State policies that promote health, education, and strong families can help the early development and school readiness of America’s youngest citizens. These state policies are especially important to low-income families whose young children lack access to the kinds of supports and opportunities that their more affluent peers receive. It takes at least twice the official federal poverty level (FPL), or $36,620 for a family of three in 2009, for families to provide the basic necessities that their young children need to thrive.\(^1\) Nationally, 10 million children under the age of 6 live in families earning twice the federal poverty level or less.\(^2\) The National Center for Children in Poverty’s Improving the Odds for Young Children project shines a spotlight on state variation in the policy commitment to low-income young children and families.

This national profile aggregates the policy choices of the 50 states and the District of Columbia alongside other contextual data related to the well-being of young children. The first page presents demographic information on children younger than age 6, and subsequent pages profile the policy context related to their: (1) health and nutrition, (2) early care and education, and (3) parenting and economic supports. State specific profiles are also available.

Complete source citations and endnotes are included with this profile. For easy reference, the year of the data appears in brackets. To show the range of variation among states, some graphs identify the states with the highest and lowest percentages alongside the national average.

In addition to the state and national profiles, the project includes:

- Data tables that allow for comparisons across states on each policy choice
- A national report summarizing the research base for policies that promote early childhood development and key findings from the state profiles.

Updated: June 5, 2012
HEALTH AND NUTRITION

State Choices to Promote Access

- 47 states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200 percent of the federal poverty level for children ages birth to 5 [2012]³
- 25 states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200 percent of the federal poverty level for pregnant women [2012]³
- 12 states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200 percent of the federal poverty level for immigrant children 0-1yr [2012]³
- 6 states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200 percent of the federal poverty level for immigrant children 3-5yrs [2012]³
- 18 states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200 percent of the federal poverty level for immigrant pregnant women [2012]³
- 24 states provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- 18 states provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- 31 states provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
- 16 states provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- 4 states include at-risk children in the definition of eligibility for IDEA Part C. [2012]³
- 16 states do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]\(^5\)

- 9 states 7 Screenings for children <1 year
- 40 states 4 Screenings for children 1-2 years
- 47 states 3 Screenings for children 3-5 years
- 33 states require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]\(^6\)

EARLY CARE AND EDUCATION

State choices to promote access

- 12 states set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]\(^7\)
- 3 states child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]\(^8\)
- 25 states redetermine the eligibility for child care subsidies no more than once per year [2010]\(^9\)
- 40 states fund a pre-kindergarten program and/or supplement Head Start. [2010]\(^10\)

State choices to promote quality

- 15 states require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2011]\(^11\)
- 7 states require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]\(^11\)
- 27 states allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]\(^12\)
- 33 states have early learning standards or developmental guidelines for infants and toddlers. [2010]\(^13\)
- 21 states have an infant/toddler credential. [2010]\(^14\)
- 23 states require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^15\)
- 20 states have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^16\)
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- 29 states provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
- 27 states exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
- 26 states reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}

State choices to support family economic security

- 19 states establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
- 40 states exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
- 21 states offer a refundable state Earned Income Tax Credit. [2011]^{22}
- 13 states offer a refundable state dependent care tax credit. [2011]^{23}
- 29 states keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}
- 13 states offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

Low-income young children with a parent employed full-time, 2010^{2}

<table>
<thead>
<tr>
<th>State</th>
<th>Utah</th>
<th>U.S.</th>
<th>District of Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>63%</td>
<td>44%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Young children with mothers who have a high school education or less, 2010^{2}

<table>
<thead>
<tr>
<th>State</th>
<th>Nevada</th>
<th>U.S.</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47%</td>
<td>37%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010^{19}

<table>
<thead>
<tr>
<th>State</th>
<th>Alaska</th>
<th>U.S.</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$11076</td>
<td>&lt;1%</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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.
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 Alabama's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's well-being: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**Young children (under age 6)**

349,025

**Young children by income, 2010**

- Above low income: 48%
- Low income: 52%

Among young low-income children, 13% live in extreme poverty (less than 50% FPL).

**Young children by race/ethnicity, 2010**

- White: 59%
- Black: 29%
- Hispanic: 8%
- Asian: <1%
- Bi/Multi-Racial: 3%
- Other: <1%

*“Other” represents all racial/ethnic groups with very small sample sizes*

**Exposure to multiple risk factors among young children, 2010**

- 1-2 Risks: 40%
- 0 Risks: 38%
- 3+ Risks: 22%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.*

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**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 300% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)
- Pregnant women
  - Set eligibility at 133% (Medicaid)
- Immigrant pregnant women
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Alabama</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT⁺ screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>81%</td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  State requires 5 screens. 97% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  State requires 4 screens. 100% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  State requires 3 screens. 67% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^6

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^7
  A family of three is eligible up to $23,808, or 128% FPL. This reflects a decrease from 130% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^8

- Redetermine the eligibility for child care subsidies no more than once per year [2010]^9
  Eligibility redetermined every six months.

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]^10
  $17,585,880 for pre-kindergarten

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. [2011]^11
  Child care regulations require one adult for every 18 children, and there is no maximum class size.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^11
  Child care regulations require one adult for every 7 children, and there is no maximum class size.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^12

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]^13

- Have an infant/toddler credential. [2010]^14

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^15

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^16

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2011^8

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>100% FPL</td>
</tr>
<tr>
<td>&lt;1%</td>
<td>150% FPL</td>
</tr>
</tbody>
</table>

7 Screenings for children <1 year
State requires 5 screens. 97% of eligible screens were completed in 2010.

4 Screenings for children 1-2 years
State requires 4 screens. 100% of eligible screens were completed in 2010.

3 Screenings for children 3-5 years
State requires 3 screens. 67% of eligible screens were completed in 2010.

Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^6

Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^16
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]

  Eligibility based on income up to 133% FPL.

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]

  Parent must return to work when child is 3 months.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]

  Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]

  No minimum wage required.

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]

  Up to 56% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]

☐ Offer a refundable state dependent care tax credit. [2011]

  AL does not have a Child and Dependent Care Tax credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]

  Not eligible.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]

Low-income young children with a parent employed full-time, 2010

U.S.  44%  Alabama  44%

Education levels of mothers with young children, 2010

<table>
<thead>
<tr>
<th>U.S.</th>
<th>Alabama</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010

<table>
<thead>
<tr>
<th>State</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>Alabama</td>
<td>$2580</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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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 Alaska’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- **Children <1 year**
  - Set eligibility at 175% (Medicaid and CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 175% (Medicaid and CHIP)

- **Pregnant women**
  - Set eligibility at 175% (Medicaid)

- **Immigrant children <1 year**
- **Immigrant children 1-5 years**
- **Immigrant pregnant women**
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 5 screens. 100% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 2 screens. 77% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 60% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
   A family of three is eligible up to $54,288, or 293% FPL. This reflects an increase from 253% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
   $1,700,000 for pre-kindergarten and $7,292,600 for Head Start

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. [2011]¹¹
   Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
   Child care regulations require one adult for every 5 children, and the maximum class size is 10.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  
  Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipients' lifetime.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  
  Required to work 30 hours.

State choices to support family economic security

☑ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
  
  $7.75

☑ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  
  No state income tax

☐ Offer a refundable state Earned Income Tax Credit. [2011]^{22}

☐ Offer a refundable state dependent care tax credit. [2011]^{23}
  
  AK does not have a Child and Dependent Care Tax credit.

☑ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

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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 Arizona's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 539,183

Young children by income, 2010

Among young low-income children, 13% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

Exposure to multiple risk factors among young children, 2010

Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  
  Set eligibility at 200% (CHIP)

- Children ages 1-5 years
  
  Set eligibility at 200% (CHIP)

- Pregnant women
  
  Set eligibility at 150% (Medicaid)

- Immigrant pregnant women

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

![Young children who lack health insurance, 2010²](chart_1)

![Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵](chart_2)

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 100% of eligible screens were completed in 2010.

☑ 4 Screenings for children 1-2 years
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 81% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $30,216, or 163% FPL. This reflects a decrease from 165% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☑ Redetermine the eligibility for child care subsidies no more than once per year [2010]9

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $494,687 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 15 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 6 children, and there is no maximum class size.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☑ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
   QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
  
  Eligibility for women losing coverage postpartum.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  
  Case-by-case basis.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
  
  $7.65

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  
  Up to 116% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]^{22}

- Offer a refundable state dependent care tax credit. [2011]^{23}
  
  AZ does not have a Child and Dependent Care Tax credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

Low-income young children with a parent employed full-time, 2010^{2}

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td></td>
<td>49%</td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 2010^{2}

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010^{19}

<table>
<thead>
<tr>
<th>State</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>Arizona</td>
<td>$3336</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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.
Early Childhood Profile

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 Arkansas’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 231,379

Young children by income, 2010

- Above low income: 42%
- Less than 100% FPL: 31%
- Low income: 58%

Among young low-income children, 15% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 63%
- Black: 18%
- Hispanic: 13%
- Asian: 2%
- Bi/Multi-Racial: 4%
- Other <1%*

*“Other” represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010

- 1-2 Risks: 43%
- 0 Risks: 34%
- 3+ Risks: 23%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

- Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Children <1 year
  - Set eligibility at 200% (Medicaid and CHIP)

- Children ages 1-5 years
  - Set eligibility at 200% (Medicaid and CHIP)

- Pregnant women
  - Set eligibility at 200% (Medicaid and CHIP)
☐ Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
☐ Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
☐ Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³
☐ Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Arkansas</th>
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</thead>
<tbody>
<tr>
<td>13%</td>
<td>16%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010³

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>93%</td>
<td>65%</td>
<td>56%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 58% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 3 screens. 85% of eligible screens were completed in 2010.

☑ 3 Screenings for children 3-5 years
   State requires 3 screens. 52% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
   A family of three is eligible up to $28,345, or 153% FPL. This reflects a decrease from 155% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☑ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

☑ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
   $111,000,000 for pre-kindergarten

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. [2011]¹¹
   Child care regulations require one adult for every 15 children, and the maximum class size is 30.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
   Child care regulations require one adult for every 9 children, and the maximum class size is 18.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²
   Allocate CCDF and ARRA funds to finance ITSN.

☑ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☑ Have an infant/toddler credential. [2010]¹⁴
   Non-credit training is required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
   Eligibility based on income up to 200% FPL.

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
   Parent must return to work when child is 3 months; exemption limited to 12 cumulative months during lifetime.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
   Required to work 30 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
   $6.25

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
   Up to 89% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]²²

☑ Offer a refundable state dependent care tax credit. [2011]²³
   A credit of 20% of the "allowed" federal "child care credit" for children under six in an "approved child care facility."

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]⁸
   Copayments set at 16% of income.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹
   Exemption and extension available for: women pregnant for at least 7 months; heads of household caring for a child under 12 months of age if no child care is available.

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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 California's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 2,907,526

Young children by income, 2010

- Above low income: 55%
- Low income: 45%
- Less than 100% FPL: 22%
- Other: 5%

Among young low-income children, 9% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 27%
- Hispanic: 52%
- Black: 5%
- Asian: 11%
- Bi/Multi-Racial: 5%
- Other: <1%

*Other* represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010*

- 0 Risks: 36%
- 1-2 Risks: 43%
- 3+ Risks: 21%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 250% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 250% (CHIP)
- Pregnant women
  - Set eligibility at 300% (Medicaid, CHIP and UCO)
- Immigrant children <1 year
  - 200% FPL - covers all or most legal immigrants
- Immigrant children 1-5 years
  - 133% FPL - covers all or most legal immigrants
- Immigrant pregnant women
  - 300% FPL - covers all legal and most undocumented immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

### Young children who lack health insurance, 2010

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81%</td>
<td>68%</td>
<td>98%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 5 screens. 93% of eligible screens were completed in 2010.

☑ 4 Screenings for children 1-2 years
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 2 screens. 100% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6
   28 universally required by law or rule. Screen for hearing deficiency offered to select populations, or by request.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $45,228, or 244% FPL. This reflects a decrease from 247% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☑ Redetermine the eligibility for child care subsidies no more than once per year [2010]9

☑ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $796,320,978 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 12 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 4 children, and there is no maximum class size.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF and private funds to finance ITSN.

☑ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☑ Have an infant/toddler credential. [2010]14
   A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15
Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012] [17]
  
  Eligibility based on income up to 200% FPL, includes men.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010] [18]
  
  Parent must return to work when child is 12 months; recipient may receive this exemption only once, but he or she may also receive a limited exemption for a second or subsequent child under 6 months old.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010] [19]
  
  Required to work 32 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012] [20]
  
  $8.00

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010] [21]
  
  Up to 155% FPL

- Offer a refundable state Earned Income Tax Credit. [2011] [22]

- Offer a refundable state dependent care tax credit. [2011] [23]
  
  A credit of 34%-50% of the "allowable" federal CADC credit based on federal adjusted gross income.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011] [8]

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010] [19]
  
  Women are exempt only when the pregnancy impairs their ability to work.

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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 Colorado's policy choices alongside other data related to the well-being of young children.

**Health and Nutrition**

States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

**Early Care and Education**

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

**Parenting and Economic Supports**

States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

*Updated: June 5, 2012*
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- **Children <1 year**
  - Set eligibility at 250% (CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 250% (CHIP)

- **Pregnant women**
  - Set eligibility at 250% (Medicaid and CHIP)

- Immigrant children <1 year

- Immigrant children 1-5 years

- Immigrant pregnant women
  - 133% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

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**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td></td>
<td>14%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>82%</td>
<td>72%</td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]  

☐ 7 Screenings for children <1 year  
   State requires 6 screens. 52% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years  
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years  
   State requires 3 screens. 82% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]  
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]  
   A family of three is eligible up to $23,803-$54,108, or 128-292% FPL. This reflects a decrease from 130-296% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]  

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]  
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]  
   $45,246,206 for pre-kindergarten

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. [2011]  
   Child care regulations require one adult for every 12 children, and the maximum class size is 24.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]  
   Child care regulations require one adult for every 5 children, and the maximum class size is 10.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]  
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]  

☐ Have an infant/toddler credential. [2010]  
   A combination of credit, non-credit, or other requirements are required to obtain a credential.
 Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\textsuperscript{15}

✓ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\textsuperscript{16}
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹

 Required to work 22 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰

 $7.64

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹

 Up to 112% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]²²

☐ Offer a refundable state dependent care tax credit. [2011]²³

 A credit of 10%-50% of the federal CADC credit for "child care" expenses *claimed* based on federal adjusted gross income.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁴

 Copayments set at 11% of income.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]²⁵

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Low-income young children with a parent employed full-time, 2010²

[Chart showing 44% for U.S. and 51% for Colorado]

Education levels of mothers with young children, 2010²

[Chart showing less than high school: 15% for U.S., 15% for Colorado; high school: 22% for U.S., 18% for Colorado; some college or more: 63% for U.S., 57% for Colorado]

Maximum annual TANF benefit for a family of 3, 2010²

[Chart showing $11076 for Alaska, $5544 for Colorado, $2040 for Mississippi]

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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 Connecticut's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**Young children (under age 6)**: 239,811

**Young children by income, 2010**
- Above low income: 70%
- Low income: 30%

Among young low-income children, 6% live in extreme poverty (less than 50% FPL).

