STATE DEMOGRAPHICS

In order to create efficient and effective early childhood systems, it is important that policymakers first understand the unique demographics and common risk factors facing the children of their states.

Questions To Consider

Are there specific risk factors likely to undermine the healthy and optimal development of young children? What is being done to address these disadvantages?

What steps are being taken to ensure equitable access to services among children and families with unique cultural and/or linguistic needs?

OVERVIEW

School readiness is shaped by many factors, each with the power to influence learning and development – both for better and for worse – from the days young children are born. For this reason, policymakers interested in promoting the long-term academic and life success of children must be prepared to consider their needs on a holistic basis – addressing not just access to high-quality early learning environments, but their health, safety, social-emotional development, and the economic and other stressors facing their families. While far from comprehensive, this state data profile is intended to provide a snapshot of both risk and reach. That is: what are the significant risk factors experienced by the children of my state, and how well are services reaching the children and families for whom they are intended?

Number of Children Age 8 and Younger, 2018

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Total Children, Age 0–8</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 yr</td>
<td>17,224</td>
</tr>
<tr>
<td>1 yr</td>
<td>17,474</td>
</tr>
<tr>
<td>2 yr</td>
<td>17,619</td>
</tr>
<tr>
<td>3 yr</td>
<td>17,491</td>
</tr>
<tr>
<td>4 yr</td>
<td>18,111</td>
</tr>
<tr>
<td>5 yr</td>
<td>17,773</td>
</tr>
<tr>
<td>6 yr</td>
<td>17,703</td>
</tr>
<tr>
<td>7 yr</td>
<td>16,808</td>
</tr>
<tr>
<td>Total</td>
<td>158,099</td>
</tr>
</tbody>
</table>

Children with All Available Parents in the Labor Force, Age 0–5 (2018)

- 66%

Children in Poverty*, Age 0–5 (2018)

- 15%


- 19%

Children in Poverty, by Race, 2018

<table>
<thead>
<tr>
<th>Race</th>
<th>Hawai’i</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Black</td>
<td>4%</td>
<td>32%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14%</td>
<td>26%</td>
</tr>
<tr>
<td>Asian/Pac. Islander</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>American Indian</td>
<td>31%</td>
<td>N/A</td>
</tr>
<tr>
<td>All</td>
<td>12%</td>
<td>18%</td>
</tr>
</tbody>
</table>

*The federal poverty level for a family of four was $24,600. “Low income” is defined as having a family income less than twice the federal poverty level.
The first three years of life are a unique and critical period of development, during which up to 1 million new neural connections are formed in the developing brain each second. Infants and toddlers develop and learn at exponential rates as they explore and engage with the environments and adults around them. In order to best support their health and development, families need access to information and services.

**Questions To Consider**

- Are women and children receiving health care services before and after birth?
- Are families prepared for and educated about the needs of young children through home health visits, regular well-baby checks or both?
- What areas of maternal and child health is my state focusing on?

## Current Status of Infant and Toddler Well-Being

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>HAWAI’I</th>
<th>NATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended Pregnancy&lt;sup&gt;1&lt;/sup&gt; (% of all pregnancies)</td>
<td>56%</td>
<td>45%</td>
</tr>
<tr>
<td>Prenatal Care Before 3rd Trimester&lt;sup&gt;2&lt;/sup&gt; (% of live births)</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Home Health Visit&lt;sup&gt;1&lt;/sup&gt; (% of children ages 0-3)</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>Well-Baby Check&lt;sup&gt;3&lt;/sup&gt; (% of babies)</td>
<td>87%</td>
<td>91%</td>
</tr>
<tr>
<td>Developmental Screening&lt;sup&gt;2&lt;/sup&gt; (% of children ages 10 months to 5 years)</td>
<td>39%</td>
<td>31%</td>
</tr>
</tbody>
</table>

## Maternal and Child Health Grant

The federal government allocates the Title V Maternal and Child Health (MCH) Block Grant to states. Hawai‘i provides additional funding to the MCH program (as shown below).

