2025 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Strategies

EARLY INTERVENTION SERVICES

What are Early Intervention services and why are they important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the Prenatal-to-3 Policy Clearinghouse for an ongoing inventory of rigorous evidence reviews, including more information on Early Intervention services.

What impact do Early Intervention services have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of Early Intervention services for the health and wellbeing of young children and their families:

A. Vanderveen, J. A., Bassler, D., Robertson, C. M. T., & Kirpalani, H. (2009). Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: A meta-analysis. *Journal of Perinatology, 29*, 343–351. https://doi.org/10.1038/jp.2008.229.
B. Teti, D., Black, M., Viscardi, R., Glass, P., O'Connell, M., Baker, L., Cusson, R., & Reiner Hess, C. (2009). Intervention with African American premature infants: Four-month results of an Early Intervention program. *Journal of Early Intervention, 31*(2), 146–166. https://doi.org/10.1177%2F1053815109331864
C. Ramey, C., Bryant, D., Wasik, B., Sparling, J., Fendt, K., & LaVange, L. (1992). Infant Health and Development Program for low birth weight, premature infants: Program elements, family participation, and child intelligence. *Pediatrics, 3*, 454–465. https://pediatrics.aappublications.org/content/89/3/454.long
D. Rauh, V., Achenbach, T., Nurcombe, B., Howell, C., & Teti, D. (1988). Minimizing adverse effects of low birthweight: Four-year results of an early intervention program. *Child Development, 59*(3), 544–553. https://www.ncbi.nlm.nih.gov/pubmed/2454783
E. Roberts, M., & Kaiser, A. (2015). Early intervention for toddlers with language delays: A randomized controlled trial. *Pediatrics, 135*(4), 686–693. https://doi.org/10.1542/peds.2014-2134
F. Shonkoff, J. & Hauser-Cram, P. (1987). Early intervention for disabled infants and their families: A quantitative analysis. *Pediatrics, 80*(5), 650–658. https://pediatrics.aappublications.org/content/80/5/650
G. Guralnick, M. (1998). Effectiveness of Early Intervention for vulnerable children: A developmental perspective. *American Journal on Intellectual and Developmental Disabilities, 102*(4), 319–345. https://depts.washington.edu/chdd/guralnick/pdfs/effect_EI_AJMR_vol102_98.pdf
H. McCormick, M., Brooks-Gunn, J., Buka, S., Goldman, J., Yu, J., Salganik, M., Scott, D., Bennett, F., Kay, L., Bernbaum, J., Bauer, C., Martin, C., Woods, E., Martin, A., & Casey, P. (2006). Early Intervention in low birth weight premature

infants: Results at 18 years of age for the Infant Health and Development Program. *Pediatrics, 117*(3), 771–780. https://doi.org/10.1542/peds.2005-1316

I. Hill, J., Brooks-Gunn, J., & Waldfogel, J. (2003). Sustained effects of high participation in an Early Intervention for low birthweight premature infants. *Developmental Psychology, 39*(4), 730–744. https://doi.org/10.1037/0012-1649.39.4.730

What are the key policy levers to support Early Intervention services?

In the absence of an evidence-based state policy lever to ensure Early Intervention (EI) services effectively provide children and families the support they need, we present several choices that states can make to more effectively implement their EI programs. We identified three key policy levers that states can implement to more effectively provide EI services in their state. The three key policy levers include:

- Include very low birthweight in the state's diagnosable or at-risk eligibility criteria,
- Allow at-risk for delay as a qualifier for EI services, and
- Eliminate family fees for children receiving EI services.

We collected information on state eligibility criteria for Part C programs from multiple sources: a database managed by the Early Childhood Technical Assistance (ECTA) Center, a report from the IDEA Infant & Toddler Coordinators Association (ITCA) containing states' self-reported eligibility categories, and information available on state agency websites and statutes.