**Young children by race/ethnicity, 2010**
- White: 58%
- Hispanic: 22%
- Black: 10%
- Asian: 5%
- Bi/Multi-Racial: 5%
- Other <1%

*"Other" represents all racial/ethnic groups with very small sample sizes.

**Exposure to multiple risk factors among young children, 2010**
- 0 Risks: 52%
- 1-2 Risks: 35%
- 3+ Risks: 13%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

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**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 300% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)

- Pregnant women
  - Set eligibility at 250% (Medicaid)

- Immigrant children <1 year
  - 185% FPL - covers all or most legal immigrants

- Immigrant children 1-5 years
  - 185% FPL - covers all or most legal immigrants

- Immigrant pregnant women
  - 185% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

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**Young children who lack health insurance, 2010\(^2\)**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>13%</td>
<td>7%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010\(^5\)**

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
- 4 Screenings for children 1-2 years
- 3 Screenings for children 3-5 years

Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
  
  A family of three is eligible up to $42,690, or 230% FPL. This reflects a decrease from 336% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
  
  Eligibility redetermined every six months.

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
  
  $83,301,663 for pre-kindergarten and $4,982,838 for Head Start

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. [2011]¹¹
  
  Child care regulations require one adult for every 10 children, and the maximum class size is 20.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
  
  Child care regulations require one adult for every 4 children, and the maximum class size is 8.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴
  
  Credit-bearing course is required to obtain a credential.

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
## PARENTING AND ECONOMIC SUPPORTS

### State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]²⁰
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]²⁸
  
  *Parent must return to work when child is 12 months; exemption applies only if the child less than 1 year old is not subject to a family cap.*
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]²⁹
  
  *Case-by-case basis.*

### State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  
  $8.25
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  
  *Up to 110% FPL*
- Offer a refundable state Earned Income Tax Credit. [2011]²²
  
  *25% of federal Earned Income Tax Credit.*
- Offer a refundable state dependent care tax credit. [2011]²³
  
  *CT does not have a Child and Dependent Care Tax credit.*
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁸
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]²⁹
  
  *Exemptions available for: women pregnant for at least 1 month if physician certifies the woman’s inability to work, and heads of household caring for a child under 12 months of age unless subject to family cap.*

### Other State Profiles

- See [www.nccp.org/improvingtheodds](http://www.nccp.org/improvingtheodds) for other state profiles.
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 Delaware's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
### HEALTH AND NUTRITION

#### State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- **Children <1 year**
  - Set eligibility at 200% (Medicaid and CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 200% (CHIP)

- **Pregnant women**
  - Set eligibility at 200% (Medicaid)

- **Immigrant children <1 year**
  - 200% FPL - covers all or most legal immigrants

- **Immigrant children 1-5 years**
  - 133% FPL - covers all or most legal immigrants

- **Immigrant pregnant women**
  - 200% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

---

**Young children (under age 6)**

**65,222**

#### Young children by income, 2010

- **Above low income**
  - 59%

- **Low income**
  - 41%

- **Less than 100% FPL**
  - 20%

#### Young children by race/ethnicity, 2010

- **White**
  - 51%

- **Black**
  - 24%

- **Hispanic**
  - 15%

- **Asian**
  - 4%

- **Bi/Multi-Racial**
  - 6%

- **Other <1%+

*“Other” represents all racial/ethnic groups with very small sample sizes*

#### Exposure to multiple risk factors among young children, 2010*

- **0 Risks**
  - 39%

- **1-2 Risks**
  - 45%

- **3+ Risks**
  - 16%

*Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.*

---

United States State page 43
Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]^3

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]^4

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]^3

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**Young children who lack health insurance, 2010**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Delaware</th>
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</thead>
<tbody>
<tr>
<td>13%</td>
<td>8%</td>
<td></td>
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</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>93%</td>
<td>81%</td>
<td>71%</td>
</tr>
<tr>
<td>Delaware</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  **State requires 7 screens. 69% of eligible screens were completed in 2010.**

- 4 Screenings for children 1-2 years
  **State requires 4 screens. 77% of eligible screens were completed in 2010.**

- 3 Screenings for children 3-5 years
  **State requires 3 screens. 77% of eligible screens were completed in 2010.**

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
  **A family of three is eligible up to $36,624, or 198% FPL. This reflects a decrease from 200% FPL in 2010.**

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
  **Eligibility redetermined every six months.**

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
  $5,727,800 for pre-kindergarten and $5,727,800 for Head Start

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. [2011]11
  **Child care regulations require one adult for every 12 children, and the maximum class size is 24.**

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
  **Child care regulations require one adult for every 6 children, and the maximum class size is 12.**

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  
  Eligibility for women losing coverage for any reason.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  
  Parent must return to work when child is 12 months; exemption limited to 12 cumulative months in the recipient's lifetime.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  
  Up to 153% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]22

- Offer a refundable state dependent care tax credit. [2011]23
  
  A credit of 50% of the *allowable* federal CADC credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>47%</td>
<td></td>
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</tbody>
</table>

Education levels of mothers with young children, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>Delaware</th>
<th>Mississippi</th>
</tr>
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<tbody>
<tr>
<td>$11076</td>
<td>$4992</td>
<td>$2040</td>
<td></td>
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</tbody>
</table>

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.
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 District of Columbia's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
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Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in credentials and Quality Rating Improvement Systems.

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 300% (Medicaid and CHIP)

- Children ages 1-5 years
  Set eligibility at 300% (Medicaid and CHIP)

- Pregnant women
  Set eligibility at 300% (Medicaid)

- Immigrant children <1 year
  300% FPL - covers all legal and most undocumented

- Immigrant children 1-5 years
  300% FPL - covers all legal and most undocumented

- Immigrant pregnant women
  200% FPL - covers all legal and most undocumented immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
[3] Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

[3] Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]

[3] Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]


[3] Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

![Young children who lack health insurance, 2010](image)

- U.S.: 13%
- District of Columbia: 2%

![Percent of eligible children who received at least one EPSDT* screening, by age, 2010](image)

- Under 1 Year: 90%
- 1 to 2 Years: 80%
- 3 to 5 Years: 90%

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  
  *State requires 7 screens. 100% of eligible screens were completed in 2010.*

- 4 Screenings for children 1-2 years
  
  *State requires 4 screens. 74% of eligible screens were completed in 2010.*

- 3 Screenings for children 3-5 years
  
  *State requires 3 screens. 100% of eligible screens were completed in 2010.*

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷

  *A family of three is eligible up to $45,775, or 247% FPL. This reflects a decrease from 250% FPL in 2010.*

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰

  *No Program*

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. [2011]¹¹

  *Child care regulations require one adult for every 10 children, and the maximum class size is 20.*

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹

  *Child care regulations require one adult for every 3 children, and the maximum class size is 9.*

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  
  **Parent must return to work when child is 12 months.**

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  
  **Required to work 20 hours.**

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  
  $8.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  
  **Up to 169% FPL**

- Offer a refundable state Earned Income Tax Credit. [2011]²²
  
  40% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011]²³
  
  A credit of 32% of the “allowed” federal CADC credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁴

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹
  
  **Extension available for: women pregnant for at least 4 months, and heads of household caring for a child under 12 months of age.**

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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 Florida's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
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Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 200% (Medicaid and CHIP)
- Children ages 1-5 years
  - Set eligibility at 200% (CHIP)
- Pregnant women
  - Set eligibility at 185% (Medicaid)
- Immigrant children <1 year
- Immigrant children 1-5 years
- Immigrant pregnant women
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Florida</th>
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<tbody>
<tr>
<td>13%</td>
<td></td>
<td>20%</td>
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</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>100%</th>
<th>80%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1 to 2 Years</td>
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<td></td>
<td></td>
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<tr>
<td>3 to 5 Years</td>
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* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 100% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 84% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 85% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
   A family of three is eligible up to $27,468, or 148% FPL. This reflects a decrease from 150% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
   $391,819,943 for pre-kindergarten

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. [2011]¹¹
   Child care regulations require one adult for every 20 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
   Child care regulations require one adult for every 6 children, and there is no maximum class size.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²
   Allocate CCDF funds to finance ITSN.

☑ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
   QRIS is being piloted
State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
  Eligibility for women losing coverage for any reason.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  Parent must return to work when child is 3 months; recipient may be required to attend classes or other activities.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  Required to work 30 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  $7.67

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  No state income tax

- Offer a refundable state Earned Income Tax Credit. [2011]²²

- Offer a refundable state dependent care tax credit. [2011]²³
  FL does not have a Child and Dependent Care Tax credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁶

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹
  Exemption available for head of household caring for a child under 3 months of age.
  Extension available for head of household caring for child less than 6 years old if no child care is available.

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Early Childhood Profile

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 Georgia's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6)\(^2\): 797,897

Young children by income, 2010

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above low income</td>
<td>50%</td>
</tr>
<tr>
<td>Less than 100% FPL</td>
<td>26%</td>
</tr>
</tbody>
</table>

Among young low-income children, 12% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010\(^2\)

- White: 47%
- Black: 32%
- Hispanic: 15%
- Asian: 3%
- Bi/Multi-Racial: 3%
- “Other”: <1%

*“Other” represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010\(^*2\)

- 1-2 Risks: 42%
- 0 Risks: 38%
- 3+ Risks: 21%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]\(^3\)

- Children <1 year
  - Set eligibility at 235% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 235% (CHIP)
- Pregnant women
  - Set eligibility at 200% (Medicaid)

- Immigrant pregnant women
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 7 screens. 56% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 5 screens. 59% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 70% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $28,160, or 152% FPL. This reflects a decrease from 192% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $341,470,922 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 18 children, and the maximum class size is 36.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 8 children, and the maximum class size is 16.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF and ARRA funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14
   Credit-bearing course is required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15
Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
  
  *Eligibility based on income up to 200% FPL. GA also extends eligibility for women losing coverage postpartum.*

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  
  *Parent must return to work when child is 12 months. Single custodial parents can have one three-month exemption per child up to a cumulative total of 12 months.*

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  
  *Required to work 20 hours.*

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  
  *$5.15*

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  
  *Up to 73% FPL*

- Offer a refundable state Earned Income Tax Credit. [2011]²²

- Offer a refundable state dependent care tax credit. [2011]²³
  
  *A credit of 30% of the “claimed and allowed” federal CADC credit.*

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁴

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

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Early Childhood Profile

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 Hawaii's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 97,497

Young children by income, 2010

Among young low-income children, 4% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

+“Other” represents all racial/ethnic groups with very small sample sizes

Exposure to multiple risk factors among young children, 2010*

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 300% (Medicaid and CHIP)

- Children ages 1-5 years
  - Set eligibility at 300% (Medicaid and CHIP)

- Pregnant women
  - Set eligibility at 185% (Medicaid)

- Immigrant children <1 year
  - 300% FPL - covers all or most legal immigrants

- Immigrant children 1-5 years
  - 300% FPL - covers all or most legal immigrants

- Immigrant pregnant women
  - 185% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without a 5-year waiting period [2012]\(^3\)
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

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**Young children who lack health insurance, 2010\(^2\)**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Hawaii</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010\(^5\)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>87%</td>
<td>70%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   *State requires 5 screens. 100% of eligible screens were completed in 2010.*

☐ 4 Screenings for children 1-2 years
   *State requires 4 screens. 100% of eligible screens were completed in 2010.*

☐ 3 Screenings for children 3-5 years
   *State requires 3 screens. 77% of eligible screens were completed in 2010.*

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   *A family of three is eligible up to $47,124, or 254% FPL. This reflects a decrease from 257% FPL in 2010.*

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   *Eligibility redetermined every six months.*

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   *No Program*

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. [2011]11
   *Child care regulations require one adult for every 16 children, and there is no maximum class size.*

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   *Child care regulations require one adult for every 6 children, and the maximum class size is 12.*

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  
  *Parent must return to work when child is 6 months; exemption is limited to two six-month periods in the recipient's lifetime.*

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  
  *Required to work 20 hours.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
  
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  
  *Up to 79% FPL*

- Offer a refundable state Earned Income Tax Credit. [2011]^{22}

- Offer a refundable state dependent care tax credit. [2011]^{23}
  
  *A credit of 15%-25% of eligible expenses based on HI adjusted gross income.*

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}
  
  *Copayments set at 17% of income.*

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}
  
  *Exemption available for head of household caring for a child under 6 months of age.*

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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 Idaho's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

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States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012][3]

- Children <1 year  
  *Set eligibility at 185% (CHIP)*
- Children ages 1-5 years  
  *Set eligibility at 185% (CHIP)*
- Pregnant women  
  *Set eligibility at 133% (Medicaid)*
- Immigrant children <1 year
- Immigrant children 1-5 years

- Immigrant pregnant women  
  Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012][3]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012][3]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012][3]
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

**Young children who lack health insurance, 2010\(^2\)**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Idaho</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT\(^*\) screening, by age, 2010\(^5\)**

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>85%</td>
<td>72%</td>
<td>56%</td>
</tr>
</tbody>
</table>

\(^*\) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 49% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 5 screens. 76% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 62% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $23,184, or 125% FPL. This reflects a decrease from 127% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   No Program

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. [2011]11
   Child care regulations require one adult for every 12 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 6 children, and there is no maximum class size.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]

Required to work 30 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]

$7.25

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]

Up to 112% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]

☐ Offer a refundable state dependent care tax credit. [2011]

A deduction of expenses eligible for the federal CADC credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]

Not eligible.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]

Low-income young children with a parent employed full-time, 2010

<table>
<thead>
<tr>
<th>U.S.</th>
<th>Idaho</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 2010

<table>
<thead>
<tr>
<th>U.S.</th>
<th>Idaho</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than high school</td>
<td>15%</td>
</tr>
<tr>
<td>high school</td>
<td>22%</td>
</tr>
<tr>
<td>some college or more</td>
<td>63%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010

<table>
<thead>
<tr>
<th>Alaska</th>
<th>Idaho</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11076</td>
<td>$3708</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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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 Illinois's policy choices alongside other data related to the well-being of young children.