The state has identified eight national performance measures to focus on:

- Well-Woman Visit
- Breastfeeding
- Safe Sleep
- Developmental Screening
- Injury Hospitalization
- Adolescent Well-Visit
- Transition (Children with Special Needs)
- Preventive Dental Visit

### Hawai‘i MCH Funds by Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$1,998,893</td>
</tr>
<tr>
<td>State</td>
<td>$24,722,002</td>
</tr>
<tr>
<td>Local</td>
<td>$0</td>
</tr>
<tr>
<td>Program Income</td>
<td>$10,892,484</td>
</tr>
<tr>
<td>Other</td>
<td>$47,719</td>
</tr>
</tbody>
</table>

## Hawai‘i | MCH 2017 Expenditures

<table>
<thead>
<tr>
<th>POPULATION SERVED</th>
<th>INDIVIDUALS SERVED</th>
<th>2017 EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>1,307</td>
<td>$4,743,862</td>
</tr>
<tr>
<td>Infants</td>
<td>609</td>
<td>$3,540,703</td>
</tr>
<tr>
<td>Children (Age 1-22)</td>
<td>15,832</td>
<td>$4,377,031</td>
</tr>
<tr>
<td>Children with Special Needs</td>
<td>7,330</td>
<td>$19,958,607</td>
</tr>
<tr>
<td>Others</td>
<td>21,798</td>
<td>$5,002,666</td>
</tr>
<tr>
<td>Total</td>
<td>46,876</td>
<td>$37,622,869</td>
</tr>
</tbody>
</table>

---

**View Data Resource**
**Prenatal Care and Birth Outcome, By Race**

Receiving appropriate prenatal care helps reduce the likelihood of negative birth outcomes, including low birthweight and premature births, which are often linked to developmental delays and elevated rates of early school failure. Furthermore, births to teenage mothers increase risk for both children (increasing the likelihood of being born at a low birthweight and infant mortality) and their mothers (who are less likely to graduate from high school, maintain steady employment).

Often these outcomes vary significantly across demographic groups, which results in systematic inequities in infant and maternal health and well-being.

**Births to Women Receiving Late or No Prenatal Care**

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pac. Islander</th>
<th>American Indian</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>4%</td>
<td>10%</td>
<td>6%</td>
<td>11%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Hawai’i</td>
<td>N/A</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
<td>N/A</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Teen Births**

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pac. Islander</th>
<th>American Indian</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>1.2%</td>
<td>2.9%</td>
<td>3.4%</td>
<td>0.6%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Hawai’i</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Low Birthweight**

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pac. Islander</th>
<th>American Indian</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>6.0%</td>
<td>13.4%</td>
<td>7.9%</td>
<td>8.5%</td>
<td>8.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Hawai’i</td>
<td>7.0%</td>
<td>7.9%</td>
<td>7.4%</td>
<td>8.5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

**Questions To Consider**

Are disparities in access evident in your state’s data? What steps might be taken to increase access to - and utilization of - prenatal care by expectant mothers?

Are there disparities evident in the teen birth data? What steps is my state taking to reduce teenage pregnancy?

Are there racial/ethnic disparities evident in the teen birth data? What steps might be taken to reduce the prevalence of this outcome, particularly among high-risk populations?
Paid Family Leave
Paid family leave policies support employees requiring time off to bond with a newborn baby, adopted or foster child – or to care for a seriously ill family member.

Hawai‘i does not have a statewide paid family leave policy.

States with Paid Family Leave Policies
Nine states (reflected on the map below) have implemented universal paid family leave policies, while eight additional states have enacted paid family leave provisions for state employees only. These are: Arkansas, Delaware, Indiana, Kansas, New Mexico, North Carolina, Tennessee and Virginia.

