

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 \$34,340 for a family of three in 2007, for families to provide the basic necessities that their young children need to thrive.<sup>1</sup> Nationally, 10 million children under the age of 6 live in families earning twice the federal poverty level or less.<sup>2</sup> 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:

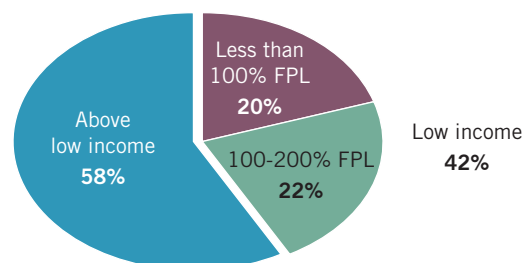
- Data tables that allow for comparisons across states on each policy choice
- A national report summarizing the research base for policies that promote early childhood development and key findings from the state profiles

These and other related documents are available on the NCCP web site at:  
<[www.nccp.org/projects/improvingtheodds.html](http://www.nccp.org/projects/improvingtheodds.html)>.

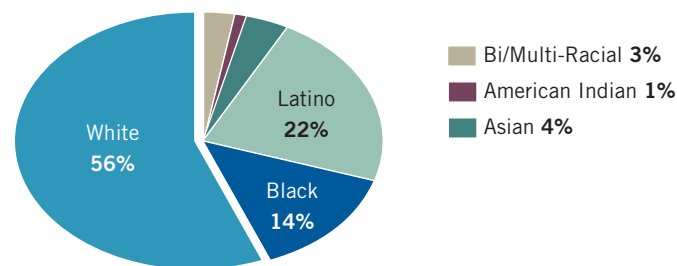
**Young children (under age 6):<sup>2</sup> 24,090,978**

**Infants and toddlers (under age 3):<sup>2</sup> 12,105,758**

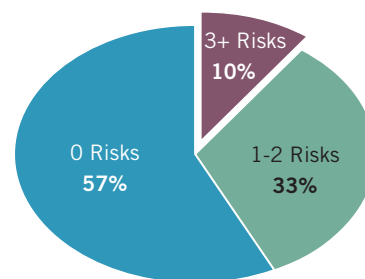
Young children by income, 2005<sup>2</sup>



Young children by race/ethnicity, 2005<sup>2</sup>



Exposure to multiple risk factors,\* 2005<sup>3</sup>



\* Risk factors include any combination of the following: (1) single parent, (2) living in poverty, (3) parents do not speak English well, (4) parents have less than a high school education, and (5) parents have no paid employment.

Updated: June 1, 2007

## HEALTH AND NUTRITION

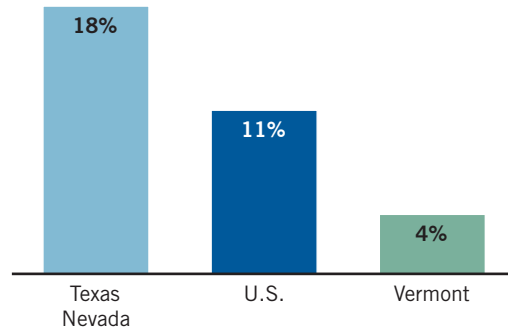
### State choices to promote access

- **41** states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level (FPL) for children ages birth to 5. [2006]<sup>4</sup>
- **16** states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level for pregnant women. [2006]<sup>4</sup>
- **4** states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level for parents. [2006]<sup>4</sup>
- **6** states include at-risk children in the definition of eligibility for IDEA Part C. [2006]<sup>5</sup>
- **9** states supplement WIC funding. [2006]<sup>6</sup>
- **30** states provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2005]<sup>7</sup>
- **12** states provide temporary coverage to children under Medicaid or SCHIP until eligibility can be formally determined. [2005]<sup>7</sup>