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States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 200% (300%) (CHIP)
- Children ages 1-5 years
  Set eligibility at 200% (300%) (CHIP)
- Pregnant women
  Set eligibility at 200% (Medicaid)
- Immigrant children <1 year
  200% FPL - covers all legal and most undocumented
- Immigrant children 1-5 years
  300% FPL - covers all legal and most undocumented
- Immigrant pregnant women
  200% FPL - covers all legal and most undocumented immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

Young children who lack health insurance, 2010:

- U.S.: 13%
- Illinois: 8%

Percent of eligible children who received at least one EPSDT* screening, by age, 2010:

- Under 1 Year: 90%
- 1 to 2 Years: 81%
- 3 to 5 Years: 68%

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]\(^5\)

- □ 7 Screenings for children <1 year
  
  **State requires 6 screens. 100% of eligible screens were completed in 2010.**

- □ 4 Screenings for children 1-2 years
  
  **State requires 4 screens. 93% of eligible screens were completed in 2010.**

- □ 3 Screenings for children 3-5 years
  
  **State requires 3 screens. 100% of eligible screens were completed in 2010.**

- ✔ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]\(^6\)

EARLY CARE AND EDUCATION

State choices to promote access

- □ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]\(^7\)
  
  A family of three is eligible up to $36,624, or 198% FPL. This reflects a decrease from 200% FPL in 2010.

- □ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]\(^8\)

- □ Redetermine the eligibility for child care subsidies no more than once per year [2010]\(^9\)
  
  Eligibility redetermined every six months.

- ✔ Fund a pre-kindergarten program and/or supplement Head Start. [2010]\(^10\)
  
  $295,267,954 for pre-kindergarten

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. [2011]\(^11\)
  
  **Child care regulations require one adult for every 10 children, and the maximum class size is 20.**

- □ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]\(^11\)
  
  **Child care regulations require one adult for every 5 children, and the maximum class size is 15.**

- ✔ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]\(^12\)
  
  Allocate CCDF and ARRA funds to finance ITSN.

- □ Have early learning standards or developmental guidelines for infants and toddlers. [2010]\(^13\)

- ✔ Have an infant/toddler credential. [2010]\(^14\)
  
  A combination of credit, non-credit, or other requirements are required to obtain a credential.

- ✔ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^15\)

- ✔ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^16\)
## PARENTING AND ECONOMIC SUPPORTS

### State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
  
  "Eligibility based on income up to 200% FPL. IL also extends eligibility for women losing coverage for any reason."

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  
  "Parent must return to work when child is 12 months; recipient may be required to attend classes or attend other activities."

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  
  "Required to work 30 hours."

### State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
  
  "$8.25"

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  
  "Up to 83% FPL"

- Offer a refundable state Earned Income Tax Credit. [2011]^{22}
  
  "5% of federal Earned Income Tax Credit."

- Offer a refundable state dependent care tax credit. [2011]^{23}
  
  "IL does not have a Child and Dependent Care Tax credit."

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

---

**Low-income young children with a parent employed full-time, 2010**^{2}

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>45%</td>
<td></td>
</tr>
</tbody>
</table>

**Education levels of mothers with young children, 2010**^{2}

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>U.S.</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>67%</td>
</tr>
</tbody>
</table>

**Maximum annual TANF benefit for a family of 3, 2010**^{19}

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>Illinois</td>
<td>$5184</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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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 Indiana's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Among young low-income children, 12% live in extreme poverty (less than 50% FPL).

**Exposure to multiple risk factors among young children, 2010**

- **0 Risks**: 40%
- **1-2 Risks**: 40%
- **3+ Risks**: 20%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

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**HEALTH AND NUTRITION**

**State Choices to Promote Access**

- **Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]**
- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]**
- **Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]**
- **Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]**

- Children <1 year
  - Set eligibility at 250% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 250% (CHIP)
- Pregnant women
  - Set eligibility at 200% (Medicaid)
- Immigrant pregnant women
- Immigrant children <1 year
- Immigrant children 1-5 years
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

**Young children who lack health insurance, 2010\(^2\)**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010\(^5\)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>90%</td>
<td>73%</td>
<td>59%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☑ 7 Screenings for children <1 year
   State requires 7 screens. 68% of eligible screens were completed in 2010.

☑ 4 Screenings for children 1-2 years
   State requires 5 screens. 75% of eligible screens were completed in 2010.

☑ 3 Screenings for children 3-5 years
   State requires 3 screens. 70% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $23,256, or 126% FPL. This reflects a decrease from 127% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   No Program

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. [2011]11
   Child care regulations require one adult for every 12 children, and the maximum class size is 24.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 5 children, and the maximum class size is 10.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☑ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☑ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2011

<table>
<thead>
<tr>
<th>100% FPL</th>
<th>150% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>9%</td>
</tr>
</tbody>
</table>
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012] \(^{17}\)
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010] \(^{18}\)
  
  *Parent must return to work when child is 3 months.*
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010] \(^{19}\)
  
  *Case-by-case basis.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012] \(^{20}\)
  
  $7.25
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010] \(^{21}\)
  
  *Up to 105% FPL*
- Offer a refundable state Earned Income Tax Credit. [2011] \(^{22}\)
  
  *9% of federal Earned Income Tax Credit.*
- Offer a refundable state dependent care tax credit. [2011] \(^{23}\)
  
  *IN does not have a Child and Dependent Care Tax credit.*
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011] \(^{8}\)
  
  *Copayments set at 9% of income during the first year family is receiving assistance, however families pay a higher percentage of income the longer they receive assistance.*
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010] \(^{19}\)

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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 Iowa's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 236,517

Young children by income, 2010

- Above low income: 59%
- Less than 100% FPL: 19%
- Low income: 41%

Among young low-income children, 7% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 79%
- Black: 5%
- Hispanic: 10%
- Asian: 2%
- Bi/Multi-Racial: 4%
- Other <1%

*Other* represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010

- 0 Risks: 48%
- 1-2 Risks: 38%
- 3+ Risks: 14%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 300% (Medicaid and CHIP)

- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)

- Pregnant women
  - Set eligibility at 300% (Medicaid)

- Immigrant children <1 year

- Immigrant children 1-5 years

- Immigrant pregnant women

Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]

Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

**Young children who lack health insurance, 2010**²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Iowa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>13%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010**⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>94%</td>
<td>83%</td>
<td>80%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
**HEALTH AND NUTRITION**

**State Choices to Promote Quality**


- 7 Screenings for children <1 year  
  *State requires 6 screens. 100% of eligible screens were completed in 2010.*

- 4 Screenings for children 1-2 years  
  *State requires 4 screens. 100% of eligible screens were completed in 2010.*

- 3 Screenings for children 3-5 years  
  *State requires 3 screens. 100% of eligible screens were completed in 2010.*

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

**EARLY CARE AND EDUCATION**

**State choices to promote access**

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
  *A family of three is eligible up to $26,556, or 143% FPL. This reflects a decrease from 145% FPL in 2010.*

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹  
  *Eligibility redetermined every six months.*

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰  
  *$7,024,552 for pre-kindergarten*

**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. [2011]¹¹  
  *Child care regulations require one adult for every 12 children, and there is no maximum class size.*

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹  
  *Child care regulations require one adult for every 4 children, and there is no maximum class size.*

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²  
  *Allocate CCDF funds to finance ITSN.*

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility based on income up to 300% FPL, includes men. IA also extends Medicaid eligibility for women losing coverage postpartum.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Recipients may be absent from work without sanction if they have a newborn child for no longer than 12 workweeks; absence from activities is determined using the standards of the Family and Medical Leave Act of 1993.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 40 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  Up to 109% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]22
  7% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011]23
  A credit of 30%-75% of the "provided" federal CADC credit for "child care expenses" based on net income.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
  Family would be eligible for assistance if they were using special needs care; otherwise ineligible.

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

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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 Kansas's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**Young children (under age 6)**

236,025

Young children by income, 2010

- Above low income: 54%
- Less than 100% FPL: 20%
- Low income: 46%

Among young low-income children, 9% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 67%
- Hispanic: 18%
- Black: 6%
- Asian: 3%
- Bi/Multi-Racial: 6%
- Amer. Indian: <1%

Exposure to multiple risk factors among young children, 2010*

- 0 Risks: 42%
- 1-2 Risks: 42%
- 3+ Risks: 16%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

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**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 238% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 238% (CHIP)

- Pregnant women
  - Set eligibility at 150% (Medicaid)

- Immigrant pregnant women

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

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**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

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**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>15%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 38% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 5 screens. 19% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 13% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $33,876, or 183% FPL. This reflects a decrease from 185% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $18,564,928 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 12 children, and the maximum class size is 24.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 5 children, and the maximum class size is 10.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
   QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18

  Parent must return to work when child is 6 months; no exemption allowed after adult reaches 48th month of assistance.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19

  Required to work 30 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20

  $7.25

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21

  Up to 158% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

  18% of federal Earned Income Tax Credit.

☐ Offer a refundable state dependent care tax credit. [2011]23

  A credit of 25% of the “allowed” federal CADC credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

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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 Kentucky's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 327,491

Young children by income, 2010

Among young low-income children, 15% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

+“Other” represents all racial/ethnic groups with very small sample sizes

Exposure to multiple risk factors among young children, 2010

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 200% (CHIP)
- Children ages 1-5 years
  Set eligibility at 200% (CHIP)
- Pregnant women
  Set eligibility at 185% (Medicaid)
- Immigrant children <1 year
- Immigrant children 1-5 years
- Immigrant pregnant women
  Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

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**Young children who lack health insurance, 2010²**

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<tr>
<th></th>
<th>U.S.</th>
<th>Kentucky</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>13%</td>
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**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
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<tbody>
<tr>
<td>Under 1 Year</td>
<td>100%</td>
<td>57%</td>
<td>65%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]\(^6\)

- 7 Screenings for children <1 year
  - State requires 5 screens. 85% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  - State requires 4 screens. 71% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  - State requires 3 screens. 80% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]\(^6\)
  - 28 universally required by law or rule. Screen for hearing deficiency offered to select populations, or by request.

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]\(^7\)
  - A family of three is eligible up to $27,468, or 148% FPL. This reflects a decrease from 150% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]\(^8\)

- Redetermine the eligibility for child care subsidies no more than once per year [2010]\(^9\)

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]\(^10\)
  - $69,187,530 for pre-kindergarten

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. [2011]\(^11\)
  - Child care regulations require one adult for every 14 children, and the maximum class size is 28.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]\(^11\)
  - Child care regulations require one adult for every 6 children, and the maximum class size is 12.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]\(^12\)
  - Allocate CCDF funds to finance ITSN.

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]\(^13\)

- Have an infant/toddler credential. [2010]\(^14\)

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^15\)

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^16\)
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18

   Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipient's lifetime.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19

   Required to work 30 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20

   $7.25

☑ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21

   Up to 105% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

☐ Offer a refundable state dependent care tax credit. [2011]23

   A credit of 20% of the "allowed" federal CADC credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

   Copayments set at 12% of income.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

![Graph showing U.S. and Kentucky data]

Education levels of mothers with young children, 20102

![Graph showing U.S. and Kentucky data]

Maximum annual TANF benefit for a family of 3, 201019

![Graph showing Alaska, Kentucky, and Mississippi data]

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.
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 Louisiana's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 363,311

Young children by income, 2010

Among young low-income children, 14% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

Exposure to multiple risk factors among young children, 2010

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION
State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  Set eligibility at 250% (CHIP)
- Children ages 1-5 years
  Set eligibility at 250% (CHIP)
- Pregnant women
  Set eligibility at 200% (Medicaid)
- Immigrant pregnant women
  200% FPL - covers all legal and most undocumented immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

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**Young children who lack health insurance, 2010**²

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<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Louisiana</th>
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<tr>
<td>13%</td>
<td>14%</td>
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**Percent of eligible children who received at least one EPSDT* screening, by age, 2010**⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
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<tbody>
<tr>
<td></td>
<td>95%</td>
<td>81%</td>
<td>64%</td>
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* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]\(^5\)

- 7 Screenings for children <1 year
  - State requires 6 screens. 100% of eligible screens were completed in 2010.
- 4 Screenings for children 1-2 years
  - State requires 4 screens. 100% of eligible screens were completed in 2010.
- 3 Screenings for children 3-5 years
  - State requires 3 screens. 81% of eligible screens were completed in 2010.
- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]\(^6\)

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]\(^7\)
  - A family of three is eligible up to $37,896, or 205% FPL. This reflects a decrease from 207% FPL in 2010.
- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]\(^8\)
- Redetermine the eligibility for child care subsidies no more than once per year [2010]\(^9\)
- Fund a pre-kindergarten program and/or supplement Head Start. [2010]\(^10\)
  - $95,757,442 for pre-kindergarten

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. [2011]\(^11\)
  - Child care regulations require one adult for every 16 children, and there is no maximum class size.
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]\(^11\)
  - Child care regulations require one adult for every 8 children, and there is no maximum class size.
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]\(^12\)
- Have early learning standards or developmental guidelines for infants and toddlers. [2010]\(^13\)
- Have an infant/toddler credential. [2010]\(^14\)
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^15\)
- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^16\)
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility based on income up to 200% FPL.
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 30 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  No minimum wage required.
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  Up to 97% FPL
- Offer a refundable state Earned Income Tax Credit. [2011]22
  3.5% of federal Earned Income Tax Credit.
- Offer a refundable state dependent care tax credit. [2011]23
  CADC credit refundable if federal adjusted gross income is $25,000 or less.
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19
  Women in their last 3 months of pregnancy and first month after the birth of the child are exempt from the periodic time limit but not the lifetime limit.

Low-income young children with a parent employed full-time, 20102

![Chart showing the percentage of low-income young children with a parent employed full-time in the U.S. and Louisiana.]

Education levels of mothers with young children, 20102

![Chart showing the education levels of mothers with young children in the U.S. and Louisiana.]

Maximum annual TANF benefit for a family of 3, 201019

![Chart showing the maximum annual TANF benefit for a family of 3 in Alaska, Louisiana, and Mississippi.]