A separate IDEA ITCA report provided states' self-reported funding information, and we also accessed a 2020 report by the National Center for Children in Poverty (NCCP) and the Georgetown University Health Policy Institute's Center for Children and Families for state-specific survey information on Medicaid and other funding mechanisms for EI. The NCCP and Georgetown report also included information on child welfare agencies' coordination with Part C programs, maternal depression screenings for mothers with children in EI services, and infant mental health trainings for EI staff, among other state policies and procedures related to EI.

In 2021 and 2022, we also performed outreach to Early Intervention researchers and experts regarding state strengths and investments in Part C programs to supplement the information we learned from written reports and to resolve any discrepancies between written sources. We convened a conference call in July 2021 with EI researchers to gain a greater understanding of various aspects of EI policy and to discuss states' strengths and areas for improvement in implementing their EI programs; this information continues to inform the Roadmap.

To capture state compliance with the federally mandated policy requiring states to connect victims of child abuse or neglect to EI services as needed through a screening and referral process, we incorporated available information from the most recent Child Maltreatment report, including the percentages of children in each state who were victims of substantiated abuse or neglect and who were referred to Part C agencies for further screening, evaluation, or services.

To assess state legislative progress associated with Early Intervention, we also performed an electronic search using Quorum State between August 15, 2024 and August 15, 2025. The main search strategy used combinations of keywords for Early Intervention (early intervention OR Individuals with Disabilities Education Act OR Part C). Research staff conducted searches,

analyzed results for relevant state legislation, and summarized the progress states made toward supporting Early Intervention programs.

This section, as well as those that follow, also contains the sources for the information presented in the individual state Roadmaps.

Sources:

State	Sources
All States	1. Early Childhood Technical Assistance Center (n.d.). *State and jurisdictional eligibility requirements for infants and toddlers with disabilities under IDEA Part C.* Retrieved on June 16, 2025, from https://ectacenter.org/topics/earlyid/state-info.asp 2. E. Shaw, Early Childhood Technical Assistance Center, personal communication, August 30, 2022. 3. IDEA Infant & Toddler Coordinators Association. (March 2024). *2023 Tipping points survey: System challenges and opportunities.* https://www.ideainfanttoddler.org/pdf/2023-Tipping-Points-Survey.pdf 4. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, August 29, 2022. 5. IDEA Infant & Toddler Coordinators Association. (2024). *Funding structure.* Retrieved on June 16, 2025, from https://www.ideainfanttoddler.org/pdf/Funding-Structure.pdf 6. IDEA Infant & Toddler Coordinators Association. (2025). *2025 Finance Survey Report*. Retrieved on June 16, 2025, from https://www.ideainfanttoddler.org/pdf/2025-ITCA-Finance-Survey-Results.pdf 7. K. Johnson, Johnson Group Consulting, Inc., personal communication, July 28, 2021. 8. E. W. Burak, Georgetown University Health Policy Institute, Center for Children and Families, personal communication, July 28, 2021. 9. S. Smith, National Center for Children in Poverty, personal communication, July 28, 2021. 10. Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). *Supporting social-emotional and mental health needs of young children through Part C early intervention: Results of a 50-state survey.* National Center for Children in Poverty, Bank Street Graduate School of Education, and the Georgetown University Health Policy Institute Center for Children and Families. Retrieved on April 8, 2021, from https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf 11. US Census Bureau, Population Division. (2023). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin*: April 1, 2020 to July 1, 2022 – scest2022-alldata6.csv [Data Set]. Retrieved June 23, 2023 from https://www.census.gov/data/tables/timeseries/demo/popest/2020s-state-detail.html. 12. US Department of Education. (February 8, 2024). *Cumulative number of infants and toddlers ages birth through 2 receiving early intervention services under IDEA, Part C, by race/ethnicity and state: 2022/2023* [Data Set]. Retrieved on July 25, 2024 from https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c 13. US Department of Education. (February 8, 2024). *Number of infants and toddlers and percentage of population, receiving early intervention services under IDEA, Part C, by age and state and race/ethnicity: 2022/2023* [Data Set]. Retrieved on July 25, 2024, from https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c 14. US Department of Health & Human Services, Administration for Children and Families, Children's Bureau. (2025). *Child maltreatment 2023*. https://acf.gov/cb/report/child-maltreatment-2023
Alabama	1. S.B. 112, 2025 Leg., Reg. Sess. (Ala. 2025).
Alaska	1. H.B. 55, 34th Leg., Reg. Sess., (Alaska 2025).

