

National Survey of Children's Health

State Variation in School Readiness, 2022 – 2023

Data Brief | December 2025

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About the NSCH

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) funds and directs the **National Survey of Children's Health (NSCH)**, which the U.S. Census Bureau conducts.

The NSCH is the largest national and state-level survey on the health and health care needs of children ages 0 – 17, their families, and their communities.

It is an annual survey completed by a parent or guardian, either by web or paper and pencil.

Additional Topics

- · Health conditions
- Health care service access and quality
- Participation in early childhood education
- Food sufficiency and nutrition
- Screen time
- Outdoor play
- Sleep adequacy
- Caregiver mental health
- Family resilience and activities
- Neighborhood amenities

State Oversamples

Oversampling increases the number of households sampled and completed surveys to enable detailed analysis of specific populations, such as children with special health care needs or regions within a state. In 2022 – 2023, 15 states and 1 metropolitan area sponsored oversamples.

More Information

Access the most recent <u>data and</u> <u>supporting materials</u>.

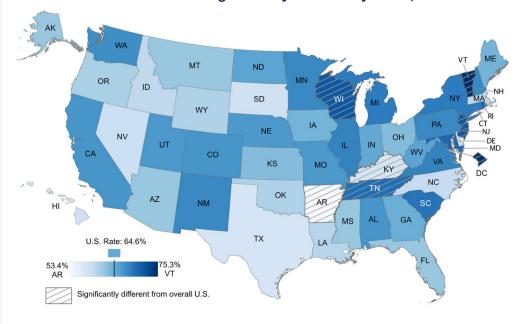
School readiness refers to the skills and abilities children need to succeed and thrive in school, including physical well-being and motor development, social and emotional development, early literacy and math skills, language acquisition, and how a child learns (for example, curiosity and temperament). Children who enter kindergarten ready to learn are more likely to meet expected early academic milestones, which in turn are linked to a range of better health and economic outcomes across the lifespan. School readiness is a National Outcome Measure for the Title V Maternal and Child Health Services Block Grant program. Several National Performance Measures influence school readiness, including developmental screening, access to a medical home, housing instability, and food sufficiency.

The National Survey of Children's Health provides the only standardized national and state-level measure of young children's readiness to start kindergarten within the context of health, behavioral, family, and community-level factors. The 2022 – 2023 NSCH assessed school readiness from parent and caregiver responses to 28 questions in 5 areas (domains): Early Learning Skills, Social-Emotional Development, Self-Regulation, Motor Development, and Health. Responses are scored according to age-appropriate developmental expectations as "On Track," "Emerging," or "Needs Support" (see the School Readiness, 2022 data brief for more detail).

School Readiness by State

- In 2022 2023, 64.6% of 3- to 5-year-old U.S. children met the Title V National
 Outcome Measure for School Readiness and were considered to be <u>Healthy and</u>
 <u>Ready to Learn</u>. These children were "On Track" in four to five domains without
 needing support in any domain.
- School readiness varied across states by over 20 percentage points (53.4% to 75.3%). Five states had rates of school readiness that were significantly higher than the national rate: Vermont (75.3%), District of Columbia (74.8%), New Jersey (71.8%), Wisconsin (71.7%), and Tennessee (70.0%). Only two states had rates of school readiness that were significantly lower than the national rate: Arkansas (53.4%) and Kentucky (57.0%).

School Readiness Among 3- to 5-year-olds by State, 2022 – 2023



School Readiness Domains by State

By domain, national rates of being "On Track" ranged from a low of 67.9% for Motor Development to a high of 89.1% for Health (see summary table below and full state details on next page). Across domains, Early Learning Skills had the largest variability across states, spanning more than 30 percentage points (52.1% to 86.2%). Compared with the U.S. overall, 19 states had significantly higher rates for at least 1 domain while 8 states had significantly lower rates for at least 1 domain. Five states had significantly higher rates for multiple domains (Connecticut, DC, New Jersey, Vermont, and Wisconsin). Only Arizona had significantly lower rates for multiple domains.