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.
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 Maine’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 83,822

Young children by income, 2010

- Above low income: 53%
- Low income: 47%
- Less than 100% FPL: 21%

Among young low-income children, 9% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 88%
- Hispanic: 3%
- Black: 3%
- Other: 1%

* "Other" represents all racial/ethnic groups with very small sample sizes

Exposure to multiple risk factors among young children, 2010*

- 0 Risks: 47%
- 1-2 Risks: 39%
- 3+ Risks: 14%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  Set eligibility at 200% (CHIP)

- Children ages 1-5 years
  Set eligibility at 200% (CHIP)

- Pregnant women
  Set eligibility at 200% (Medicaid)

- Immigrant children <1 year
  200% FPL - covers all or most legal immigrants

- Immigrant children 1-5 years
  150% FPL - covers all or most legal immigrants

- Immigrant pregnant women
  200% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]

- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]

- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]

- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

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**Young children who lack health insurance, 2010**

- U.S.: 13%
- Maine: 5%

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**Percent of eligible children who received at least one EPSDT* screening, by age, 2010**

- Under 1 Year: 94%
- 1 to 2 Years: 65%
- 3 to 5 Years: 49%

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 43% of eligible screens were completed in 2010.

☒ 4 Screenings for children 1-2 years
   State requires 4 screens. 87% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 51% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^6
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☒ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^7
   A family of three is eligible up to $45,775, or 247% FPL. This reflects a decrease from 250% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^8

☒ Redetermine the eligibility for child care subsidies no more than once per year [2010]^9

☒ Fund a pre-kindergarten program and/or supplement Head Start. [2010]^10
   $6,443,614 for pre-kindergarten

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. [2011]^11
   Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^11
   Child care regulations require one adult for every 5 children, and the maximum class size is 10.

☒ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^12
   Allocate CCDF funds to finance ITSN.

☒ Have early learning standards or developmental guidelines for infants and toddlers. [2010]^13

☒ Have an infant/toddler credential. [2010]^14
   A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^15
Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18

  *Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipient's lifetime.*

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19

  *Required to work 20 hours.*

State choices to support family economic security

☑ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20

  *$7.50*

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21

  *Up to 138% FPL*

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

☐ Offer a refundable state dependent care tax credit. [2011]23

  *A credit of 25% of the "allowable" federal CADC credit, increasing to 50% for "quality child care services." Refundable up to $500.*

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

  *Copayments set at 10% of income.*

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 2010²

Education levels of mothers with young children, 2010²

Maximum annual TANF benefit for a family of 3, 2010¹⁹

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.
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 Maryland's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Health and Nutrition

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 300% (Medicaid and CHIP)
- Children ages 1-5 years
  Set eligibility at 300% (CHIP)
- Pregnant women
  Set eligibility at 250% (Medicaid)
- Immigrant children <1 year
  200% FPL - covers all or most legal immigrants
- Immigrant children 1-5 years
  200% FPL - covers all or most legal immigrants
- Immigrant pregnant women
  250% FPL - covers all or most legal immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without a 5-year waiting period [2012]\(^3\)
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

### Young children who lack health insurance, 2010\(^2\)

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<tr>
<th></th>
<th>U.S.</th>
<th>Maryland</th>
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<td>13%</td>
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<td>9%</td>
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### Percent of eligible children who received at least one EPSDT\(^+\) screening, by age, 2010\(^5\)

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
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<tbody>
<tr>
<td>93%</td>
<td>85%</td>
<td>75%</td>
<td></td>
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</table>

\(^+\) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]

☐ 7 Screenings for children <1 year
   State requires 6 screens. 100% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 93% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]
   A family of three is eligible up to $29,990, or 162% FPL. This reflects a decrease from 164% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]

☑ Fund a pre-kindergarten program and/or supplement Head Start. [2010]
   $107,619,200 for pre-kindergarten and $1,800,000 for Head Start

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. [2011]
   Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]
   Child care regulations require one adult for every 3 children, and the maximum class size is 9.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]
   Allocate CCDF and ARRA funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]

☐ Have an infant/toddler credential. [2010]

☑ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]

☑ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]
   QRIS is being revised
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  
  Eligibility based on income up to 200% FPL. MD also extends eligibility for women losing coverage postpartum.
  
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  
  Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipient's lifetime.
  
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  
  $7.25
  
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  
  Up to 186% FPL
  
- Offer a refundable state Earned Income Tax Credit. [2011]22
  
  25% of federal Earned Income Tax Credit.
  
- Offer a refundable state dependent care tax credit. [2011]23
  
  A deduction of expenses up to the dollar amount of expenses allowed under the federal CADC credit.
  
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
  
  Copayments are based on maximum state reimbursement rates in the region where the family lives.
  
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>49%</td>
<td></td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>High school</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>Maryland</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11076</td>
<td>$6888</td>
<td>$2040</td>
<td></td>
</tr>
</tbody>
</table>

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.
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 Massachusetts's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

### State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- **Children <1 year**
  - Set eligibility at 300% (CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 300% (CHIP)

- **Pregnant women**
  - Set eligibility at 200% (Medicaid)

- **Immigrant children <1 year**
  - 200% FPL - covers all or most legal immigrants

- **Immigrant children 1-5 years**
  - 150% FPL - covers all or most legal immigrants

- **Immigrant pregnant women**
  - 300% FPL - covers all legal and most undocumented immigrants

- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]**

Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without a 5-year waiting period [2012]³

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

---

**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Massachusetts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>13%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>75%</td>
<td>86%</td>
<td>90%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
**HEALTH AND NUTRITION**

**State Choices to Promote Quality**


- [ ] 7 Screenings for children <1 year  
  State requires 6 screens. 100% of eligible screens were completed in 2010.
- [ ] 4 Screenings for children 1-2 years  
  State requires 4 screens. 100% of eligible screens were completed in 2010.
- [ ] 3 Screenings for children 3-5 years  
  State requires 3 screens. 100% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶
  26 universally required by law or rule; screen for hearing deficiency included.

**EARLY CARE AND EDUCATION**

**State choices to promote access**

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷  
  A family of three is eligible up to $41,396, or 223% FPL. This reflects an increase from 214% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰  
  $52,462,817 for pre-kindergarten and $7,500,000 for Head Start

**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. [2011]¹¹  
  Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹  
  Child care regulations require one adult for every 4 children, and the maximum class size is 9.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴  
  A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Recipients caring for a child under 2 are exempt, categorized within separate TANF component.
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  If the youngest child is between age 2 and mandatory full-time school age, 20 hours a week are required. Parents with children under age 2 are exempt from work requirements.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $8.00
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  Up to 152% FPL
- Offer a refundable state Earned Income Tax Credit. [2011]22
  15% of federal Earned Income Tax Credit.
- Offer a refundable state dependent care tax credit. [2011]23
  A deduction of eligible expenses.
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19
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 Michigan's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6)^2: 711,548

Young children by income, 2010

- Above low income 52%
- Low income 48%
- Less than 100% FPL 25%

Among young low-income children, 13% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010^2

- White 68%
- Black 16%
- Hispanic 8%
- Asian 3%
- Bi/Multi-Racial 5%
- Amer. Indian <1%

Exposure to multiple risk factors among young children, 2010^*2

- 0 Risks 42%
- 1-2 Risks 36%
- 3+ Risks 19%

^* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]^3

- Children <1 year
  - Set eligibility at 200% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 200% (CHIP)

- Pregnant women
  - Set eligibility at 185% (Medicaid)

- Immigrant pregnant women
  - 185% FPL - covers all legal and most undocumented immigrants

- Immigrant children <1 year

- Immigrant children 1-5 years

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

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**Young children who lack health insurance, 2010**

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>13%</td>
</tr>
<tr>
<td>Michigan</td>
<td>8%</td>
</tr>
</tbody>
</table>

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**Percent of eligible children who received at least one EPSDT* screening, by age, 2010**

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>91%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>76%</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>59%</td>
</tr>
</tbody>
</table>

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* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  
  State requires 7 screens. 97% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  
  State requires 4 screens. 100% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  
  State requires 4 screens. 66% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
  
  A family of three is eligible up to $23,880, or 129% FPL. This reflects a decrease from 130% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
  
  $87,128,000 for pre-kindergarten

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. [2011]¹¹
  
  Child care regulations require one adult for every 12 children, and there is no maximum class size.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
  
  Child care regulations require one adult for every 4 children, and the maximum class size is 12.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
  
  QRIS is being piloted
State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
  Eligibility based on income up to 185% FPL.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  Parent must return to work when child is 3 months.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20} $7.40

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21} Up to 150% FPL.

- Offer a refundable state Earned Income Tax Credit. [2011]^{22} 20% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011]^{23} MI does not have a Child and Dependent Care Tax credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8} Not eligible.

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

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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 Minnesota’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
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Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 417,798

Young children by income, 2010

Among young low-income children, 7% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

Exposure to multiple risk factors among young children, 2010

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  Set eligibility at 280% (Medicaid and CHIP)

- Children ages 1-5 years
  Set eligibility at 275% (Medicaid)

- Pregnant women
  Set eligibility at 275% (Medicaid)

- Immigrant children <1 year
  280% FPL - covers all or most legal immigrants

- Immigrant children 1-5 years
  275% FPL - covers all or most legal immigrants

- Immigrant pregnant women
  275% FPL - covers all legal and most undocumented immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

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### Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td></td>
<td>7%</td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>92%</td>
<td>80%</td>
<td>70%</td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 5 screens. 92% of eligible screens were completed in 2010.

☑ 4 Screenings for children 1-2 years
   State requires 4 screens. 71% of eligible screens were completed in 2010.

☑ 3 Screenings for children 3-5 years
   State requires 4 screens. 74% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^7
   A family of three is eligible up to $34,348, or 185% FPL. This reflects an increase from 180% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]^9
   Eligibility redetermined every six months.

☑ Fund a pre-kindergarten program and/or supplement Head Start. [2010]^10
   $13,682,074 for pre-kindergarten and $13,682,074 for Head Start

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. [2011]^11
   Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^11
   Child care regulations require one adult for every 7 children, and the maximum class size is 14.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^12

☑ Have early learning standards or developmental guidelines for infants and toddlers. [2010]^13

☐ Have an infant/toddler credential. [2010]^14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^16
   QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
  - Eligibility based on income up to 200% FPL, includes men.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  - Parent must return to work when child is 12 months; exemption applied only once during lifetime.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  - Required to work 21 hours.

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  - $6.15

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  - Up to 190% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]²²
  - 25-45% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011]²³
  - No credit is allowed if income exceeds $37,030; income limitations are indexed for inflation.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]⁸

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

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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 Mississippi's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

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Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**Health and Nutrition**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- [ ] Children <1 year  
  *Set eligibility at 200% (CHIP)*

- [ ] Children ages 1-5 years  
  *Set eligibility at 200% (CHIP)*

- [ ] Pregnant women  
  *Set eligibility at 185% (Medicaid)*

- [ ] Immigrant pregnant women

- [ ] Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]

- [ ] Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

- [ ] Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>69%</td>
<td>53%</td>
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</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
**HEALTH AND NUTRITION**

**State Choices to Promote Quality**


- 7 Screenings for children <1 year  
  **State requires 5 screens. 100% of eligible screens were completed in 2010.**

- 4 Screenings for children 1-2 years  
  **State requires 3 screens. 100% of eligible screens were completed in 2010.**

- 3 Screenings for children 3-5 years  
  **State requires 3 screens. 62% of eligible screens were completed in 2010.**

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

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**EARLY CARE AND EDUCATION**

**State choices to promote access**

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷  
  **A family of three is eligible up to $34,999, or 189% FPL. This reflects a decrease from 191% FPL in 2010.**

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰  
  **No Program**

**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. [2011]¹¹  
  **Child care regulations require one adult for every 16 children, and the maximum class size is 20.**

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹  
  **Child care regulations require one adult for every 9 children, and the maximum class size is 10.**

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
  Eligibility based on income up to 185% FPL.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipient’s lifetime.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  No minimum wage required.

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  Up to 83% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]²²

- Offer a refundable state dependent care tax credit. [2011]²³
  MS does not have a Child and Dependent Care Tax Credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]⁸

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

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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 Missouri's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 455,964

Young children by income, 2010

- Above low income: 51%
- Less than 100% FPL: 25%
- Low income: 49%

Among young low-income children, 13% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 73%
- Black: 14%
- Hispanic: 7%
- Asian: 2%
- Bi/Multi-Racial: 5%
- Other <1%

*Other* represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010*

- 0 Risks: 41%
- 1-2 Risks: 40%
- 3+ Risks: 19%

*Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]^3

- Children <1 year
  - Set eligibility at 300% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)

- Pregnant women
  - Set eligibility at 185% (Medicaid)

- Immigrant pregnant women
  - Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

- Immigrant children <1 year
  - Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

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**Young children who lack health insurance, 2010²**

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<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Missouri</th>
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</thead>
<tbody>
<tr>
<td>13%</td>
<td>12%</td>
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**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th></th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>96%</td>
<td>81%</td>
<td>67%</td>
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</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 5 screens. 64% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 51% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 56% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $23,520, or 127% FPL. This reflects a decrease from 128% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $13,215,441 for pre-kindergarten

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 20118

- 7% of income
- <1% of income

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. [2011]11
   Child care regulations require one adult for every 10 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 4 children, and the maximum class size is 8.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012] \(^{17}\)

   Eligibility based on income up to 185% FPL.

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010] \(^{18}\)

   Parent must return to work when child is 12 months.

☑ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010] \(^{19}\)

   Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012] \(^{20}\)

   $7.25

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010] \(^{21}\)

   Up to 83% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011] \(^{22}\)

☐ Offer a refundable state dependent care tax credit. [2011] \(^{23}\)

   MO does not have a Child and Dependent Care Tax Credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011] \(^{8}\)

   Not eligible.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010] \(^{19}\)

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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 Montana's policy choices alongside other data related to the well-being of young children.

**Health and Nutrition**

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

**Early Care and Education**

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

**Parenting and Economic Supports**

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

*Updated: June 5, 2012*
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 250% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 250% (CHIP)

- Pregnant women
  - Set eligibility at 150% (Medicaid)

- Immigrant pregnant women
  - Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

Young children who lack health insurance, 2010

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Montana</th>
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</thead>
<tbody>
<tr>
<td>13%</td>
<td>20%</td>
<td></td>
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</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>67%</td>
<td>52%</td>
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* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]\(^5\)
- 7 Screenings for children <1 year
  - *State requires 5 screens. 100% of eligible screens were completed in 2010.*
- 4 Screenings for children 1-2 years
  - *State requires 4 screens. 100% of eligible screens were completed in 2010.*
- 3 Screenings for children 3-5 years
  - *State requires 3 screens. 76% of eligible screens were completed in 2010.*
- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]\(^6\)

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]\(^7\)
  - *A family of three is eligible up to $27,468, or 148% FPL. This reflects a decrease from 150% FPL in 2010.*
- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]\(^8\)
- Redetermine the eligibility for child care subsidies no more than once per year [2010]\(^9\)
  - *Eligibility redetermined every six months.*
- Fund a pre-kindergarten program and/or supplement Head Start. [2010]\(^10\)
  - *No Program*

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. [2011]\(^11\)
  - *Child care regulations require one adult for every 10 children, and there is no maximum class size.*
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]\(^11\)
  - *Child care regulations require one adult for every 4 children, and there is no maximum class size.*
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]\(^12\)
  - *Allocate CCDF and ARRA funds to finance ITSN.*
- Have early learning standards or developmental guidelines for infants and toddlers. [2010]\(^13\)
- Have an infant/toddler credential. [2010]\(^14\)
  - *A combination of credit, non-credit, or other requirements are required to obtain a credential.*
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^15\)
- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^16\)
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19

*
Required to work 27 hours.