<table>
<thead>
<tr>
<th>State</th>
<th>First Year</th>
<th># Weeks</th>
<th>Benefit (% Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>2004</td>
<td>6</td>
<td>Up to 70%</td>
</tr>
<tr>
<td>CT</td>
<td>2021</td>
<td>12</td>
<td>Up to 95%</td>
</tr>
<tr>
<td>DC</td>
<td>2020</td>
<td>8</td>
<td>Up to 90%</td>
</tr>
<tr>
<td>MA</td>
<td>2021</td>
<td>12</td>
<td>Up To 80%</td>
</tr>
<tr>
<td>NJ</td>
<td>2009</td>
<td>6</td>
<td>Up to 66%</td>
</tr>
<tr>
<td>NY</td>
<td>2018</td>
<td>8</td>
<td>Up to 50%</td>
</tr>
<tr>
<td>OR</td>
<td>2023</td>
<td>12</td>
<td>Up to 100%*</td>
</tr>
<tr>
<td>RI</td>
<td>2014</td>
<td>4</td>
<td>Up to 60%</td>
</tr>
<tr>
<td>WA</td>
<td>2020</td>
<td>12</td>
<td>Up to 90%</td>
</tr>
</tbody>
</table>

*Up to 100%, not to exceed 120% of state average weekly wage

Home Visiting
Home visiting is a type of service targeted to expectant parents and parents with children ages 0-5 to support healthy child development. Though models and programs vary, home visits typically allow trained experts to provide services, share best practices, and connect families to other resources all within the home setting.

Hawai‘i uses the following evidence-based models for home visiting programs:

- Attachment and Biobehavioral Catch-Up Intervention
- Early Head Start Home-Based Option
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Parents as Teachers

938
Number of Families Served Through Home Visits in 2017

11,317
Number of Home Visits Provided in 2017
INFANT AND TODDLER SUPPORT

Questions To Consider

Are state funds used to supplement federal investments in children aged birth to three?

Does your state draw down its full share of CCDF funding? Are Early Head Start services aligned with the state’s child care regulations and early learning guidelines?

Are services within the state’s CCDF-funded programming prioritized for use by infants and toddlers?

Are mechanisms in place to support the successful transition of Early Head Start students into either Head Start preschool services or state prekindergarten?

Is CCDF spending on infants and toddlers sufficient to address the higher costs of their care?

Price and Affordability of Infant Care

Licensed child care is delivered in both center-based and home-based settings. According to the U.S. Department of Health and Human Services, this care is affordable if it costs no more than 10 percent of a family’s income, with efforts underway in some states to ensure subsidized child care costs are capped at no more than 7 percent.

$8,280
Average Annual Price of Infant Care in Hawai’i

11%
Infant Care Price as a Share of Median Family Income in Hawai’i

47%
Families in Hawai’i that can Afford Infant Care (10% standard)

Federal Expenditures on Infants and Toddlers

While many states have invested heavily in prekindergarten programs serving three- and four-year olds, services to children aged zero to three are most commonly underwritten through a pair of federal programs: the Child Care and Development Fund (CCDF), a federal block grant that supports both child care subsidies and quality enhancement initiatives, and Early Head Start (EHS). Compared to preschool programs for older children, the infant and toddler slots funded by these programs are typically available to fewer children. CCDF subsidies for infants and toddlers often reimburse providers for less than the actual cost of care.

CCDF & EHS | Number of Children Served 0-2

| CCDF | 1,798 |
| EHS | 600 |

$6,119
CCDF | Average Per Child Expenditure, Ages 0-2

$12,884
EHS | Average Per Child Expenditure, Ages 0-2

3.4%
Percentage of All Children Ages 0-2 Receiving CCDF Subsidy Supports

1.2%
Percentage of All Children Ages 0-2 Receiving Early Head Start Services

*Head Start programming includes both the Head Start preschool program for children ages three and four and Early Head Start, which serves children under three. The figures above depict enrollment and investment in Early Head Start.

