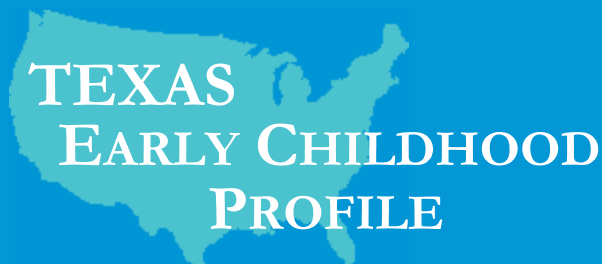




National Center for Children in Poverty
 Mailman School of Public Health
 Columbia University



State policies that promote health, education, and strong families can help the early development and school readiness of America's youngest citizens. This profile highlights Texas's policy choices alongside other contextual data related to the well-being of young children.

Trends¹

Texas maintained access to health insurance between 2001 and 2006 for young children in families up to 200 percent of the federal poverty level, but most parents in those families are not eligible. Family income must be below 29 percent of the federal poverty level for working parents to qualify. Local jurisdictions set the income eligibility for child care subsidies, and eligibility ranges from 145 percent to 235 percent the federal of poverty level. This is a slight decrease from previous years, but more than 33,000 eligible children are still on a waiting list for a subsidy. Funding for prekindergarten has increased in the past five years, but the increases have not kept pace with inflation and spending per child enrolled has declined.

Recent Developments¹

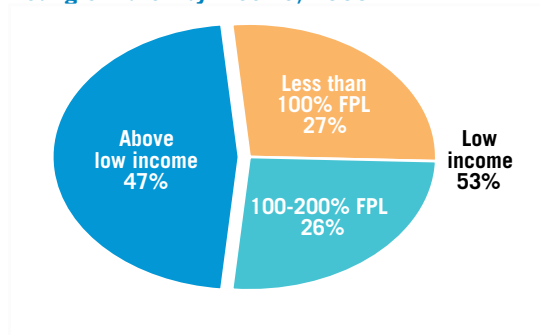
Texas' 2007 budget includes \$7.3 million to offer prekindergarten to children of active duty military parents.

Updated: September 24, 2009

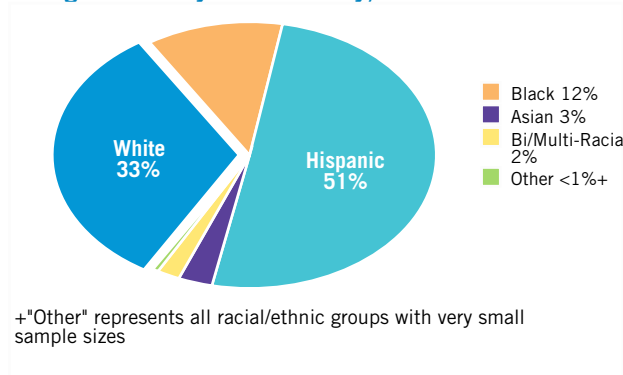
Send updates on your state's profile to : ITO@nccp.org

Young children (under age 6)²: 2,437,505
Infants and toddlers (under age 3)³: 1,192,333

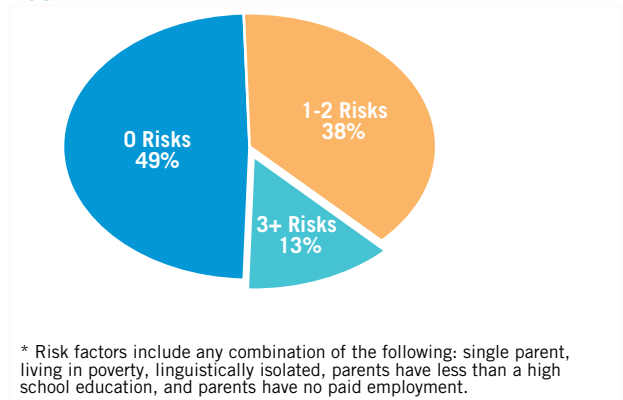
Young children by income, 2008²



Young children by race/ethnicity, 2007³



Exposure to multiple risk factors* among young children, 2007⁴



HEALTH AND NUTRITION

State Choices to Promote Access

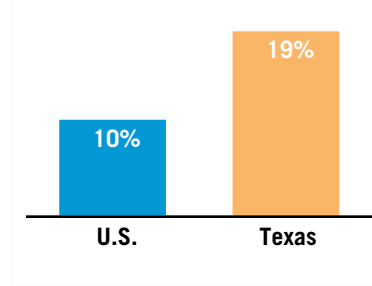
Set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level (FPL). [2009]⁵