| Domain | Items | U.S. Rate of "On Track" | State Range | States Significantly Higher Than U.S. | States Significantly Lower Than U.S. |
|-------------------------------------|---|----------------------------|--|---|--|
| Early Learning Skills | Nine items assessing letter sounds, letter and number recognition, rhyming, counting, etc. | 70.1% | 52.1% to 86.2% 34.1% point difference | DC: 86.2% Connecticut: 81.3% New Jersey: 81.3% Minnesota: 78.8% Maryland: 77.8% Vermont: 77.3% | Idaho: 52.1% South Dakota: 58.1% Arizona: 61.4% Arkansas: 61.8% |
| Social- Emotional Development | Six items assessing recognizing emotions, sharing, playing well with others, etc. | 84.1% | 77.9% ¹ to 92.3% 14.4% point difference | Connecticut: 92.3% Vermont: 91.7% New Hampshire: 91.1% Nebraska: 89.4% Wisconsin: 88.8% West Virginia: 88.4% | |
| Self- Regulation | Five items assessing trouble calming down, difficulty waiting their turn, being easily distracted, etc. | 73.3% | 63.7% to 82.5% 18.8% point difference | Vermont: 82.5% South Carolina: 81.2% Rhode Island: 80.9% Michigan: 79.0% New Jersey: 79.0% New York: 78.3% | Montana: 63.7% Louisiana: 65.9% |
| Motor Development | Four items assessing ability to draw shapes, a face with eyes and mouth, bounce a ball, etc. | 67.9% | 61.4% ¹ to 79.6% 18.2% point difference | DC: 79.6% Virginia: 76.5% New Mexico: 74.5% California: 72.4% | Ohio: 62.0% |
| Health | Three items assessing general health, condition of teeth, and health problems that affect functioning | 89.1% | 80.2% to 94.3% 14.1% point difference | Wisconsin: 94.3% DC: 93.9% North Dakota: 93.5% Connecticut: 92.9% Tennessee: 92.1% | Arizona: 80.2% |

 $\ensuremath{^{\P}}$ Not statistically significant from the U.S. overall; see data notes and table on next page.

Protective Factors and Programs

- Various factors associated with being <u>Healthy and Ready to Learn</u> may help to explain state variation, including family income, food sufficiency, medical home access, and participation in early childhood education. For the 2022 2023 school year, Vermont and DC, which had the highest rates of school readiness (about 75%), both had <u>universal preschool programs</u> for children starting at age 3, while 5 more states had universal preschool beginning at age 4 (Florida, Iowa, Oklahoma, West Virginia, and Wisconsin).
- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program aims to improve early childhood development and school readiness by promoting positive parenting practices, family well-being, and connection to needed services in all 50 states, DC, and 5 territories. In fiscal year 2024, 83% of children enrolled in MIECHV had a family member who read, told stories, and/or sang with them on a daily basis, representing a 22 percentage point increase since fiscal year 2017.



