

North Carolina



State Leaders

in evidence-based home visiting programs:

- Serve a substantial percentage of low-income families with young children; and/or
- Use state dollars or Medicaid to support home visiting services.

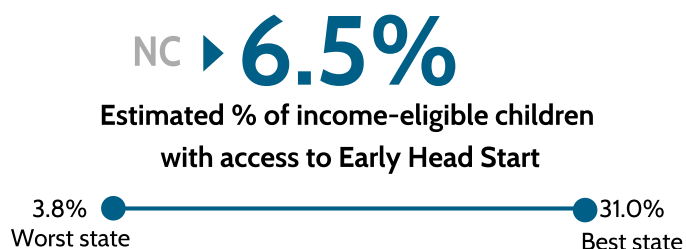
2022 State Leaders:				
IL	IA	KS	ME	NY

In 2019, North Carolina served an estimated 6.1% of children under age 3 in families with incomes of less than 150% of the FPL in state's home visiting programs. North Carolina is among the bottom half of states on this indicator. The state is one of 24 states to use Medicaid dollars to finance aspects of their home visiting programs, and it does so with a Medicaid Section 1115 demonstration waiver to create a pilot program to fund home visiting. As of 2022, families in the state have access to five out of a possible seven evidence-based program models that have a demonstrated impact on parenting and are designed for families with young children.

For additional information about how states compare to one another, see the detailed [profile](#) on evidence-based home visiting programs.

EARLY HEAD START

North Carolina



State Leaders

in Early Head Start:

- Have a state-specific program;
- Provide state financial support for EHS, and/or
- Serve a substantial percentage of low-income children.

2022 State Leaders:

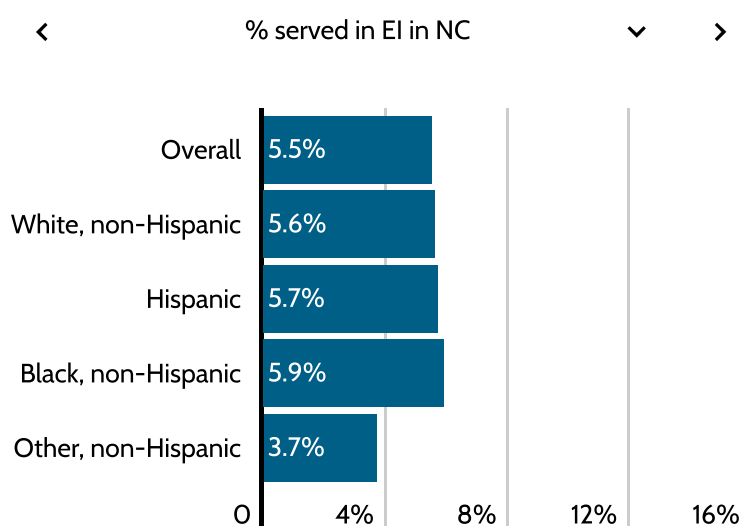
DC ME MA NE OR

North Carolina does not provide state-level funding to supplement Early Head Start. According to data from 2019, approximately 6.5% of income-eligible infants and toddlers in North Carolina have access to Early Head Start through local grantees, placing North Carolina in the bottom half of states on this indicator.

For additional information about how states compare to one another, see the detailed [profile](#) on Early Head Start.

EARLY INTERVENTION SERVICES

North Carolina



State Leaders

in Early Intervention:

- Serve a substantial percentage of children under age 3;
- Increase eligibility for children; and/or
- Maximize the use of Medicaid to pay for EI services.

2022 State Leaders:

CT IL MA NM RI

North Carolina serves 5.5% of its birth-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The state also serves children born extremely low birthweight (less than 1,000 grams) and extremely preterm (defined by the state as earlier than 27 weeks), based on its list of qualifying conditions. The state is also one of five states that report providing maternal depression screenings to mothers with children receiving EI services.

North Carolina primarily relies on federal funding to pay for EI services, rather than state resources, and it collects family fees. The state also leverages private insurance. North Carolina reported in a 2020 survey that it had recently expanded the number of EI services that can be reimbursed by Medicaid, which may help more children access needed services, and may free up other funding streams for children who do not qualify for Medicaid.

For additional information about how states compare to one another, see the detailed [profile](#) on Early Intervention services.