- Children <1 year
State eligibility set at 200% FPL (SCHIP)
- Children ages 1-5 years
State eligibility set at 200% FPL (SCHIP)
- Pregnant women
State eligibility set at 185% FPL
- Working parent
State eligibility set at 27% FPL
- Nonworking parent
State eligibility set at 13% FPL
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2009]⁵
- Provide temporary coverage to children under Medicaid or SCHIP until eligibility can be formally determined. [2009]⁵
- Include at-risk children in the definition of eligibility for IDEA Part C. [2006]⁶
- Supplement WIC funding. [2006]⁷

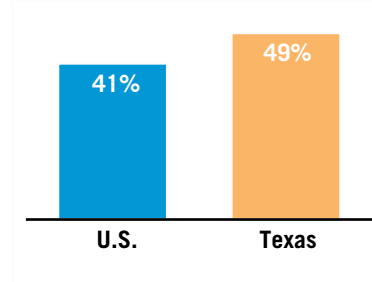
State Choices to Promote Quality

- Meet the national benchmark that 80% of children on Medicaid receive an annual health screening under EPSDT*. [2007]⁸
- Require newborn screening for hearing deficiencies. [2008]⁹
Offered to select populations or by request
- Require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2008]⁹
27 universally required by Law or Rule
- Use the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC:0-3) when seeking Medicaid reimbursement. [2006]¹⁰

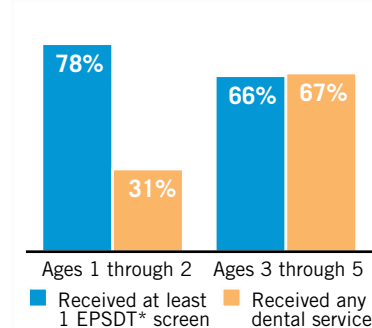
Young children who lack health insurance, 2007³



Medicaid births as a percentage of total births, 2002¹¹



Children on Medicaid receiving care in a 12-month period, by service and age, 2006¹²



* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EARLY CARE AND EDUCATION

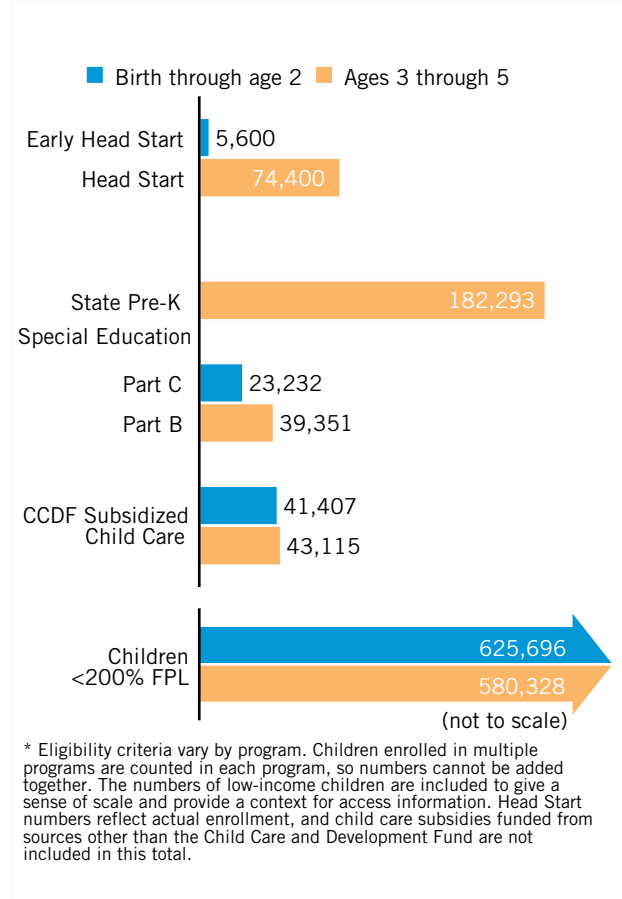
State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2008]¹³
A family of three was eligible up to \$25,775-\$41,063, or 146%-233% FPL. This reflects no change in the FPL percentage from 2007.
- Increased the child care subsidy reimbursement rate within the last two years to be at or above the 75th percentile of the market rate. [2008]¹⁴
- Annually redetermine eligibility for child care subsidies, which can promote consistent caregiving relationships. [2008]¹⁵
- Supplement Early Head Start with state or other federal funds. [2008]¹⁶
- Fund a pre-kindergarten program and/or supplement Head Start. [2008]¹⁷
\$694.2 million. This is an increase of \$161.5 million from 2007.