State	Sources
Arizona	1. S.B. 1735, 57th Leg., Reg. Sess., (Ariz. 2025).
Arkansas	(no additional sources)
California	1. Cal Com. Code § 52022. (2012). 2. A.B. 121, 2025-2026 Leg., Reg. Sess., (Cal. 2025).
Colorado	1. Early Childhood Technical Assistance Center. (2021). *Building the case to expand Medicaid and private insurance for Early Intervention: Interview with Part C Coordinator Christy Scott.* Retrieved on May 12, 2021, from https://ectacenter.org/topics/finance/btc.asp 2. C. Scott, Colorado Department of Human Services, Office of Early Childhood, personal communication, July 13, 2021. 3. H.B. 25-90, 75th Leg., 1st Reg. Sess., (Colo. 2025)
Connecticut	1. S.B. 6, 2025 Leg., Reg. Sess., (Conn. 2025).
Delaware	1. H.B. 225, 153rd General Assembly. (Del. 2025).
District of Columbia	1. Early Childhood Technical Assistance Center. (2021). *Building the case to expand Medicaid and private insurance for Early Intervention: Interview with Part C Coordinator Allan Phillips.* Retrieved on May 12, 2021, from https://ectacenter.org/topics/finance/btc.asp 2. Groginsky, E. (2018, May 25). *Re: Change in the IDEA Part C eligibility criteria.* Office of the Superintendent of Education. Retrieved on July 26, 2021, from https://dcchildcareconnections.org/wp-content/uploads/Part-C-Eligibility-Criteria-Letter-Final.pdf
Florida	1. Florida Department of Health, Division of Children's Medical Services. (2018, January 1). *Florida Early Steps eligibility criteria [Fact sheet].* (2018). Retrieved on July 26, 2021, from http://www.cms-kids.com/home/resources/es_policy/Attachments/2_At_Risk_Eligibility_Fact_Sheet.pdf 2. S.B. 2500, 2025 Leg., Reg. Sess., (Fla. 2025). 3. S.B. 112, 2025 Leg., Reg. Sess., (Fla. 2025).
Georgia	1. K. Spencer and K. Byrd, Georgia Department of Public Health, personal communication, June 23, 2021. 2. H.B. 925, 2025-2026 Leg., Reg. Sess., (Ga. 2025).
Hawaii	1. C. Robles, Hawaii Department of Health, Early Intervention Section, personal communication, June 15, 2021. 2. IDEA Infant & Toddler Coordinators Association. *2021 State Profile: Hawaii.* https://www.ideainfanttoddler.org/pdf/Hawaii.pdf 3. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 25, 2021. 4. H.B. 880, 2025 Leg., Reg. Sess., (Haw. 2025). 5. S.B. 823, 2025 Leg., Reg. Sess., (Haw. 2025).
Idaho	(no additional sources)
Illinois	1. Illinois Department of Human Services. *Chapter 9 - Early Intervention eligibility criteria, evaluation and assessment.* Retrieved on July 26, 2021, from https://www.dhs.state.il.us/page.aspx?item=96963 2. K. Berman, Start Early, personal communication, August 4, 2021. 3. S.B. 2510, 104th Leg., Reg. Sess., (Ill. 2025). 4. Kamal, Z. (2025, May 6). Early Intervention Provider Rate Increase Falls Short of What is Needed to Stabilize System. *Start Early*. https://www.startearly.org/post/early-intervention-provider-rate-increase-falls-short-of-what-is-needed-to-stabilize-system/ 5. S.B. 3327, 104th Leg., Reg. Sess., (Ill. 2025). 6. H.B. 3078, 104th Leg., Reg. Sess., (Ill. 2025). 7. S.B. 2475, 104th Leg., Reg. Sess., (Ill. 2025).
Indiana	(no additional sources)