State choices to support family economic security

☑ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20

☐ $7.65

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21

☐ Up to 58% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

☐ Offer a refundable state dependent care tax credit. [2011]23

☐ A deduction of eligible expenses for tax filers with MT adjusted gross income under $22,800, if one child, spouse or dependent, $25,200 if two such individuals, and $27,600 if three or more.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

☐ Not eligible.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

Education levels of mothers with young children, 20102

Maximum annual TANF benefit for a family of 3, 201019

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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 Nebraska's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 149,688

Young children by income, 2010

- Above low income: 57%
- Low income: 43%
- Less than 100% FPL: 19%

Among young low-income children, 7% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 71%
- Hispanic: 16%
- Black: 6%
- Asian: 2%
- Bi/Multi-Racial: 3%
- Amer. Indian: 1%

Exposure to multiple risk factors among young children, 2010*

- 0 Risks: 46%
- 1-2 Risks: 40%
- 3+ Risks: 15%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  Set eligibility at 200% (Medicaid and CHIP)

- Children ages 1-5 years
  Set eligibility at 200% (Medicaid and CHIP)

- Pregnant women
  Set eligibility at 185% (Medicaid)

- Immigrant children <1 year
  185% FPL - covers all or most legal immigrants

- Immigrant children 1-5 years
  185% FPL - covers all or most legal immigrants

- Immigrant pregnant women
  185% FPL - covers all legal and most undocumented immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

### Young children who lack health insurance, 2010\(^2\)

<table>
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<tr>
<th></th>
<th>U.S.</th>
<th>Nebraska</th>
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<tbody>
<tr>
<td></td>
<td>13%</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010\(^5\)

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>85%</td>
<td>66%</td>
</tr>
</tbody>
</table>

\(^*\) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   
   State requires 6 screens. 81% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   
   State requires 5 screens. 86% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   
   State requires 3 screens. 75% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶
   
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
   
   A family of three is eligible up to $21,972, or 119% FPL. This reflects a decrease from 120% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
   
   $11,922,004 for pre-kindergarten

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. [2011]¹¹
   
   Child care regulations require one adult for every 12 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
   
   Child care regulations require one adult for every 6 children, and there is no maximum class size.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
   
   QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010].

Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]

$7.25

☒ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010] Up to 157% FPL

☒ Offer a refundable state Earned Income Tax Credit. [2011] 10% of federal Earned Income Tax Credit.

☒ Offer a refundable state dependent care tax credit. [2011] A credit of 25%-100% of the "allowed" federal CADC credit based on federal adjusted gross income. Refundable for tax filers with federal adjusted gross income of $29,000 or less.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011].

A family would be eligible if they were transitioning from TANF; otherwise ineligible.

☒ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]

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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 Nevada's policy choices alongside other data related to the well-being of young children.

**Health and Nutrition**
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

**Early Care and Education**
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

**Parenting and Economic Supports**
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

*Updated: June 5, 2012*
Young children (under age 6)^2: 218,287

Young children by income, 2010

- Above low income: 54%
- Low income: 46%

Among young low-income children, 9% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010^2

- White: 39%
- Hispanic: 40%
- Black: 8%
- Asian: 5%
- Bi/Multi-Racial: 6%
- Amer. Indian: 1%

Exposure to multiple risk factors among young children, 2010^2

- 1-2 Risks: 47%
- 0 Risks: 32%
- 3+ Risks: 21%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]^3

- Children <1 year
  Set eligibility at 200% (CHIP)

- Children ages 1-5 years
  Set eligibility at 200% (CHIP)

- Pregnant women
  Set eligibility at 133% (Medicaid)

- Immigrant pregnant women
- Immigrant pregnant women

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

### Young children who lack health insurance, 2010⁵

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>100%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>73%</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>61%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 5 screens. 86% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 73% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 72% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6
   28 universally required by law or rule. Screen for hearing deficiency offered to select populations, or by request.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $43,248, or 233% FPL. This reflects a decrease from 236% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $3,338,875 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 13 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 8 children, and there is no maximum class size.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17

☒ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18

Parent must return to work when child is 12 months. Single custodial parents can have one three-month exemption per child up to a cumulative total of 12 months.

☒ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19

Required to work 20 hours.

State choices to support family economic security

☒ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20

$8.25

☒ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21

No state income tax

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

☐ Offer a refundable state dependent care tax credit. [2011]23

NV does not have a Child and Dependent Care Tax credit.

☒ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

☒ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Extension available for head of household caring for a child under 12 months of age. Months in which the parent was exempt from activities requirements are deducted from the 12-month extension period.

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 20102

<table>
<thead>
<tr>
<th>Education Level</th>
<th>U.S.</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>Nevada</td>
<td>$4596</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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.
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 New Hampshire's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- **Children <1 year**
  - Set eligibility at 300% (Medicaid and CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 300% (CHIP)

- **Pregnant women**
  - Set eligibility at 185% (Medicaid)

- **Immigrant children <1 year**

- **Immigrant children 1-5 years**

- **Immigrant pregnant women**

- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³**

- **Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³**

- **Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³**
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]^3
Include at-risk children in the definition of eligibility for IDEA Part C. [2012]^4
Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]^3

![Graph showing young children who lack health insurance, 2010]^2](image)

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Graph showing percent of eligible children who received at least one EPSDT* screening, by age, 2010]^5](image)

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>77%</td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]^{5}

☐ 7 Screenings for children <1 year
   State requires 6 screens. 94% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 68% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^{6}
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^{7}
   A family of three is eligible up to $45,775, or 247% FPL. This reflects a decrease from 250% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^{8}

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]^{9}
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]^{10}
   No Program

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. [2011]^{11}
   Child care regulations require one adult for every 12 children, and the maximum class size is 24.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^{11}
   Child care regulations require one adult for every 5 children, and the maximum class size is 15.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^{12}

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]^{13}

☐ Have an infant/toddler credential. [2010]^{14}

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^{15}

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^{16}
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  
  *Parent must return to work when child is 12 months; exemption limited to 12 cumulative months in recipient's lifetime. No exemption allowed after 39 months of TANF assistance.*
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  
  *Required to work 20 hours.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
  
  $7.25
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  
  *No state income tax*
- Offer a refundable state Earned Income Tax Credit. [2011]^{22}
- Offer a refundable state dependent care tax credit. [2011]^{23}
  
  *NH does not have a Child and Dependent Care Tax credit.*
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}
  
  *Copayments set at 14% of income.*
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

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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 New Jersey's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- **Children <1 year**
  - Set eligibility at 350% (CHIP)
- **Children ages 1-5 years**
  - Set eligibility at 350% (CHIP)
- **Pregnant women**
  - Set eligibility at 200% (Medicaid and CHIP)
- **Immigrant children <1 year**
  - 200% FPL - covers all or most legal immigrants
- **Immigrant children 1-5 years**
  - 133% FPL - covers all or most legal immigrants
- **Immigrant pregnant women**
  - 200% FPL - covers all legal and most undocumented immigrants
- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]**
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]^3
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]^4
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]^3

### Young children who lack health insurance, 2010^2

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010^5

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>New Jersey</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>97%</td>
<td>84%</td>
<td>73%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]\(^5\)

- 7 Screenings for children <1 year
  - State requires 6 screens. 100% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  - State requires 4 screens. 100% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  - State requires 3 screens. 100% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]\(^6\)

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]\(^7\)
  - A family of three is eligible up to $36,620, or 198% FPL. This reflects a decrease from 200% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]\(^8\)

- Redetermine the eligibility for child care subsidies no more than once per year [2010]\(^9\)

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]\(^10\)
  - $576,996,173 for pre-kindergarten

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. [2011]\(^11\)
  - *Child care regulations require one adult for every 12 children, and the maximum class size is 20.*

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]\(^11\)
  - *Child care regulations require one adult for every 6 children, and the maximum class size is 20.*

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]\(^12\)
  - *Allocate CCDF funds to finance ITSN.*

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]\(^13\)

- Have an infant/toddler credential. [2010]\(^14\)
  - *A combination of credit, non-credit, or other requirements are required to obtain a credential.*

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^15\)

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^16\)
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}

  *Parent must return to work when child is 3 months; can be extended if medically necessary for parent or child.*

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}

  *Required to work 40 hours.*

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}

  *$7.25*

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}

  *Up to 178% FPL*

☐ Offer a refundable state Earned Income Tax Credit. [2011]^{22}

  *20% of federal Earned Income Tax Credit.*

☐ Offer a refundable state dependent care tax credit. [2011]^{23}

  *NJ does not have a Child and Dependent Care Tax credit.*

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

  *Extension available for: women pregnant for at least 1 month, or heads of household caring for a child under 3 months of age.*

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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 New Mexico's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
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Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- **Children <1 year**
  - Set eligibility at 235% (Medicaid and CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 235% (Medicaid and CHIP)

- **Pregnant women**
  - Set eligibility at 235% (Medicaid)

- **Immigrant children <1 year**
- **Immigrant children 1-5 years**
- **Immigrant pregnant women**

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

### Young children who lack health insurance, 2010\(^2\)

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>New Mexico</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>16%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010\(^2\)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>100%</td>
<td>74%</td>
<td>63%</td>
</tr>
<tr>
<td>New Mexico</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics (FY 2010)5

☐ 7 Screenings for children <1 year
   State requires 5 screens. 100% of eligible screens were completed in 2010.

☑ 4 Screenings for children 1-2 years
   State requires 4 screens. 70% of eligible screens were completed in 2010.

☑ 3 Screenings for children 3-5 years
   State requires 3 screens. 76% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $36,620, or 198% FPL. This reflects a decrease from 200% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☑ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $16,542,407 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 12 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 6 children, and there is no maximum class size.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☑ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☑ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
  
  *Eligibility based on income up to 185% FPL, includes men.*

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  
  *Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipient's lifetime.*

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  
  *May not be required to work more than 24 hours a week.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}$7.50

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  
  *Up to 195% FPL*

- Offer a refundable state Earned Income Tax Credit. [2011]^{22}
  
  *10% of federal Earned Income Tax Credit.*

- Offer a refundable state dependent care tax credit. [2011]^{23}
  
  *A credit of 40% of eligible child care expenses, reduced, for tax filers with federal tax liability, by the amount of the tax filer's federal CADC credit used to offset federal tax liability.*

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}

---

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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 New York's policy choices alongside other data related to the well-being of young children.

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States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

### State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- **Children <1 year**
  - Set eligibility at 400% (CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 400% (CHIP)

- **Pregnant women**
  - Set eligibility at 200% (Medicaid)

- **Immigrant children <1 year**
  - 200% FPL - covers all legal and most undocumented immigrants

- **Immigrant children 1-5 years**
  - 133% FPL - covers all legal and most undocumented immigrants

- **Immigrant pregnant women**
  - 200% FPL - covers all legal and most undocumented immigrants

- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]**
Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

---

### Young children who lack health insurance, 2010

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>84%</td>
<td>77%</td>
<td>71%</td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year  
   State requires 6 screens. 71% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years  
   State requires 3 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years  
   State requires 3 screens. 100% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^7  
   A family of three is eligible up to $36,620, or 198% FPL. This reflects a decrease from 200% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]^9

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]^10  
   $378,107,213 for pre-kindergarten

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. [2011]^11  
   Child care regulations require one adult for every 8 children, and the maximum class size is 21.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^11  
   Child care regulations require one adult for every 5 children, and the maximum class size is 12.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^12  
   Allocate CCDF and ARRA funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]^13

☐ Have an infant/toddler credential. [2010]^14  
   Credit-bearing course is required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^16  
   QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17

   Eligibility based on income up to 200% FPL, includes men. NY also extends eligibility to women losing coverage postpartum.

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18

   Parent must return to work when child is 3 months.

☑ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19

   Required to work 40 hours.

State choices to support family economic security

☑ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20

   $7.25

☑ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21

   Up to 199% FPL

☑ Offer a refundable state Earned Income Tax Credit. [2011]22

   30% of federal Earned Income Tax Credit.

☑ Offer a refundable state dependent care tax credit. [2011]23

   A credit of 20%-110% of the "allowable" federal CADC credit based on NY adjusted gross income. Refundable for residents only. For part-year residents, a proportional formula allows them to receive part of the credit as a refund.

☑ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

   Local social services districts set copayments within a state-specified range; maximum amount allowed is set at 12% of income.

☑ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 2010

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td></td>
<td>45%</td>
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Education levels of mothers with young children, 2010

<table>
<thead>
<tr>
<th>Education Level</th>
<th>U.S.</th>
<th>New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>New York</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11076</td>
<td>$9036</td>
<td>$2040</td>
<td></td>
</tr>
</tbody>
</table>

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Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]^3

- Children <1 year
  - Set eligibility at 200% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 200% (Medicaid and CHIP)

- Pregnant women
  - Set eligibility at 185% (Medicaid)

- Immigrant children <1 year

- Immigrant children 1-5 years

- Immigrant pregnant women

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3
☐ Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]\(^3\)

☐ Include at-risk children in the definition of eligibility for IDEA Part C. [2012]\(^4\)

☐ Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]\(^3\)

---

**Young children who lack health insurance, 2010\(^2\)**

- U.S.: 13%
- North Carolina: 14%

---

**Percent of eligible children who received at least one EPSDT\(^*\) screening, by age, 2010\(^5\)**

- Under 1 Year: 96%
- 1 to 2 Years: 84%
- 3 to 5 Years: 73%

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
**HEALTH AND NUTRITION**

**State Choices to Promote Quality**

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]^{5}

- 7 Screenings for children <1 year
  
  *State requires 4 screens. 100% of eligible screens were completed in 2010.*

- 4 Screenings for children 1-2 years
  
  *State requires 3 screens. 100% of eligible screens were completed in 2010.*

- 3 Screenings for children 3-5 years
  
  *State requires 3 screens. 78% of eligible screens were completed in 2010.*

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^{6}
  
  *27 universally required by law or rule; screen for hearing deficiency included.*

**EARLY CARE AND EDUCATION**

**State choices to promote access**

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^{7}
  
  *A family of three is eligible up to $37,476, or 202% FPL. This reflects a decrease from 205% FPL in 2010.*

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^{8}

- Redetermine the eligibility for child care subsidies no more than once per year [2010]^{9}

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]^{10}
  
  *$163,451,644 for pre-kindergarten*

**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. [2011]^{11}
  
  *Child care regulations require one adult for every 20 children, and the maximum class size is 25.*

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^{11}
  
  *Child care regulations require one adult for every 6 children, and the maximum class size is 12.*

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^{12}
  
  *Allocate CCDF, ARRA, and general state funds to finance ITSN.*

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]^{13}

- Have an infant/toddler credential. [2010]^{14}
  
  *Credit-bearing course is required to obtain a credential.*

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^{15}

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^{16}
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility based on income up to 185% FPL, includes men.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during recipient's lifetime.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  Up to 109% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]22
  5% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011]23
  A credit of a specified percentage of eligible expenses based on federal AGI.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
  Copayments set at 10% of income.