School Readiness Domains by State

| | Overall School Readiness | Early Learning Skills | Social Emotional Development | Self- Regulation | Motor Development | Health |
|----------------------|--------------------------------|-----------------------------|------------------------------------|---------------------|----------------------|-------------------|
| U.S. Overall | 64.6 | 70.1 | 84.1 | 73.3 | 67.9 | 89.1 |
| State | | | | | | |
| Alabama | 66.6 [†] | 75.8 [†] | 87.7 [†] | 73.6 [†] | 71.1 [†] | 90.4† |
| Alaska | 61.7 [‡] | 64.3‡ | 87.9 [†] | 68.1‡ | 65.7‡ | 88.6‡ |
| Arizona | 61.9‡ | 61.4§ | 82.2 [‡] | 68.4‡ | 61.7 [‡] | 80.2§ |
| Arkansas | 53.4§ | 61.8 [§] | 84.3 [†] | 68.7 [‡] | 61.4‡ | 85.6 [‡] |
| California | 66.6 [†] | 71.6 [†] | 84.2 [†] | 74.5 [†] | 72.4* | 88.9 [‡] |
| Colorado | 67.0 [†] | 70.7 [†] | 86.9 [†] | 73.7 [†] | 67.6‡ | 90.0† |
| Connecticut | 68.8 [†] | 81.3* | 92.3* | 68.7 [‡] | 67.7‡ | 92.9* |
| Delaware | 58.5‡ | 66.9‡ | 82.9‡ | 73.4 [†] | 62.9 [‡] | 91.8⁺ |
| District of Columbia | 74.8* | 86.2* | 88.3 [†] | 72.9‡ | 79.6* | 93.9* |
| Florida | 61.8‡ | 69.3‡ | 80.5‡ | 66.8‡ | 66.8‡ | 83.8 [‡] |
| Georgia | 64.5‡ | 70.1 [†] | 83.3‡ | 74.5 [†] | 66.3‡ | 87.6 [‡] |
| Hawaii | 57.6 [‡] | 70.5 [†] | 82.3‡ | 73.9 [†] | 66.5‡ | 82.8‡ |
| Idaho | 59.3‡ | 52.1 [§] | 87.2 [†] | 71.6‡ | 64.8‡ | 89.3 [†] |
| Illinois | 68.3 [†] | 68.3‡ | 84.9† | 74.8 [†] | 68.5 [†] | 88.2 [‡] |
| Indiana | 64.7 [†] | 68.1‡ | 82.0‡ | 70.5‡ | 69.4 [†] | 91.0 [†] |
| Iowa | 63.6‡ | 69.2‡ | 85.9 [†] | 73.6 [†] | 70.2 [†] | 87.3 [‡] |
| Kansas | 62.8‡ | 74.0 [†] | 85.2 [†] | 69.8‡ | 66.0‡ | 90.3† |
| Kentucky | 57.0§ | 63.1 [‡] | 81.5 [‡] | 74.6 [†] | 64.9 [‡] | 87.7 [‡] |
| Louisiana | 59.9‡ | 70.2 [†] | 82.3‡ | 65.9§ | 64.7‡ | 87.1‡ |
| Maine | 63.8‡ | 72.1 [†] | 88.8† | 74.6 [†] | 62.9 [‡] | 84.4‡ |
| Maryland | 70.5 [†] | 77.8* | 85.6 [†] | 72.0‡ | 73.3 [†] | 84.0‡ |
| Massachusetts | 59.5‡ | 67.3‡ | 87.5 [†] | 68.8‡ | 62.6‡ | 90.5† |
| Michigan | 68.6 [†] | 71.5 [†] | 85.6 [†] | 79.0* | 70.7 [†] | 87.8 [‡] |
| Minnesota | 68.0 [†] | 78.8* | 84.9 [†] | 78.5 [†] | 70.8 [†] | 91.2 [†] |
| Mississippi | 61.7 [‡] | 70.0‡ | 84.6 [†] | 73.9 [†] | 66.5‡ | 87.7‡ |
| Missouri | 66.1 [†] | 66.7 [‡] | 87.5 [†] | 72.5‡ | 69.1 [†] | 89.0‡ |
| Montana | 61.9‡ | 66.9‡ | 86.5 [†] | 63.7⁵ | 61.5‡ | 90.6† |
| Nebraska | 66.1 [†] | 70.9 [†] | 89.4* | 77.5 [†] | 66.4‡ | 90.8† |
| Nevada | 58.2 [‡] | 64.4‡ | 83.3‡ | 72.2 [‡] | 66.3‡ | 86.7 [‡] |
| New Hampshire | 67.8 [†] | 73.7 [†] | 91.1* | 77.4 [†] | 70.2 [†] | 90.4† |
| New Jersey | 71.8* | 81.3* | 86.8† | 79.0* | 70.6 [†] | 90.9 [†] |