HOW POLICY CHOICES IN NORTH CAROLINA IMPACT FAMILY RESOURCES

A state's policy choices do not operate in isolation from one another. Instead, they interact to create a system of support of varying generosity for parents and children. Tax credits and near-cash supports, such as SNAP, provide valuable resources to families. However, state minimum wage policies and child care subsidy policies are significant drivers of the variation across states in the

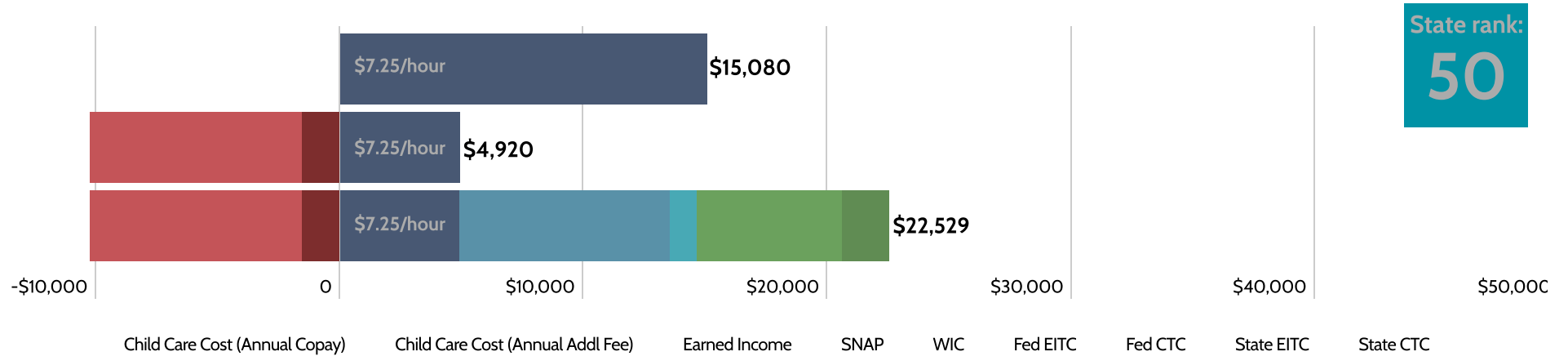
amount of resources a working parent has available to support their family.

We simulate the level of annual resources available to a single parent with an infant and toddler, who works full time at a minimum wage job, and who uses a subsidy to leave their two children in center-based child care that charges the equal access target rate (which is the 75th percentile of the state’s market rate survey). The figure below combines a state’s minimum wage, out-of-pocket child care expenses (required copayments plus any additional fees), nutrition benefits, and tax credits to illustrate the level of resources available to this stylized family in your state.

We rank states from 1 to 51; with number 1 being the District of Columbia, in which the working parent has more than \$46,000 in annual resources to provide for their family, and Georgia and North Carolina at spots 50 and 51, in which the same working parent has approximately \$22,000 in annual resources, because of low minimum wages and high out of pocket child care expenses.

The Impact of State Policy Choices on Family Resources in North Carolina

Annual Minimum Wage Earnings (Minus Out-of-Pocket Child Care Expenses) Plus Federal and State Benefits



To the extent possible, data reflect state policies as of October 1, 2022. All earnings, benefits (both federal and state), and child care costs are based on a family of three comprised of a single parent working a full-time, minimum wage job with two children in full-time, center-based care (an infant and a toddler). For detailed source notes and additional information see our [Same Family, Different Resources](#) simulation and [Methods and Sources](#).

See how policy choices impact family resources across states in our [Same Family, Different Resources](#) simulation.

WIDE VARIATION EXISTS IN THE WELLBEING OF CHILDREN ACROSS STATES

State policy choices influence the wellbeing of children and families. The data below illustrate the range on 20 outcome measures of child and family wellbeing between the state in which children and their parents are faring the best, and the state in which they are faring the worst, and demonstrates where your state fits within that range. These data can help your state prioritize its prenatal-to-3 policy goals and track the wellbeing of children and families.