VIEW DATA RESOURCE

VIEW DATA RESOURCE

VIEW DATA RESOURCE

VIEW DATA RESOURCE

Early Childhood State Overview | Hawai’i
At ages three and four, children may be eligible to enroll in one or more types of publicly-funded pre-kindergarten. This includes state-funded pre-K, often delivered in both public and private settings, and Head Start, a federally-funded preschool program operated by local grantees. State funded pre-K programs generally incorporate child eligibility and provider quality requirements. These programs are typically not compulsory.

Questions To Consider

**How many children are attending pre-K, public or private?**

**Are certain populations more likely to attend pre-K?**

**How expensive is child care for 4-year-olds?**

**Do the wages depicted for the early childhood workforce permit for the hiring and retention of highly-qualified early childhood educators?**

Pre-Kindergarten Trends Within Publicly Funded Programs

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Percentage</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Program</td>
<td>6%</td>
<td>Estimated 2,341 children</td>
</tr>
<tr>
<td>State Funded Pre-K Program</td>
<td>1%</td>
<td>Estimated 373 children</td>
</tr>
</tbody>
</table>

Parent-Reported Percentage of 3- and 4-Year-Olds Enrolled in Any Type of Preschool Program

*Including Both Public Programs and Private Programs Supported by Parent Tuition*

- White: 62.3%
- Asian: 48.7%
- Hispanic: 52.5%
- Two or More Races: 45.3%
- Average: 50.2%

The following group(s) have enrollment rates in preschool programs that are below the state average: Asian, Pacific Islander, Children of two or more races

Wages and Price

<table>
<thead>
<tr>
<th>Role</th>
<th>Median Annual Wage (2018)</th>
<th>Median Wage for Child Care Worker as Percent of State Median Income (2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Worker</td>
<td>$23,910</td>
<td>56%</td>
</tr>
<tr>
<td>Preschool Teacher</td>
<td>$38,840</td>
<td>91%</td>
</tr>
</tbody>
</table>

Average Annual Price of Child Care for 4-Year-Old

- $8,724
### Pre-Kindergarten Policy

**HAWAÏI’S EXECUTIVE OFFICE ON EARLY LEARNING PUBLIC PRE-KINDERGARTEN PROGRAM**

<table>
<thead>
<tr>
<th>ACCESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Income - Eligibility</strong></td>
<td>300% of Federal Poverty Line</td>
</tr>
<tr>
<td><strong>Other Risk Factors - Eligibility</strong></td>
<td>Child disability or developmental delay; History of abuse, neglect, or family violence; Homelessness or unstable housing; Home language other than English; Parental substance abuse; Teen parent; Child history of foster care</td>
</tr>
<tr>
<td><strong>Child Age</strong></td>
<td>4 on or before July 31</td>
</tr>
<tr>
<td><strong>Required District Participation</strong></td>
<td>Not required, but funding is awarded on a competitive basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FUNDING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Agency</strong></td>
<td>State Office of School Readiness or Early Childhood: Executive Office on Early Learning</td>
</tr>
<tr>
<td><strong>Total Spending (2016-17)</strong></td>
<td>$2,597,734</td>
</tr>
<tr>
<td><strong>Funds by Source</strong></td>
<td>State: $2,597,734</td>
</tr>
<tr>
<td><strong>Dedicated Revenue Source for State Funds?</strong></td>
<td>Yes: General Fund</td>
</tr>
<tr>
<td><strong>Agencies Eligible to Receive Funding</strong></td>
<td>Public schools</td>
</tr>
<tr>
<td><strong>Permitted Subcontracting Agencies</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAM REQUIREMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Daily Hours</strong></td>
<td>Per Hawai‘i Department of Education’s school-day schedule</td>
</tr>
<tr>
<td><strong>Minimum Days Per Week</strong></td>
<td>5 days per week</td>
</tr>
<tr>
<td><strong>Annual Operating Schedule</strong></td>
<td>School year or academic year</td>
</tr>
<tr>
<td><strong>Maximum Class Size</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>Required Screenings</strong></td>
<td>Full physical exam (includes vision and hearing screenings)</td>
</tr>
</tbody>
</table>
### Three- and Four-Year-Olds