State	Sources
Iowa	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. Michigan Association of Administrators of Special Education. (2014). *Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states*. http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf 3. S.F. 647, 91st Leg., Reg. Sess., (Iowa. 2025).
Kansas	(no additional sources)
Kentucky	(no additional sources)
Louisiana	(no additional sources)
Maine	1. L.D. 555, 132nd Leg., 1st Spec. Sess., (Me. 2025).
Maryland	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. Michigan Association of Administrators of Special Education. (2014). *Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states*. Retrieved on May 12, 2021, from http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf
Massachusetts	1. Massachusetts Department of Public Health, Division of Early Intervention. (2020). *Early Intervention eligibility factors, definitions, criteria and procedures.* https://www.mass.gov/doc/early-intervention-child-and-family-eligibility-factors/download 2. H. 215, 194th Leg., Reg. Sess., (Mass., 2025). 3. H. 511, 194th Leg., Reg. Sess., (Mass., 2025). 4. S. 346, 194th Leg., Reg. Sess., (Mass., 2025).
Michigan	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. Michigan Association of Administrators of Special Education. (2014). *Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states*. http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf 3. S.B. 166, 2025-2026 Leg., Reg. Sess., (Mich. 2025). 4. S.B. 230, 2025-2026 Leg., Reg. Sess., (Mich. 2025).
Minnesota	1. C. Tamminga, Minnesota Department of Education, personal communication, July 14, 2021. 2. D. Hayden, Minnesota Department of Education, personal communication, July 14, 2021. 3. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 4. Michigan Association of Administrators of Special Education. (2014). *Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states*. http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf
Mississippi	1. S.B. 2001, 2025 Leg., Reg. Sess., (Miss. 2025). 2. S.B. 2867, 2025 Leg., Reg. Sess., (Miss. 2025).
Missouri	1. H.B. 2, 103rd Leg., 1st Reg. Sess. (Mo. 2025).
Montana	(no additional sources)
Nebraska	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. Michigan Association of Administrators of Special Education. (2014). *Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states*. http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf