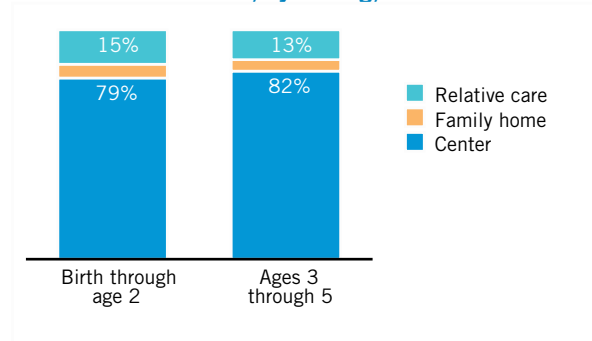
State choices to promote quality

- Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2007]¹⁸
Child care regulations require one adult for every 18 children, and a maximum class size of 25.
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2007]¹⁸
Child care regulations require one adult for every 9 children, and a maximum class size of 18.
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2009]¹⁹
- Have early learning standards or developmental guidelines for infants and toddlers. [2008]²⁰
- Have an infant/toddler credential. [2009]¹⁹
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]²¹

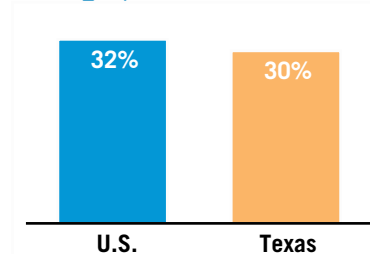
Access to early childhood development programs, by age*, 2006²²



Subsidized child care, by setting, 2005²³



Fourth grade students testing proficient or better in reading**, 2007²⁴



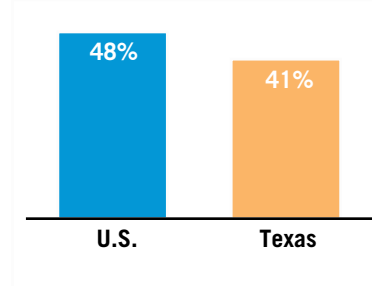
** According to the National Assessment of Educational Progress (NAEP).

PARENTING AND ECONOMIC SUPPORTS

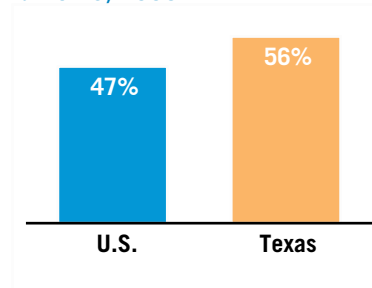
State choices to promote effective parenting

- Provide paid medical/maternity leave. [2008]²⁵
- Have a Medicaid family planning waiver to extend coverage to low-income women to increase the interval between pregnancies. [2008]²⁶
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [2006]²⁷
This exemption only applies for children who were less than one year old at initial application.
- Reduce the TANF work requirement for single parents with children under age 6. [2006]²⁸
- Allow parents in school to qualify for child care subsidies. [2005]²⁹
- Operate a statewide home visiting program. [2007]³⁰
- Formally link home visiting programs to supports for early childhood development (e.g. Medicaid/SCHIP, early intervention, and early childhood mental health). [2007]³⁰

Young children who are read to every day, 2007³⁴



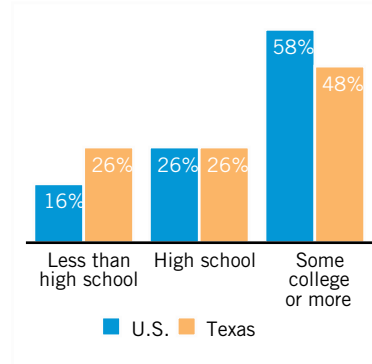
Low-income young children with a parent employed full-time, 2008²



State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage. [July 2008]³¹
\$6.55
- Exempt a single-parent family of three below the poverty level from personal income tax. [2007]³²
No state income tax.
- Offer a refundable state earned income tax credit. [2008]³³
- Offer a refundable state dependent care tax credit. [2007]³⁵
- Keep copayments for child care subsidies below 10% of family income for most families. [2008]³⁶
- Allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2007]³⁷
State retains all support collected. However, TANF grant for those on whose behalf current support is collected is increased by up to \$50 a month. Pending legislation (General Appropriations Act, House Bill 1, Rider 21) would establish a \$75 pass-through/

Education levels of mothers with young children, 2007³



This profile is a product of NCCP's *Improving the Odds for Young Children* initiative. It is funded through NCCP's participation in The Birth to Five Policy Alliance, sponsored by the Buffett Early Childhood Fund. The information represents the most recent 50-state data sources and will be updated with the release of new data. See www.nccp.org/improvingtheodds for other state profiles.