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19
  Single parents caring for a child under 12 months are exempt from the benefit waiting period time limit but not the lifetime limit.

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th>U.S.</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 20102

<table>
<thead>
<tr>
<th>Less than high school</th>
<th>High school</th>
<th>Some college or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>North Carolina</td>
<td></td>
</tr>
<tr>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>22%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>63%</td>
<td>55%</td>
<td></td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th>Alaska</th>
<th>North Carolina</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11076</td>
<td>$3264</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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*Updated: June 5, 2012*
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year  
  *Set eligibility at 160% (CHIP)*

- Children ages 1-5 years  
  *Set eligibility at 160% (CHIP)*

- Pregnant women  
  *Set eligibility at 133% (Medicaid)*

- Immigrant children <1 year

- Immigrant children 1-5 years

- Immigrant pregnant women

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>91%</td>
<td>66%</td>
<td>52%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  State requires 7 screens. 78% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  State requires 4 screens. 79% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  State requires 3 screens. 61% of eligible screens were completed in 2010.

Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
  A family of three is eligible up to $29,556, or 160% FPL. This reflects a decrease from 161% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
  Eligibility redetermined every six months.

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
  No Program

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. [2011]¹¹
  Child care regulations require one adult for every 10 children, and the maximum class size is 20.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
  Child care regulations require one adult for every 4 children, and the maximum class size is 8.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²
  Allocate CCDF and general state funds to finance ITSN.

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵
Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^{16}

QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012][17]

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010][18]
  
  Parent must return to work when child 4 months.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010][19]
  
  Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012][20]
  
  $7.25

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010][21]
  
  Up to 112% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011][22]

☐ Offer a refundable state dependent care tax credit. [2011][23]
  
  ND does not have a Child and Dependent Care Tax credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011][8]
  
  Copayments set at 15% of income.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010][19]

Low-income young children with a parent employed full-time, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>44%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 2010²

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>U.S.</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>78%</td>
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</table>

Maximum annual TANF benefit for a family of 3, 2010¹⁹

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>North Dakota</th>
<th>Mississippi</th>
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<tbody>
<tr>
<td>Amount</td>
<td>$11076</td>
<td>$5724</td>
<td>$2040</td>
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</tbody>
</table>

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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 Ohio's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 852,794

Young children by income, 2010
- Above low income: 53%
- Low income: 47%

Among young low-income children, 13% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010
- White: 73%
- Black: 15%
- Hispanic: 6%
- Asian: 2%
- Bi/Multi-Racial: 5%
- "Other" represents all racial/ethnic groups with very small sample sizes

Exposure to multiple risk factors among young children, 2010
- 0 Risks: 42%
- 1-2 Risks: 37%
- 3+ Risks: 20%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 200% (Medicaid and CHIP)

- Children ages 1-5 years
  - Set eligibility at 200% (Medicaid and CHIP)

- Pregnant women
  - Set eligibility at 200% (Medicaid)

- Immigrant children <1 year
- Immigrant children 1-5 years
- Immigrant pregnant women

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

---

**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
☐ 4 Screenings for children 1-2 years
☐ 3 Screenings for children 3-5 years
☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷

A family of three is eligible up to $27,468, or 148% FPL. This reflects a decrease from 150% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰

$22,243,792 for pre-kindergarten

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2011 ¹⁰

☐ Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2011]¹¹

Child care regulations require one adult for every 14 children, and the maximum class size is 28.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹

Child care regulations require one adult for every 7 children, and the maximum class size is 14.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴

Credit-bearing course is required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
  Eligibility based on income up to 200% FPL, includes men.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  Parent must return to work when child is 12 months.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  $7.70

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  Up to 85% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]²²

- Offer a refundable state dependent care tax credit. [2011]²³
  A credit of 25%-100% of the federal credit for which the tax filer is "eligible" based on OH adjusted gross income.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]⁸

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

Low-income young children with a parent employed full-time, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>41%</td>
<td></td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010¹⁹

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit (Alaska)</th>
<th>Benefit (Ohio)</th>
<th>Benefit (Mississippi)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>$11,076</td>
<td>$5,208</td>
<td>$2,040</td>
</tr>
<tr>
<td>Ohio</td>
<td>$5,208</td>
<td>$5,208</td>
<td>$2,040</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2,040</td>
<td>$2,040</td>
<td>$2,040</td>
</tr>
</tbody>
</table>

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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 Oklahoma's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
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Early Care and Education
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States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 303,686

Young children by income, 2010

- Above low income: 45%
- Less than 100% FPL: 27%
- Low income: 55%

Among young low-income children, 12% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 54%
- Hispanic: 16%
- Bi/Multi-Racial: 13%
- Black: 7%
- Asian: 2%
- Amer. Indian: 8%

Exposure to multiple risk factors among young children, 2010*

- 1-2 Risks: 44%
- 0 Risks: 36%
- 3+ Risks: 20%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 185% (Medicaid and CHIP)

- Children ages 1-5 years
  Set eligibility at 185% (Medicaid and CHIP)

- Pregnant women
  Set eligibility at 185% (Medicaid)

- Immigrant children <1 year

- Immigrant children 1-5 years

- Immigrant pregnant women
  185% FPL - covers all legal and most undocumented immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td></td>
<td>18%</td>
</tr>
</tbody>
</table>

**Percent of eligible children who received at least one EPSDT+ screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>U.S.</th>
<th>Oklahoma</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>95%</td>
<td>69%</td>
<td>49%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]

☐ 7 Screenings for children <1 year
   State requires 6 screens. 98% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 3 screens. 100% of eligible screens were completed in 2010.

☑ 3 Screenings for children 3-5 years
   State requires 3 screens. 57% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]
   A family of three is eligible up to $35,100, or 189% FPL. This reflects a decrease from 192% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]

☑ Redetermine the eligibility for child care subsidies no more than once per year [2010]

☑ Fund a pre-kindergarten program and/or supplement Head Start. [2010]
   $167,245,396 for pre-kindergarten and $2,452,533 for Head Start

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. [2011]
   Child care regulations require one adult for every 15 children, and the maximum class size is 30.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]
   Child care regulations require one adult for every 6 children, and the maximum class size is 12.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]
   Allocate CCDF and general state funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]

☑ Have an infant/toddler credential. [2010]
   Credit-bearing course is required to obtain a credential.

☑ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]

☑ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility based on income up to 185% FPL, includes men. OK also extends eligibility to women losing coverage postpartum.

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Parent must return to work when child is 4 months. The exemption is limited to 12 cumulative months in the recipient's lifetime.

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 30 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $7.25

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  Up to 138% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]22
  5% of federal Earned Income Tax Credit.

☐ Offer a refundable state dependent care tax credit. [2011]23
  A credit of 20% of the "allowed" federal "credit for child care expenses," except that if OK adjusted gross income is less than federal adjusted gross income, the OK credit is prorated based on the ratio that OK AGI bears to federal AGI.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

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Health and Nutrition
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Updated: June 5, 2012
Young children (under age 6): 276,219

Young children by income, 2010

- Above low income: 52%
- Less than 100% FPL: 23%
- Low income: 48%

Among young low-income children, 10% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 65%
- Hispanic: 22%
- Black: 2%
- Asian: 4%
- Bi/Multi-Racial: 6%
- Amer. Indian: 1%

Exposure to multiple risk factors among young children, 2010

- 1-2 Risks: 42%
- 0 Risks: 40%
- 3+ Risks: 18%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

** HEALTH AND NUTRITION **

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 300% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)
- Pregnant women
  - Set eligibility at 185% (Medicaid)
- Immigrant children <1 year
- Immigrant children 1-5 years
- Immigrant pregnant women
  - 185% FPL - covers all legal and most undocumented immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

U.S.     Oregon
13%      16%

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
☐ 4 Screenings for children 1-2 years
☐ 3 Screenings for children 3-5 years
☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

28 universally required by law or rule. Screen for hearing deficiency offered to select populations, or by request.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷

A family of three is eligible up to $34,281, or 185% FPL. This reflects no change in the FPL percentage from 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹

Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰

$54,897,578 for pre-kindergarten and Head Start

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. [2011]¹¹

Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹

Child care regulations require one adult for every 4 children, and the maximum class size is 8.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴

A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012] 17
  
  Eligibility based on income up to 185% FPL, includes men.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010] 18
  
  Parent must return to work when child is 6 months. The recipient may be required to attend classes or other activities.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010] 19
  
  Case-by-case basis.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012] 20
  
  $8.80

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010] 21
  
  Up to 97% FPL

- Offer a refundable state Earned Income Tax Credit. [2011] 22
  
  6% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011] 23
  
  A credit of 8%-40% of child care expenses, rounded to the nearest $50, based on federal and OR adjusted gross income.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011] 8
  
  Copayments set at 15% of income.

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010] 19

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Low-income young children with a parent employed full-time, 2010 2

- U.S. 44%
- Oregon 43%

Education levels of mothers with young children, 2010 2

- Less than high school
  
  U.S. 15%
  
  Oregon 15%

- High school
  
  U.S. 22%
  
  Oregon 22%

- Some college or more
  
  U.S. 63%
  
  Oregon 63%

Maximum annual TANF benefit for a family of 3, 2010 19

- Alaska $11076
- Oregon $6336
- Mississippi $2040

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Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]^3

- Children <1 year
  - Set eligibility at 300% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)

- Pregnant women
  - Set eligibility at 185% (Medicaid)

- Immigrant children <1 year
  - 185% FPL - covers all or most legal immigrants

- Immigrant children 1-5 years
  - 133% FPL - covers all or most legal immigrants

- Immigrant pregnant women
  - 200% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]^3

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**Young children (under age 6)^2:** 860,821

Among young low-income children, 10% live in extreme poverty (less than 50% FPL).

**Young children by race/ethnicity, 2010^2**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70%</td>
</tr>
<tr>
<td>Black</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
</tr>
<tr>
<td>Bi/Multi-Racial</td>
<td>4%</td>
</tr>
<tr>
<td>Other &lt;1%</td>
<td></td>
</tr>
</tbody>
</table>

*“Other” represents all racial/ethnic groups with very small sample sizes

**Exposure to multiple risk factors among young children, 2010*^2**

- 0 Risks: 46%
- 1-2 Risks: 38%
- 3+ Risks: 16%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.
Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th>U.S.</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>77%</td>
<td>60%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 84% of eligible screens were completed in 2010.

☒ 4 Screenings for children 1-2 years
   State requires 4 screens. 97% of eligible screens were completed in 2010.

☒ 3 Screenings for children 3-5 years
   State requires 3 screens. 65% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $36,620, or 198% FPL. This reflects a decrease from 200% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☒ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $189,808,021 for pre-kindergarten and $38,645,052 for Head Start

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. [2011]11
   Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 5 children, and the maximum class size is 10.

☒ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF funds to finance ITSN.

☒ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☒ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]^{17}
  - Eligibility based on income up to 185% FPL.
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]^{18}
  - Parent must return to work when child is 12 months. The exemption is limited to 12 cumulative months in the recipient’s lifetime.
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]^{19}
  - Required to work 20 hours.

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]^{20}
  - $7.25
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]^{21}
  - Up to 147% FPL
- Offer a refundable state Earned Income Tax Credit. [2011]^{22}
- Offer a refundable state dependent care tax credit. [2011]^{23}
  - PA does not have a Child and Dependent Care Tax credit.
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]^{8}
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]^{19}
  - Extension available for head of household caring for a child under 12 months of age (under 6 years old if no childcare is available).

---

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.
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 Rhode Island’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- **Children <1 year**
  
  **Set eligibility at 250% (Medicaid and CHIP)**

- **Children ages 1-5 years**
  
  **Set eligibility at 250% (Medicaid and CHIP)**

- **Pregnant women**
  
  **Set eligibility at 250% (350%) (Medicaid and CHIP)**

- **Immigrant children <1 year**

- **Immigrant children 1-5 years**

- **Immigrant pregnant women**
  
  **250% FPL - covers all legal and most undocumented immigrants**

- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³**

- **Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³**

---

**Young children (under age 6)²: 68,176**

**Young children by income, 2010**

- **Above low income 60%**
  
  - Low income 40%
  
  - Less than 100% FPL 19%

- **Among young low-income children, 5% live in extreme poverty (less than 50% FPL).**

**Young children by race/ethnicity, 2010²**

- **White** 62%
  
  - **Hispanic** 22%
  
  - **Black** 7%
  
  - **Asian** 3%
  
  - **Bi/Multi-Racial** 6%
  
  - **Other <1%**

  *"Other" represents all racial/ethnic groups with very small sample sizes*

**Exposure to multiple risk factors among young children, 2010*²**

- **0 Risks** 43%
  
  - **1-2 Risks** 40%
  
  - **3+ Risks** 17%

  * Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.*
Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Rhode Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>89%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>76%</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>58%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
**HEALTH AND NUTRITION**

**State Choices to Promote Quality**


- 7 Screenings for children <1 year
  - State requires 6 screens. 86% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  - State requires 4 screens. 98% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  - State requires 3 screens. 66% of eligible screens were completed in 2010.

Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

**EARLY CARE AND EDUCATION**

**State choices to promote access**

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
  - A family of three is eligible up to $32,958, or 178% FPL. This reflects a decrease from 180% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
  - Eligibility redetermined every six months.