Color Key

Compared to the U.S. Overall

* Significantly higher rate

† Higher rate, not significant

‡ Lower rate, not significant

§ Significantly lower rate



School Readiness Domains by State

| | Overall School Readiness | Early Learning Skills | Social Emotional Development | Self- Regulation | Motor Development | Health |
|----------------|--------------------------------|-----------------------------|------------------------------------|---------------------|----------------------|-------------------|
| New Mexico | 67.6 [†] | 64.2 [‡] | 87.9 [†] | 74.2 [†] | 74.5* | 86.2‡ |
| New York | 68.7 [†] | 74.3 [†] | 86.2 [†] | 78.3* | 70.2 [†] | 89.2 [†] |
| North Carolina | 58.6‡ | 64.8‡ | 81.2 [‡] | 71.8‡ | 62.3‡ | 86.1‡ |
| North Dakota | 65.1 [†] | 73.9 [†] | 85.5 [†] | 71.6‡ | 71.6 [†] | 93.5* |
| Ohio | 62.7 [‡] | 66.5‡ | 85.1 [†] | 72.9 [‡] | 62.0§ | 91.6 [†] |
| Oklahoma | 60.4 [‡] | 68.3‡ | 88.0 [†] | 68.0‡ | 66.9 [‡] | 90.0† |
| Oregon | 60.8‡ | 68.8‡ | 83.4 [‡] | 68.9‡ | 66.0‡ | 90.1 [†] |
| Pennsylvania | 67.9 [†] | 74.7 [†] | 82.0‡ | 73.4 [†] | 66.4 [‡] | 90.7 [†] |
| Rhode Island | 70.9 [†] | 72.0 [†] | 82.4 [‡] | 80.9* | 67.1‡ | 90.5† |
| South Carolina | 69.1 [†] | 71.8 [†] | 86.3 [†] | 81.2* | 66.9‡ | 90.6† |
| South Dakota | 58.0‡ | 58.1 [§] | 81.3‡ | 72.3 [‡] | 62.6‡ | 92.0 [†] |
| Tennessee | 70.0* | 71.5 [†] | 86.7 [†] | 76.9 [†] | 72.1 [†] | 92.1* |
| Texas | 57.2 [‡] | 64.9 [‡] | 77.9‡ | 72.1‡ | 64.2‡ | 90.9† |
| Utah | 66.4 [†] | 69.6‡ | 86.6 [†] | 69.2‡ | 73.0 [†] | 93.3† |
| Vermont | 75.3* | 77.3* | 91.7* | 82.5* | 71.5 [†] | 90.8† |
| Virginia | 68.3 [†] | 72.9 [†] | 85.3 [†] | 69.6‡ | 76.5* | 90.7 [†] |
| Washington | 67.4 [†] | 75.1 [†] | 84.3 [†] | 77.4 [†] | 63.9‡ | 92.5 [†] |
| West Virginia | 65.2 [†] | 68.1 [‡] | 88.4* | 69.4‡ | 69.9 [†] | 88.4‡ |
| Wisconsin | 71.7* | 73.4 [†] | 88.8* | 77.2 [†] | 73.3 [†] | 94.3* |
| Wyoming | 60.1‡ | 68.1 [‡] | 87.1 [†] | 72.6‡ | 65.3‡ | 88.6‡ |

Color Key

Compared to the U.S. Overall

* Significantly higher rate

† Higher rate, not significant

‡ Lower rate, not significant

§ Significantly lower rate

Data Notes

In 2022 – 2023, parents/caregivers completed questionnaires for 23,176 children ages 3 – 5. Estimates presented in this brief are weighted to represent children living in U.S. households. Combining multiple years of data enables more reliable estimates, especially for smaller populations or state-level estimates. Statistical significance was determined using a two-sided, **nested Z-test** (p<0.05) and is influenced by the rate and precision of estimates—states that **oversampled** have a larger sample size and more precise estimates. Many questions used in the Healthy and Ready to Learn measure were added or modified in 2022. Therefore, it is not yet possible to combine data from prior years or examine trends over time for the Healthy and Ready to Learn measure.