Prenatal-to-3 Outcomes to Measure Impact in North Carolina

Policy Goal	Outcome Measure	Worst State		Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	47.8%	30.9% NC	3.8%	44
	% Births to Women Not Receiving Adequate Prenatal Care	23.3%	17.2% NC	5.1%	41
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7%	9.5% NC	2.0%	35
	% Children < 3 Not Receiving Developmental Screening	73.9%	42.0% NC	40.2%	3
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0%	26.3% NC	14.8%	32
Sufficient Household Resources	% Children < 3 in Poverty	33.1%	21.2% NC	8.6%	37
	% Children < 3 Living in Crowded Households	35.8%	15.8% NC	8.6%	28
	% Households Reporting Child Food Insecurity	16.7%	7.0% NC	0.8%	36
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.2%	10.8% NC	7.6%	39
	# of Infant Deaths per 1,000 Births	8.3	6.8 NC	3.7	44
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.6%	5.2% NC	2.3%	29
	% Children < 3 Whose Parent Lacks Parenting Support	23.5%	20.3% NC	5.4%	46
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	75.4%	60.0% NC	47.7%	20
	% Children < 3 Not Nurtured Daily	51.7%	43.5% NC	27.6%	32
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.0%	32.8% NC	20.8%	33
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS [^]	97.6%	9.0% NC	0.0%	
	% Children Without Access to EHS	96.2%	93.5% NC	69.0%	38
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	34.0%	14.0% NC	6.0%	20
	% Children < 3 Not Up to Date on Immunizations	36.0%	22.6% NC	14.2%	13
	Maltreatment Rate per 1,000 Children < 3	34.7	17.3 NC	1.9	30

Data marked with a * should be interpreted with caution. For additional information regarding calculation details, data quality, and source data please refer to Methods and Sources.
[^] Thirteen states either do not report these data in the QRIS Compendium or have no statewide QRIS. This outcome is not ranked.

The [US outcomes](#) page and the state-specific [demographic characteristics](#) section of the Roadmap provide detailed information on these important measures, and where possible, the data are presented by race and ethnicity.

THE SCIENCE IS CLEAR ON THE PATH FORWARD

The science clearly identifies the conditions necessary to help children thrive. The evidence now exists on how your state can invest in effective policies and strategies to foster these conditions. This Roadmap is meant to serve as a guide for your state as it undertakes these important efforts to ensure all children thrive from the start.

View extensive information on the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies in a profile for each [policy and strategy](#).

State Fact Sheet:

NORTH CAROLINA



CHILD CARE SUPPLY INFORMATION*	
Number of Licensed Centers	4,359
Total Capacity (Slots) of Licensed Centers	366,368
Number of Nationally Accredited Centers	129
Total Capacity (Slots) of Accredited Centers	12,455
Number of Licensed Family Child Care (FCC) Programs	1,312
Total Capacity (Slots) of Licensed FCC Programs	10,158
Number of Nationally Accredited FCC Programs	3
Total Capacity (Slots) of Accredited FCC Programs	24
Number of School Age Only Programs	312
Total Capacity (Slots) of School Age Only Programs	28,512
Total Capacity (Slots) for Infants	30,122
Total Capacity (Slots) for Toddlers	94,132
Total Capacity (Slots) for Preschoolers (4 year old)	176,967
Total Capacity (Slots) for School-Age Children	75,305
QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) INFORMATION	
Name of QRIS	Star Rated License System
Number of Centers Participating in QRIS	3,908
Total Capacity (Slots) of Centers Participating in QRIS	323,985
Number of Centers at Highest QRIS Level	2,087
Total Capacity (Slots) of Centers at Highest QRIS Level	182,895
Number of FCCs Participating in QRIS	1,279
Total Capacity (Slots) of FCCs Participating in QRIS	9,909
Number of FCCs at Highest QRIS Level	162
Total Capacity (Slots) of FCCs at Highest QRIS Level	1,264
Number of School-Age Programs Participating in QRIS	301
Total Capacity (Slots) of School Age Programs Participating in QRIS	27,744
Number of School-Age Programs at Highest QRIS Level	149
Total Capacity (Slots) of School-Age Programs at Highest QRIS Level	14,202
CHILD CARE REFERRALS	
Total Number of Child Care Referral Requests	13,681
FOR MORE INFORMATION	
Child Care Resources Inc.	www.childcareresourcesinc.org

NR = Not Reported
 NA = Not Applicable