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
  - $700,000 for pre-kindergarten and $1,000,000 for Head Start

**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. [2011]¹¹
  - Child care regulations require one adult for every 10 children, and the maximum class size is 20.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
  - Child care regulations require one adult for every 6 children, and the maximum class size is 12.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶

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**Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2011**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Fee Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% FPL</td>
<td>2%</td>
</tr>
<tr>
<td>150% FPL</td>
<td>8%</td>
</tr>
</tbody>
</table>
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]
  
  Eligibility for women losing coverage postpartum.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]
  
  Parent must return to work when child is 12 months.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]
  
  Required to work 20 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]
  
  $7.40

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]
  
  Up to 182% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]
  
  Rhode Island offers a partially refundable credit. 25% of federal Earned Income Tax Credit.

- Offer a refundable state dependent care tax credit. [2011]
  
  A credit of 25% of the federal CADC credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]

Low-income young children with a parent employed full-time, 2010

- U.S. 44%
- Rhode Island 41%

Education levels of mothers with young children, 2010

- Less than high school
  
  U.S. 15%
  Rhode Island 12%

- High school
  
  U.S. 22%
  Rhode Island 21%

- Some college or more
  
  U.S. 63%
  Rhode Island 68%

Maximum annual TANF benefit for a family of 3, 2010

- Alaska $11076
- Rhode Island $6648
- Mississippi $2040

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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 South Carolina's policy choices alongside other data related to the well-being of young children.

**Health and Nutrition**

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States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

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*Updated: June 5, 2012*
Young children (under age 6)\(^2\): 347,112

**Young children by income, 2010**

- Above low income: 47%
- Less than 100% FPL: 29%
- Low income: 53%

Among young low-income children, 14% live in extreme poverty (less than 50% FPL).

**Young children by race/ethnicity, 2010\(^2\)**

- White: 54%
- Black: 31%
- Hispanic: 9%
- Asian: 1%
- Bi/Multi-Racial: 4%
- Other <1%

*“Other” represents all racial/ethnic groups with very small sample sizes*

**Exposure to multiple risk factors among young children, 2010\(^*\)**

- 1-2 Risks: 39%
- 0 Risks: 37%
- 3+ Risks: 23%

*Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.*

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**HEALTH AND NUTRITION**

### State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]\(^3\)

- **Children <1 year**
  
  *Set eligibility at 200% (Medicaid and CHIP)*

- **Children ages 1-5 years**
  
  *Set eligibility at 200% (Medicaid and CHIP)*

- **Pregnant women**
  
  *Set eligibility at 185% (Medicaid)*

- **Immigrant children <1 year**

- **Immigrant children 1-5 years**

- **Immigrant pregnant women**

- **Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)**

- **Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)**
Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]³

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td></td>
<td>16%</td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>94%</td>
<td>78%</td>
<td>57%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 96% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 3 screens. 100% of eligible screens were completed in 2010.

☑ 3 Screenings for children 3-5 years
   State requires 3 screens. 62% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $27,465, or 148% FPL. This reflects a decrease from 150% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☑ Redetermine the eligibility for child care subsidies no more than once per year [2010]9

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $35,513,846 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 17 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 6 children, and there is no maximum class size.

☑ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☑ Have an infant/toddler credential. [2010]14
   Credit-bearing course is required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑️ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
  Eligibility based on income up to 185% FPL, includes men.

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸

☑️ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  No minimum wage required.

☑️ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  Up to 148% FPL

☐ Offer a refundable state Earned Income Tax Credit. [2011]²²

☐ Offer a refundable state dependent care tax credit. [2011]²³
  A credit of 7% of eligible expenses.

☑️ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]⁸

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹
  Individuals caring for a child under 1 year old or cooperating but unable to find employment may receive an extension to the periodic time limit but not the lifetime limit.

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Low-income young children with a parent employed full-time, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>South Carolina</th>
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</thead>
<tbody>
<tr>
<td>44%</td>
<td>42%</td>
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</tbody>
</table>

Education levels of mothers with young children, 2010²

<table>
<thead>
<tr>
<th></th>
<th>Less than high school</th>
<th>High school</th>
<th>Some college or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td>22%</td>
<td>63%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>15%</td>
<td>24%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010¹⁹

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>South Carolina</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11076</td>
<td>$3240</td>
<td>$2040</td>
<td></td>
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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 South Dakota's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
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Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6)\(^2\): 67,015

Young children by income, 2010

- Above low income: 53%
- Less than 100% FPL: 23%
- Low income: 47%
- Above low income: 53%
- Less than 100% FPL: 23%
- Low income: 47%

Among young low-income children, 11% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010\(^2\)

- White: 75%
- Amer. Indian: 12%
- Other: 6%+
- Hispanic: 5%
- Black: 2%

*“Other” represents all racial/ethnic groups with very small sample sizes

Exposure to multiple risk factors among young children, 2010\(^*\)

- 0 Risks: 43%
- 1-2 Risks: 43%
- 3+ Risks: 14%

\(^*\) Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]\(^3\)

- Children <1 year
  - Set eligibility at 200% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 200% (CHIP)
- Pregnant women
  - Set eligibility at 133% (Medicaid)
- Immigrant children <1 year
- Immigrant children 1-5 years
- Immigrant pregnant women
  - Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]\(^3\)
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]\(^3\)
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

### Young children who lack health insurance, 2010

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young children who lack health insurance</td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT screening, by age, 2010

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>100%</td>
<td>76%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>76%</td>
<td>62%</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 75% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 92% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 75% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶
   28 universally required by law or rule. Screen for hearing deficiency universally offered but not yet required.

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
   A family of three is eligible up to $38,150, or 206% FPL. This reflects a decrease from 208% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
   No Program

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. [2011]¹¹
   Child care regulations require one adult for every 10 children, and the maximum class size is 20.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
   Child care regulations require one adult for every 5 children, and the maximum class size is 20.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴
   Non-credit training is required to obtain a credential.
Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]\(^{15}\)

Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]\(^{16}\)
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  
  *Parent must return to work when child is 3 months.*

☐ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  
  *Required to work 20 hours.*

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  
  *$7.25*

☐ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  
  *No state income tax*

☐ Offer a refundable state Earned Income Tax Credit. [2011]²²

☐ Offer a refundable state dependent care tax credit. [2011]²³
  
  *SD does not have Child and Dependent Care Tax credit.*

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁸
  
  *Copayments set at 14% of income.*

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

Low-income young children with a parent employed full-time, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 2010²

<table>
<thead>
<tr>
<th>Education Level</th>
<th>U.S.</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>High school</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 2010¹⁹

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>South Dakota</td>
<td>$6660</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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.
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 Tennessee's policy choices alongside other data related to the well-being of young children.

**Health and Nutrition**
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

**Early Care and Education**
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

**Parenting and Economic Supports**
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

*Updated: June 5, 2012*
HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 250% (CHIP)
- Children ages 1-5 years
  Set eligibility at 250% (CHIP)
- Pregnant women
  Set eligibility at 250% (Medicaid and UCO)

- Immigrant pregnant women
  250% FPL - covers all or most legal immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

### Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>94%</th>
<th>83%</th>
<th>74%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  - State requires 5 screens. 100% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  - State requires 3 screens. 100% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  - State requires 3 screens. 100% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6
  - 28 universally required by law or rule; screen for hearing deficiency included.

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
  - A family of three is eligible up to $32,352, or 175% FPL. This reflects an increase from 170% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

- Redetermine the eligibility for child care subsidies no more than once per year [2010]9
  - Eligibility redetermined every six months.

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
  - $81,657,785 for pre-kindergarten

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. [2011]11
  - Child care regulations require one adult for every 13 children, and the maximum class size is 20.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
  - Child care regulations require one adult for every 6 children, and the maximum class size is 12.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
  - Allocate CCDF funds to finance ITSN.

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

- Have an infant/toddler credential. [2010]14

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16

<table>
<thead>
<tr>
<th>Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% FPL</td>
</tr>
<tr>
<td>150% FPL</td>
</tr>
</tbody>
</table>
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸
  
  *Parent must return to work when child is 4 months.*
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹
  
  *Required to work 30 hours.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰
  
  *No minimum wage required.*
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹
  
  *No state income tax*
- Offer a refundable state Earned Income Tax Credit. [2011]²²
- Offer a refundable state dependent care tax credit. [2011]²³
  
  *TN does not have a Child and Dependent Care Tax credit.*
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]²⁸
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

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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 data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 200% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 200% (CHIP)

- Pregnant women
  - Set eligibility at 200% (Medicaid and UCO)

- Immigrant pregnant women
  - 200% FPL - covers all legal and most undocumented immigrants

- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

### Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>93%</td>
<td>81%</td>
<td>74%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
**HEALTH AND NUTRITION**

**State Choices to Promote Quality**

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]^{5}

- **7 Screenings for children <1 year**
  - State requires 7 screens. 81% of eligible screens were completed in 2010.

- **4 Screenings for children 1-2 years**
  - State requires 5 screens. 87% of eligible screens were completed in 2010.

- **3 Screenings for children 3-5 years**
  - State requires 3 screens. 89% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]^{6}
  - 28 universally required by law or rule. Screen for hearing deficiency offered to select populations, or by request.

**EARLY CARE AND EDUCATION**

**State choices to promote access**

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]^{7}
  - A family of three is eligible up to $27,465-$46,658, or 148-252% FPL. This reflects a change from 150-243% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]^{8}

- Redetermine the eligibility for child care subsidies no more than once per year [2010]^{9}

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]^{10}
  - $791,378,304 for pre-kindergarten

**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. [2011]^{11}
  - Child care regulations require one adult for every 18 children, and the maximum class size is 35.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]^{11}
  - Child care regulations require one adult for every 9 children, and the maximum class size is 18.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]^{12}

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]^{13}

- Have an infant/toddler credential. [2010]^{14}

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]^{15}

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]^{16}
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☑ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
   Eligibility based on income up to 185% FPL.

☑ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
   Parent must return to work when child is 12 months.

☑ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
   Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
   $7.25

☑ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
   No state income tax

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

☐ Offer a refundable state dependent care tax credit. [2011]23
   TX does not have a Child and Dependent Care Tax credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
   Local workforce development boards set their own copayments within state guidelines between 5%-13% of income.

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>53%</td>
<td></td>
</tr>
</tbody>
</table>

Education levels of mothers with young children, 20102

<table>
<thead>
<tr>
<th></th>
<th>Less than high school</th>
<th>High School</th>
<th>Some college or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Texas</td>
<td>22%</td>
<td>24%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>Texas</td>
<td>$3120</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2040</td>
</tr>
</tbody>
</table>

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Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 303,451

Young children by income, 2010

Among young low-income children, 5% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

Exposure to multiple risk factors among young children, 2010

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]^3

- Children <1 year
  Set eligibility at 200% (CHIP)
- Children ages 1-5 years
  Set eligibility at 200% (CHIP)
- Pregnant women
  Set eligibility at 133% (Medicaid)
- Immigrant children <1 year
- Immigrant children 1-5 years

- Immigrant pregnant women
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]^3
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]^3
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]^3
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

### Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Utah</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>Utah</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>88%</td>
<td>87%</td>
<td>66%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 6 screens. 56% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 76% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 74% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $35,244, or 190% FPL. This reflects an increase from 181% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   No Program

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. [2011]11
   Child care regulations require one adult for every 15 children, and the maximum class size is 30.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 4 children, and the maximum class size is 8.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14
   Non-credit training is required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 20118

<table>
<thead>
<tr>
<th>% of Income</th>
<th>7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% FPL</td>
<td></td>
</tr>
<tr>
<td>150% FPL</td>
<td></td>
</tr>
</tbody>
</table>
# Parenting and Economic Supports

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012][17]
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010][18]
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010][19]
  
  *Required to work 20 hours.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012][20]
  
  *$7.25*
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010][21]
  
  *Up to 113% FPL*
- Offer a refundable state Earned Income Tax Credit. [2011][22]
- Offer a refundable state dependent care tax credit. [2011][23]
  
  *UT does not have a Child and Dependent Care Tax credit.*
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011][8]
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010][19]

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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 Vermont’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports
States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 37,911

Young children by income, 2010

- Above low income: 62%
- Less than 100% FPL: 19%
- Low income: 38%

Among young low-income children, 8% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 90%
- Other: 10%+

*Other* represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010

- 0 Risks: 53%
- 1-2 Risks: 36%
- 3+ Risks: 11%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 300% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)
- Pregnant women
  - Set eligibility at 200% (Medicaid)

- Immigrant pregnant women
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Vermont</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>94%</td>
<td>79%</td>
<td>58%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]:
- 7 Screenings for children <1 year
  State requires 7 screens. 81% of eligible screens were completed in 2010.
- 4 Screenings for children 1-2 years
  State requires 4 screens. 94% of eligible screens were completed in 2010.
- 3 Screenings for children 3-5 years
  State requires 3 screens. 61% of eligible screens were completed in 2010.
- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012].

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]
  A family of three is eligible up to $36,600, or 198% FPL. This reflects a decrease from 200% FPL in 2010.
- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011].
- Redetermine the eligibility for child care subsidies no more than once per year [2010].
- Fund a pre-kindergarten program and/or supplement Head Start. [2010]
  $17,790,714 for pre-kindergarten

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. [2011]
  Child care regulations require one adult for every 10 children, and the maximum class size is 20.
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]
  Child care regulations require one adult for every 4 children, and the maximum class size is 8.
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]
- Have early learning standards or developmental guidelines for infants and toddlers. [2010]
- Have an infant/toddler credential. [2010]
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]
- Have implemented a statewide Quality Rating Improvement System (QRIS). [2010]
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

☐ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012] 17

☒ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010] 18
  Parent must return to work when child is 24 months.

☒ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010] 19
  Required to work 20 hours.

State choices to support family economic security

☒ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012] 20
  $8.46

☒ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010] 21
  Up to 191% FPL

☒ Offer a refundable state Earned Income Tax Credit. [2011] 22
  32% of federal Earned Income Tax Credit.

☒ Offer a refundable state dependent care tax credit. [2011] 23
  A "low-income" credit of 50% of the "allowed" federal CADC credit.

☐ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011] 8
  Copayments set at 10% of income.

☒ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010] 19

Low-income young children with a parent employed full-time, 2010 2

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Vermont</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>39%</td>
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Education levels of mothers with young children, 2010 2

<table>
<thead>
<tr>
<th>Education Level</th>
<th>U.S.</th>
<th>Vermont</th>
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<tbody>
<tr>
<td>Less than high school</td>
<td>15%</td>
<td>6%</td>
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<tr>
<td>High school</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Some college or more</td>
<td>63%</td>
<td>71%</td>
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Maximum annual TANF benefit for a family of 3, 2010 19

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>Vermont</th>
<th>Mississippi</th>
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<tr>
<td>$11076</td>
<td>$7680</td>
<td>$2040</td>
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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 Virginia's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Updated: June 5, 2012
Young children (under age 6): 593,359

Young children by income, 2010

- Above low income: 65%
- Less than 100% FPL: 17%
- Low income: 35%

Among young low-income children, 8% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

- White: 56%
- Black: 20%
- Hispanic: 12%
- Asian: 6%
- Bi/Multi-Racial: 6%
- Other: <1%

*“Other” represents all racial/ethnic groups with very small sample sizes.