State	Sources
Nevada	1. S.B. 501, 83rd Leg., Reg. Sess., (Nev. 2025). 2. A.B. 591, 83rd Leg., Reg. Sess., (Nev. 2025). 3. S.B. 257, 83rd Leg., Reg. Sess., (Nev. 2025). 4. A.B. 494, 83rd Leg., Reg. Sess., (Nev. 2025). 5. S.B. 368, 83rd Leg., Reg. Sess., (Nev. 2025).
New Hampshire	1. RSA 171-A:31. (2016).
New Jersey	1. S. Evans, New Jersey Department of Health, personal communication, July 13, 2021. 2. S. 2026, 221st Leg., Reg. Sess., (N.J. 2025) 3. A. 4932, 221st Leg., Reg. Sess., (N.J. 2025)
New Mexico	1. Early Childhood Technical Assistance Center. (2021). *Building the case to expand Medicaid and private insurance for Early Intervention: Interview with former New Mexico Part C Coordinator Andy Gomm.* Retrieved on May 12, 2021, from https://ectacenter.org/topics/finance/btc.asp 2. L. Davidson, New Mexico Early Childhood Education & Care Department, personal communication, August 3, 2021. 3. H.B. 2, 2025 Leg., Reg. Sess., (N.M. 2025).
New York	1. S. 3003D, 2025-2026 Leg., Reg. Sess., (N.Y. 2025). 2. A. 1562, 2025-2026 Leg., Reg. Sess., (N.Y. 2025). 3. S. 7235, 2025-2026 Leg., Reg. Sess., (N.Y. 2025). 4. A. 6537, 2025-2026 Leg., Reg. Sess., (N.Y. 2025). 5. S. 5538, 2025-2026 Leg., Reg. Sess., (N.Y. 2025). 6. A. 3262, 2025-2026 Leg., Reg. Sess., (N.Y. 2025).
North Carolina	(no additional sources)
North Dakota	(no additional sources)
Ohio	1. H.B. 96, 136th Leg., Reg. Sess., (Ohio 2025).
Oklahoma	1. S.B. 1126, 60th Leg., 2nd Reg. Sess. (Okla., 2025).
Oregon	(no additional sources)
Pennsylvania	1. H.R. 78, 2025-2026 Leg., Reg. Sess., (Pa. 2025).
Rhode Island	1. J. Kaufman, Rhode Island Executive Office of Health and Human Services, Early Intervention Program, personal communication, August 3 and August 10, 2021. 2. L. Barrett, Rhode Island KIDS COUNT, personal communication, August 3, 2021. 3. Rhode Island KIDS COUNT. (2021). *Early Intervention financing, staffing, and access in Rhode Island.* https://www.rikidscount.org/Portals/0/Uploads/Documents/Special%20Publications/EI%20-%20RI%20KIDS%20COUNT%204.2021.pdf?ver=2021-04-15-113524-307 4. H.B. 5196, 2025-2026 Leg., Reg. Sess., (R.I. 2025). 5. H.B. 5462, 2025-2026 Leg., Reg. Sess., (R.I. 2025). 6. S.B. 247, 2025-2026 Leg., Reg. Sess., (R.I. 2025). 7. H.B. 5164, 2025-2026 Leg., Reg. Sess., (R.I. 2025). 8. S.B. 231, 2025-2026 Leg., Reg. Sess., (R.I. 2025). 9. H.B. 5321, 2025-2026 Leg., Reg. Sess., (R.I. 2025).
South Carolina	1. H.B. 3613, 126th Leg., 1st Reg. Sess., (S.C. 2025).
South Dakota	(no additional sources)
Tennessee	1. H.B. 1409, 114th Leg., Reg. Sess., (Tenn. 2025).
Texas	1. K. Mitten, Texans Care for Children, personal communication, August 2, 2021.

State	Sources
	2. R. Hornbach, Texans Care for Children, personal communication, August 2, 2021. 3. Texas Health and Human Services Early Childhood Intervention Services. *Qualifying diagnosis search.* Retrieved on August 15, 2025, from https://diagsearch.hhsc.state.tx.us/Eligibility/Detail/23773 4. Texas Health and Human Services Commission. *Early Childhood Intervention Services implementation plan for maximizing funding progress report.* (March 2020). As required by 2021-21 General Appropriations Act, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 98). https://www.hhs.texas.gov/reports/2020/03/early-childhood-intervention-services-implementation-plan-maximizing-funding-progress-report 5. H.B. 5271, 89th Leg., Reg. Sess., (Tex. 2025). 6. S.B. 2735, 89th Leg., Reg. Sess., (Tex. 2025). 7. H.B. 412, 89th Leg., Reg. Sess., (Tex. 2025).
Utah	1. S.B. 1, 2025 Leg., Reg. Sess., (Utah, 2025). 2. H.B. 363, 2025 Leg., Reg. Sess., (Utah, 2025). 3. S.B. 60, 2025 Leg., Reg. Sess., (Utah, 2025).
Vermont	(no additional sources)
Virginia	1. Early Childhood Technical Assistance Center. (2021). *Building the case to expand Medicaid and private insurance for Early Intervention: Interview with Part C Coordinator Catherine Hancock and Virginia Team Leader Kyla Patterson.* https://ectacenter.org/topics/finance/btc.asp 2. H.B. 1710, 2025 Leg., Reg. Sess., (Va. 2025). 3. H.B. 2344, 2025 Leg., Reg. Sess., (Va. 2025).
Washington	(no additional sources)
West Virginia	1. West Virginia Department of Health and Human Resources. (n.d.) *West Virginia birth to three eligibility policy.* Retrieved on September 15, 2023, from https://www.wvdhhr.org/birth23/eligibility/reveligibilitypolicyformat2013.pdf
Wisconsin	(no additional sources)
Wyoming	(no additional sources)

Measure 1: Criteria used to determine eligibility for Early Intervention services

Definition:

We reported the following components of EI eligibility policies for each state.