#### Questions To Consider

*Are pre-K standards aligned with goals of the K-12 system?*

*Does my state require pre-K teachers to have a certain degree? If so, what?*

*Has my state developed a system to assess the quality of pre-K and child care providers? Is participation mandatory for state pre-K programs?*

#### Quality Ratings of Child Care Programs

In recent years, many states have designed Quality Ratings and Improvement Systems (QRIS) to provide parents with information about the quality of individual child care providers. The QRIS rating is often a reflection of various measures such as teacher-child interactions, classroom environment, family engagement, and staff educational attainment. Typically voluntary, QRIS systems are meant to help improve the quality of child care providers and help families choose the right provider for their children.

Hawaii is one of seven states not operating a Quality Rating and Improvement System for child care.

---

#### HAWAI’I’S EXECUTIVE OFFICE ON EARLY LEARNING PUBLIC PRE-KINDERGARTEN PROGRAM – CONTINUED

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>Hawai’i Early Learning and Development Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Revised</td>
<td>Currently under revision</td>
</tr>
<tr>
<td>Alignment with College and Career Ready Standards for Early Grades</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATORS</th>
<th>Hawai’i Early Learning and Development Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Degree</td>
<td>BA</td>
</tr>
<tr>
<td>Required Specialization in ECE</td>
<td>Elementary Education</td>
</tr>
<tr>
<td>Assistant Teacher Degree</td>
<td>Associates Degree or equivalent as determined by the Department of Education</td>
</tr>
</tbody>
</table>

---

**View Data Resource**
### K–3 Policy

<table>
<thead>
<tr>
<th>K–3 COMPONENT</th>
<th>HAWAI’I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory Age of Attendance¹</td>
<td>5 on or before 7/31</td>
</tr>
<tr>
<td>Kindergarten Entrance Age¹</td>
<td>5 on or before 7/31</td>
</tr>
<tr>
<td>State-Required Full-Day Kindergarten¹</td>
<td>Yes</td>
</tr>
<tr>
<td>State-Required Half-Day Kindergarten¹</td>
<td>No</td>
</tr>
<tr>
<td>Required Kindergarten Attendance¹</td>
<td>Yes</td>
</tr>
<tr>
<td>Required Kindergarten Entrance Assessment (KEA)²</td>
<td>None</td>
</tr>
<tr>
<td>KEA Results Use²</td>
<td>Not specified in statute, rules or regulations.</td>
</tr>
<tr>
<td>Dual Language Learner (DLL) Assessment</td>
<td>ACCESS for ELLS</td>
</tr>
<tr>
<td>Number of States Using DLL Assessment</td>
<td>36</td>
</tr>
<tr>
<td>3rd-Grade Reading Retention Law²</td>
<td>None</td>
</tr>
<tr>
<td>Early Childhood Education License Required for Kindergarten Teachers²</td>
<td>Not specified in statute, rules or regulations.</td>
</tr>
<tr>
<td>Science of Reading Test Required for Elementary Teachers³</td>
<td>No</td>
</tr>
<tr>
<td>Teacher-to-Student Ratio Requirement²</td>
<td>Not specified in statute, rules or regulations.</td>
</tr>
</tbody>
</table>

**FIVE-TO-EIGHT-YEAR-OLDS**

At age five, children are eligible to begin kindergarten—generally considered the start to their formal education. In these early grades, there is a strong focus on learning to read due to research indicating that 3rd-grade literacy is crucial for success in school and life.

**Questions To Consider**

*Are districts required to offer full-day kindergarten?*

*At what age are children eligible to attend school? At what age is attendance compulsory?*

*How are children assessed in grades K–3? What are assessment results used for?*