Exposure to multiple risk factors among young children, 2010*

- 0 Risks: 46%
- 1-2 Risks: 40%
- 3+ Risks: 13%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 200% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 200% (CHIP)
- Pregnant women
  - Set eligibility at 200% (Medicaid and CHIP)
- Immigrant children <1 year
- Immigrant children 1-5 years
  - 133% FPL - covers all or most legal immigrants
- Immigrant pregnant women
  - Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
  - 133% FPL - covers all or most legal immigrants
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]

- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]

- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]

- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]

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**Young children who lack health insurance, 2010**

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>U.S.</td>
<td>13%</td>
</tr>
<tr>
<td>Virginia</td>
<td>11%</td>
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</tbody>
</table>

**Percent of eligible children who received at least one EPSDT screening, by age, 2010**

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>95%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>77%</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>66%</td>
</tr>
</tbody>
</table>

*Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)*
HEALTH AND NUTRITION

State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2010]

☐ 7 Screenings for children <1 year
   State requires 6 screens. 86% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 82% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]
   A family of three is eligible up to $27,468-$45,780, or 148-247% FPL.
   This reflects a decrease from 150-250% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]
   $63,078,873 for pre-kindergarten

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. [2011]
   Child care regulations require one adult for every 10 children, and there is no maximum class size.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]
   Child care regulations require one adult for every 5 children, and there is no maximum class size.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]

☐ Have an infant/toddler credential. [2010]
   A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]
QRIS is being piloted
### Parenting and Economic Supports

#### State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]¹⁷  
  Eligibility based on income up to 200% FPL, includes men. VA also extends eligibility for women losing coverage postpartum.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]¹⁸  
  Parent must return to work when child is 12 months. Recipients caring for a child subject to a family cap are exempt only while the child is under 6 weeks old.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]¹⁹  
  Required to work 35 hours.

#### State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]²⁰  
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]²¹  
  Up to 132% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]²²

- Offer a refundable state dependent care tax credit. [2011]²³  
  A deduction of expenses equal to the amount of expenses on which the federal CADC credit is based.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]⁸  
  Copayments set at 10% of income.

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]¹⁹

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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 Washington's policy choices alongside other data related to the well-being of young children.

**Health and Nutrition**

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**Parenting and Economic Supports**

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

*Updated: June 5, 2012*
Young children (under age 6): 503,719

Young children by income, 2010

Among young low-income children, 8% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2010

Exposure to multiple risk factors among young children, 2010*

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

HEALTH AND NUTRITION

State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  Set eligibility at 300% (CHIP)
- Children ages 1-5 years
  Set eligibility at 300% (CHIP)
- Pregnant women
  Set eligibility at 185% (Medicaid)
- Immigrant children <1 year
  200% FPL - covers all legal and most undocumented
- Immigrant children 1-5 years
  200% FPL - covers all legal and most undocumented
- Immigrant pregnant women
  200% FPL - covers all legal and most undocumented immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

**Young children who lack health insurance, 2010²**

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Washington</th>
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</thead>
<tbody>
<tr>
<td>13%</td>
<td>12%</td>
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</table>

**Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵**

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 1 Year</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>77%</td>
<td>58%</td>
<td></td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


- 7 Screenings for children <1 year
  State requires 5 screens. 100% of eligible screens were completed in 2010.

- 4 Screenings for children 1-2 years
  State requires 3 screens. 65% of eligible screens were completed in 2010.

- 3 Screenings for children 3-5 years
  State requires 3 screens. 51% of eligible screens were completed in 2010.

- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶
  27 universally required by law or rule; screen for hearing deficiency universally offered but not required.

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
  A family of three is eligible up to $32,424, or 175% FPL. This reflects a decrease from 200% FPL in 2010.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
  Eligibility redetermined every six months.

- Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
  $54,716,348 for pre-kindergarten

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. [2011]¹¹
  Child care regulations require one adult for every 10 children, and the maximum class size is 20.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
  Child care regulations require one adult for every 7 children, and the maximum class size is 14.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²
  Allocate CCDF funds to finance ITSN.

- Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

- Have an infant/toddler credential. [2010]¹⁴

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
QRIS is being piloted
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility based on income up to 200% FPL, includes men.
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Parent must return to work when child is 12 months. The exemption is limited to 12 cumulative months in the recipient’s lifetime.
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 32 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $9.04
- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  No state income tax
- Offer a refundable state Earned Income Tax Credit. [2011]22
  10% (or $50) of federal Earned Income Tax Credit.
- Offer a refundable state dependent care tax credit. [2011]23
  WA does not have a Child and Dependent Care Tax credit.
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Washington</th>
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</thead>
<tbody>
<tr>
<td>44%</td>
<td>45%</td>
<td></td>
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Education levels of mothers with young children, 20102

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<tr>
<th></th>
<th>Less than high school</th>
<th>High school</th>
<th>Some college or more</th>
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<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Washington</td>
<td>13%</td>
<td>63%</td>
<td>57%</td>
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Maximum annual TANF benefit for a family of 3, 201019

<table>
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<th></th>
<th>Alaska</th>
<th>Washington</th>
<th>Mississippi</th>
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<tr>
<td>$11076</td>
<td>$6744</td>
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</table>

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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 West Virginia’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education
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Parenting and Economic Supports
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Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- Children <1 year
  - Set eligibility at 300% (CHIP)

- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)

- Pregnant women
  - Set eligibility at 150% (Medicaid)

- Immigrant pregnant women
  - Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Immigrant pregnant women
  - Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- Immigrant pregnant women
  - Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³

- Immigrant children <1 year

- Immigrant children 1-5 years

---

**Young children (under age 6)²:**

120,578

**Young children by income, 2010**

- Above low income 50%
- Low income 50%
- Less than 100% FPL 28%

Among young low-income children, 14% live in extreme poverty (less than 50% FPL).

**Young children by race/ethnicity, 2010²**

- White 90%
- Bi/Multi-Racial 4%
- Black 3%
- Hispanic 2%
- Other 1%+

*“Other” represents all racial/ethnic groups with very small sample sizes

**Exposure to multiple risk factors among young children, 2010*²**

- 0 Risks 44%
- 1-2 Risks 38%
- 3+ Risks 19%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

### Young children who lack health insurance, 2010

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>West Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
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<td>13%</td>
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</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>100%</td>
<td>69%</td>
<td>53%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 7 screens. 100% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 91% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 98% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
   A family of three is eligible up to $27,468, or 148% FPL. This reflects a decrease from 150% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
   $76,617,241 for pre-kindergarten

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. [2011]11
   Child care regulations require one adult for every 12 children, and the maximum class size is 24.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
   Child care regulations require one adult for every 4 children, and the maximum class size is 12.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12
   Allocate CCDF funds to finance ITSN.

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]\(^7\)
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]\(^8\)
  
  *The state does not consider these groups technically exempt; this is a one-time exemption and may be taken any time while the child is under 12 months.*

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]\(^9\)
  
  *Required to work 20 hours.*

**State choices to support family economic security**

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]\(^10\)
  
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]\(^11\)
  
  *Up to 105% FPL*

- Offer a refundable state Earned Income Tax Credit. [2011]\(^12\)

- Offer a refundable state dependent care tax credit. [2011]\(^13\)
  
  *WV does not have a Child and Dependent Care Tax credit.*

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]\(^14\)

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]\(^15\)
  
  *Extension available for: women pregnant for at least 7 months, or heads of household caring for a child under 6 months of age.*

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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 Wisconsin's policy choices alongside other data related to the well-being of young children.

Health and Nutrition
States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

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Updated: June 5, 2012
**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]

- Children <1 year
  - Set eligibility at 300% (CHIP)
- Children ages 1-5 years
  - Set eligibility at 300% (CHIP)
- Pregnant women
  - Set eligibility at 300% (Medicaid)
- Immigrant pregnant women
  - 300% FPL - covers all legal and most undocumented immigrants
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³
- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

### Young children who lack health insurance, 2010²

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

### Percent of eligible children who received at least one EPSDT* screening, by age, 2010⁵

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S.</th>
<th>1 to 2 Years</th>
<th>3 to 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>100%</td>
<td>84%</td>
<td>65%</td>
</tr>
</tbody>
</table>

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
   State requires 5 screens. 100% of eligible screens were completed in 2010.

☐ 4 Screenings for children 1-2 years
   State requires 4 screens. 100% of eligible screens were completed in 2010.

☐ 3 Screenings for children 3-5 years
   State requires 3 screens. 73% of eligible screens were completed in 2010.

☐ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]⁶

EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]⁷
   A family of three is eligible up to $34,281, or 185% FPL. This reflects no change in the FPL percentage from 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]⁸

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]⁹
   Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]¹⁰
   $128,960,062 for pre-kindergarten and $6,960,062 for Head Start

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. [2011]¹¹
   Child care regulations require one adult for every 13 children, and the maximum class size is 24.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]¹¹
   Child care regulations require one adult for every 4 children, and the maximum class size is 8.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]¹²

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]¹³

☐ Have an infant/toddler credential. [2010]¹⁴
   A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁵

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]¹⁶
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility based on income up to 300% FPL, includes men.

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Parent must return to work when child is 12 months.

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 40 hours.

State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $7.25

- Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  Up to 132% FPL

- Offer a refundable state Earned Income Tax Credit. [2011]22
  Wisconsin percentages of federal Earned Income Tax Credit are 4% for 1 child; 11% for 2; 34% for 3 or more children.

- Offer a refundable state dependent care tax credit. [2011]23
  WI does not have a Child and Dependent Care Tax credit.

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19
  Exemption available for head of household caring for a child under 3 months of age.

Low-income young children with a parent employed full-time, 20102

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>49%</td>
<td></td>
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</table>

Education levels of mothers with young children, 20102

<table>
<thead>
<tr>
<th></th>
<th>Less than high school</th>
<th>High school</th>
<th>Some college or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td>22%</td>
<td>63%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>9%</td>
<td>22%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
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<th>Mississippi</th>
</tr>
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<tbody>
<tr>
<td>$11076</td>
<td>$8076</td>
<td>$2040</td>
<td></td>
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</tbody>
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Updated: June 5, 2012
**Young children (under age 6)**

\[47,555\]

**Young children by income, 2010**

- **Above low income**: 61%
- **Low income**: 39%

Among young low-income children, 5% live in extreme poverty (less than 50% FPL).

**Young children by race/ethnicity, 2010**

- **White**: 77%
- **Hispanic**: 16%
- **“Other”**: 4%+
- **Amer. Indian**: 3%

+“Other” represents all racial/ethnic groups with very small sample sizes

**Exposure to multiple risk factors among young children, 2010**

- **0 Risks**: 44%
- **1-2 Risks**: 42%
- **3+ Risks**: 14%

* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

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**HEALTH AND NUTRITION**

**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2012]³

- **Children <1 year**
  - Set eligibility at 200% (CHIP)

- **Children ages 1-5 years**
  - Set eligibility at 200% (CHIP)

- **Pregnant women**
  - Set eligibility at 133% (Medicaid)

- **Immigrant children <1 year**

- **Immigrant children 1-5 years**

- **Immigrant pregnant women**
  - Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2012]³

- **Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2012]³**

- **Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2012]³**
Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2012]³

Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2012]³

* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
HEALTH AND NUTRITION

State Choices to Promote Quality


☐ 7 Screenings for children <1 year
  State requires 6 screens. 100% of eligible screens were completed in 2010.

☒ 4 Screenings for children 1-2 years
  State requires 4 screens. 100% of eligible screens were completed in 2010.

☒ 3 Screenings for children 3-5 years
  State requires 3 screens. 72% of eligible screens were completed in 2010.

☑ Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes [2012]6

EARLY CARE AND EDUCATION

State choices to promote access

☒ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2011]7
  A family of three is eligible up to $43,596, or 235% FPL. This reflects a decrease from 263% FPL in 2010.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2011]8

☐ Redetermine the eligibility for child care subsidies no more than once per year [2010]9
  Eligibility redetermined every six months.

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2010]10
  No Program

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. [2011]11
  Child care regulations require one adult for every 12 children, and the maximum class size is 30.

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2011]11
  Child care regulations require one adult for every 5 children, and the maximum class size is 12.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]12

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2010]13

☐ Have an infant/toddler credential. [2010]14
  A combination of credit, non-credit, or other requirements are required to obtain a credential.

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]15

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]16

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2011

<1% 2%
100% FPL 150% FPL
PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

✔ Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2012]17
  Eligibility for women losing coverage postpartum.

☐ Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2010]18
  Parent must return to work when child is 3 months; exemptions limited to 12 cumulative months during recipient's lifetime.

✔ Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2010]19
  Required to work 20 hours.

State choices to support family economic security

☐ Establish a state minimum wage that exceeds the federal minimum wage ($7.25/hr). [2012]20
  $5.15

✔ Exempt single-parent families of three below the poverty level from personal income tax. [FY 2010]21
  No state income tax

☐ Offer a refundable state Earned Income Tax Credit. [2011]22

☐ Offer a refundable state dependent care tax credit. [2011]23
  WY does not have a Child and Dependent Care Tax credit.

✔ Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2011]8

☐ Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2010]19

Low-income young children with a parent employed full-time, 20102

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<thead>
<tr>
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Education levels of mothers with young children, 20102

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<tr>
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<td>15%</td>
<td>22%</td>
<td>63%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>8%</td>
<td>23%</td>
<td>69%</td>
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</table>

Maximum annual TANF benefit for a family of 3, 201019

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>$11076</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$6732</td>
</tr>
<tr>
<td>Mississippi</td>
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DATA NOTES AND SOURCES


2. National data were calculated from the 2010 American Community Survey, representing information from 2010. State data were calculated from the 2008-2010 American Community Survey, representing information from the years 2008 to 2010.


16. NCCP contacted the New Hampshire Bright Stars programs and was informed that it is not a QRIS program. NCCP could not find confirmatory evidence beyond NCCIC that DC Gold Stars program is still active. DC Action for Children reported that the district does not have a QRIS program ([http://www.dcactionforchildren.org](http://www.dcactionforchildren.org)).

17. U.S. Department of Health and Human Services, Administration for Children and Families, National Child Care Information and Technical Assistance Center. 2010 *States and Communities Operating, Piloting, or Exploring or Designing a Quality Rating and Improvement System nccic.acf.hhs.gov/qrisresourcesguide?id=qrissetate (accessed August 16, 2010).*