DATA NOTES AND SOURCES

1. The trends and recent developments come from personal communications with state advocates, administrators, and policymakers. The following publications were also consulted:
Donna Cohen Ross, Aleya Horn, and Caryn Marks, *Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2008*, Kaiser Commission on Medicaid and the Uninsured, January 2008 <http://www.kff.org> (accessed April 11, 2008).
W. Steven Barnett, Jason Hustedt, Allison Friedman, Judi Stevenson Boyd, and Pat Ainsworth, *The State of Preschool 2007*, National Institute for Early Education Research, 2007.
Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2007: Some Steps Forward, More Progress Needed*, National Women's Law Center, September 2007.
National Center for Children in Poverty, *Map and Track State Initiatives for Young Children and Families*, 2000 Edition, 2000
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National Conference of State Legislatures, *Child Care and Early Education Legislation Highlights 2006*, unpublished draft
National Governors Association, *Front and Center education articles*, 2006, <http://www.nga.org>
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2. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.
3. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2006, 2007, and 2008, representing information from calendar years 2005, 2006, and 2007. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2008 data, representing information from the previous calendar year.
4. National and state data were calculated from the 2007 American Community Survey.
5. Donna Cohen Ross and Caryn Marks, *Challenges of Providing Health Coverage of Children and Parents in a Recession: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009*, Kaiser Commission on Medicaid and the Uninsured, January 2009 <http://www.kff.org> (accessed February 16, 2009).
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7. U.S.D.A., Food and Nutrition Services, Data reflect state appropriations for State Fiscal Years 2001 and 2006, personal email (received April 25, 2006).
8. Data reflect the most recent information reported by the states: 20002 for ME; 2003 for WV; 2004 for MS; 2005 for IA, VT, and KY; 2007 for all other states.
U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, EPSDT CMS-416 Data, FY 2007, updated on July, 1, 2008
9. National Newborn Screening and Genetics Resource Center, *National Newborn Screening Status Report*, updated July 30, 2008 <http://genes-r-us.uthscsa.edu> (accessed August 2008).
10. Ngozi Onunaku, Zero to Three, personal email (received February 6, 2006).
11. Data from some states includes the Medicaid waiver expansion population.
National Governors Association Center for Best Practices, Health Division, *Maternal and Child Health (MCH) Update 2005: States Make Modest Expansions to Health Care Coverage*, 2006.
12. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, EPSDT CMS-416 Data, FY 2007, updated on July, 1, 2008
13. Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2008: Too Little Progress for Children and Families*, National Women's Law Center, September 2008.
14. State reimbursement rates are compared to the 75th percentile of market rates (the rate that allows parents access to 75 percent of providers in their community) because federal regulations recommend that rates be set at this level. A state is considered to have rates that were based on current market prices if the market survey used to set its rates was conducted no more than two years earlier (so, for example, rates used in 2005 were considered current if set at the 75th percentile of 2003 or more recent market rates). The data in these tables reflect states' basic rates. Some states may have higher rates for particular types of care such as higher-quality care or care for children with special needs.
Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2008: Too Little Progress for Children and Families*, National Women's Law Center, September 2008.
15. U.S. Department of Health and Human Services, Administration for Children and Families, *Report of State and Territory Plans, FY 2008-2009*, 2008. <http://nccic.acf.hhs.gov> (Accessed February 24, 2009)
16. Rachel Schumacher and Elizabeth DiLauro, *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families*, Center for Law and Social Policy and Zero to Three Policy Center, April 2008.
17. W. Steven Barnett, Dale J. Epstein, Allison H. Friedman, Judi Stevenson Boyd, Jason T. Hustedt, *The State of Preschool 2008*, National Institute for Early Education Research, 2008.
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19. ZERO TO THREE, personal e-mail (received March 5, 2009) based on information gathered as of February 9, 2009.
20. Zero to Three, personal email (received September 12, 2008) based on information gathered in September 2008.
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22. **Number of children (2007)**: State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2006, 2007, and 2008, representing information from calendar years 2005, 2006, and 2007. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2008 data, representing information from the previous calendar year.
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Ages 3 to 5 Special Education, Part B (2006): U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the Individuals with Disabilities Education Act" 2006. Data updated as of July 15, 2007. (accessed January 30, 2008).

Subsidized Child Care (2006): National Child Care Information Center, *The Child Care and Development Fund Report of State and Territory Plans, FY 2006-2007* p. 158, U.S. Department of Health and Human Services, Administration for Children and Families, 2006.

23. Data represent the sum of children served in the specified location, regardless if the provider is licensed/regulated or legally operating without a license. Family home includes children served in group home care.
U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Child Care Bureau. Child care and development fund administrative data federal fiscal year 2005 [Computer file]. ICPSR04379-v1. Rockville, MD: Anteon Corporation, Child Care Automation Resource Center [producer], 2008. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2008.
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