1. Developmental delay eligibility criteria,
2. Low birthweight criteria for diagnosed/established conditions or at-risk eligibility,
3. Preterm birth criteria for diagnosed/established conditions or at-risk eligibility, and
4. Whether the state is designated as serving at-risk children under federal Part C policies.

Sources:

1. Early Childhood Technical Assistance Center (n.d.). *State and jurisdictional eligibility requirements for infants and toddlers with disabilities under IDEA Part C.* Retrieved on June 16, 2025, from https://ectacenter.org/topics/earlyid/state-info.asp
2. IDEA Infant & Toddler Coordinators Association. (January 2025). *2024 Tipping points survey: System challenges and opportunities.* https://www.ideainfanttoddler.org/pdf/2024-Tipping-Points-Survey.pdf

Measure 2: State funding mechanisms for Early Intervention services

Definition: The state reports the primary source of funding for Early Intervention as either state, federal, or local funds; the state accesses private insurance for EI services; and the state charges family fees for EI services.

Sources:

1. IDEA Infant & Toddler Coordinators Association. (2024). *Funding structure.* Retrieved on June 16, 2025, from https://www.ideainfanttoddler.org/pdf/Funding-Structure.pdf
2. IDEA Infant & Toddler Coordinators Association. (2025). *2025 Finance Survey Report*. Retrieved on June 16, 2025, from https://www.ideainfanttoddler.org/pdf/2025-ITCA-Finance-Survey-Results.pdf
3. IDEA Infant & Toddler Coordinators Association. (2024). *2024 State profiles*. Retrieved on June 16, 2025 from https://www.ideainfanttoddler.org/state-resources.php

How does access to Early Intervention services vary across states?

To determine each state's share of infants and toddlers served by Early Intervention services, we calculated the percentage of children under age 3 served by EI services over the course of a 12-month reporting period based on annually reported state-level data from the US Department of Education and estimates of the under age 3 population from Census Population Estimates. Updated data from the US Department of Education was not available for the 2025 Roadmap, therefore, Measures 3,4, and 5 rely on data from 2024.

Data were collected for five different measures to assess how states vary in their implementation of Early Intervention services. The data sets, calculations, and sources referenced for each state are listed below.

Measures 3 and 4: Cumulative percentage of children under age 3 receiving Early Intervention services, overall and in each of four mutually exclusive race/ethnic groups

Definition:

The cumulative percentage of children under age 3 who received Early Intervention services during the state's most recent 12-month reporting period, as reported to the Department of Education's Office of Special Education Programs (OSEP).

Notes:

1. **Numerator:** The number of children under age 3 who received Early Intervention services during the state's most recent 12-month reporting period, overall and in each of four mutually exclusive race/ethnic groups.
2. **Denominator:** The number of children under age 3, overall and in each of four mutually exclusive race/ethnic groups.
3. Four mutually exclusive race/ethnic groups were created from the race/ethnicity information provided for both the data for the numerator (ED*Facts* Metadata and Process System [E*MAPS*]) and denominator (2022 vintage Census Population estimates). Three of the seven categories in E*MAPS* were white, Hispanic/Latino, and Black or African American. The fourth group was created as the sum of the remaining four categories (Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and two or more races). In the Census population estimate data, race/ethnic groups were calculated using the Hispanic/non-Hispanic and 6-race category indicators. If a child was identified as Hispanic, then they were categorized as Hispanic regardless of race. Next, children were identified as Black, non-Hispanic, then White,

non-Hispanic. The fourth group was created from the other four non-Hispanic categories (Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and more than one race or unknown/not stated).

4. For each state, we calculated the difference in the percentage served between the race/ethnic group with the highest percentage served and the lowest percentage served to identify each state's range, or difference between the highest-served and least-served group. We identified the 10 states with the smallest gaps between the highest-served and least-served group.
5. The 12-month reporting period is defined by each state and varies across states, with some reporting on the calendar year and others reporting on timelines aligned with fiscal, academic, or other defined annual periods.

Sources:

1. US Census Bureau, Population Division. (2023). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin*: April 1, 2020 to July 1, 2022 – scest2022-alldata6.csv [Data Set]. Retrieved June 23, 2023 from https://www.census.gov/data/tables/timeseries/demo/popest/2020s-state-detail.html
2. US Department of Education. (February 8, 2024). *Cumulative number of infants and toddlers ages birth through 2 receiving early intervention services under IDEA, Part C, by race/ethnicity and state: 2022/2023* [Data Set]. Retrieved on July 25, 2024 from https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c
3. US Department of Education. (February 8, 2024). *Number of infants and toddlers and percentage of population, receiving early intervention services under IDEA, Part C, by age and state and race/ethnicity: 2022/2023* [Data Set]. Retrieved on July 25, 2024, from https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c

Measures 5: Point-in-time percentage of children under age 3 receiving Early Intervention services overall

Definition:

The point-in-time percentage of children under age 3 who received Early Intervention services during the state's most recent 12-month reporting period, as reported to the Department of Education's Office of Special Education Programs (OSEP).

Notes:

1. Percentages reflect the total count, including at-risk
2. The national estimates were generated by summing the count of children served from birth through age 2 across the 50 states and D.C. That sum was then divided by the national population from ages 0 through 3 according to the Census population estimates.

Source:

1. US Department of Education. (February 8, 2024). *Number of infants and toddlers and percentage of population, receiving early intervention services under IDEA, Part C, by age and state and race/ethnicity: 2022/2023* [Data Set]. Retrieved on July 25, 2024, from https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c

Measures 6 and 7: Percentage of babies born low birthweight (less than 5.5 pounds), overall and by four mutually exclusive race/ethnicity groups

Definition:

The percentage of babies born in the past year who were born weighing less than 5.5 pounds (2,500 grams).

Notes:

1. **Numerator**: The number of births in the past year in which the baby weighed less than 5.5 pounds (2,500 grams), overall and by four mutually exclusive race/ethnicity groups.
2. **Denominator**: The number of births in the past year with known birthweight, overall and by four mutually exclusive race/ethnicity groups.
3. The sample was limited to births in the past year with valid birthweight data. Race/ethnic groups based on mother's race and ethnicity were calculated using the Hispanic origin and 6-race category variables provided in the CDC WONDER online database. From these two variables, four mutually exclusive race/ethnic groups were created. If a birth was identified with a Hispanic mother, then the birth was categorized as Hispanic regardless of the race of the mother. Next, births were identified as those to Black, non-Hispanic mothers, then White, non-Hispanic mothers. The fourth group was created from all other non-Hispanic mothers (Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, more than one race, or unknown/not stated). Births to mothers whose Hispanic origin was reported as unknown on the birth certificate were excluded from the percentages reported by race/ethnic group.
4. CDC reporting rules require the suppression of sub-national counts of 9 or fewer births.[1]

Source:

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics. (n.d.). *Natality public-use data 2023, on CDC WONDER Online Database, December 2024 [Data Set]*. Accessed at http://wonder.cdc.gov/natality-expanded-current.html on January 13, 2025.

[1] Centers for Disease Control (CDC) National Center for Health Statistics (NCHS). (n.d.). *CDC WONDER Datasets - Data use restrictions*. As of February 10, 2020. Retrieved May 15, 2020 from https://wonder.cdc.gov/DataUse.html#