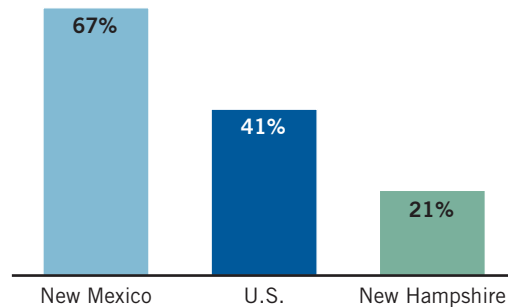
### State choices to promote quality

- **7** states meet the national benchmark that 80% of children on Medicaid receive an annual health screening under EPSDT. [2005]<sup>8</sup>
- **30** states require screening for all newborns for hearing deficiencies. [2006]<sup>9</sup>
- **18** states require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2006]<sup>9</sup>
- **5** states use the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3)* when seeking Medicaid reimbursement. [2006]<sup>10</sup>

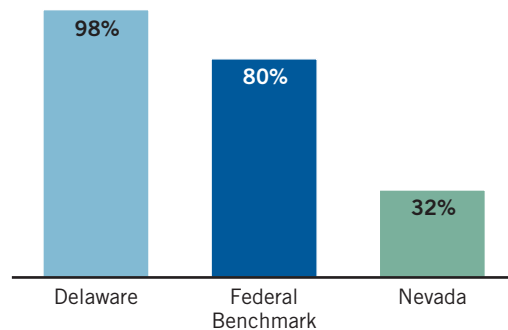
Young children who lack health insurance, 2005<sup>2</sup>



Medicaid births as a percentage of total births, 2002<sup>11</sup>



Young children, ages 3-5 years, on Medicaid receiving at least one EPSDT\* screen in a 12-month period, 2005<sup>8</sup>



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

## EARLY CARE AND EDUCATION

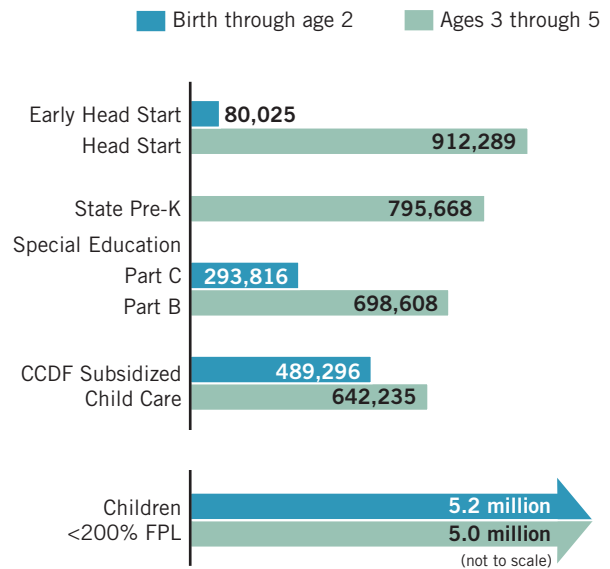
### State choices to promote access

- **13** states offer a refundable state dependent care tax credit. [2005]<sup>12</sup>
- **16** states set the income eligibility limit for child care subsidies at or above 200% of the federal poverty level. [2006]<sup>13</sup>
- **13** states increased the child care subsidy reimbursement rate within the last two years to be at or above the 75th percentile of the market rate. [2006]<sup>14</sup>
- **20** states annually redetermine eligibility for child care subsidies, which can promote consistent caregiving relationships. [2006]<sup>15</sup>
- **16** states supplement Head Start with state or other federal funds. [2006]<sup>16</sup>
- **39** states fund a state prekindergarten program. [2006]<sup>16</sup>

### State choices to promote quality

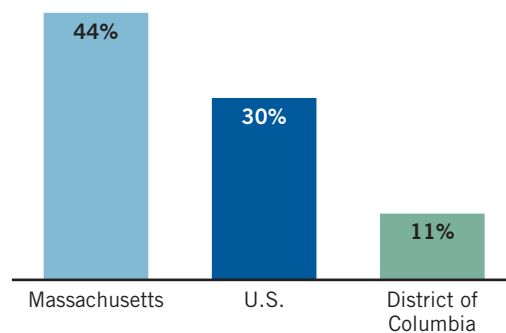
- **14** states require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2005]<sup>17</sup>
- **8** states require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2005]<sup>17</sup>
- **17** states allocate state or federal funds for a network of infant/toddlers specialists that provide assistance to child care providers. [2006]<sup>18</sup>
- **19** states have early learning standards or developmental guidelines for infants and toddlers. [2005]<sup>19</sup>
- **13** states have an infant/toddler credential. [2006]<sup>20</sup>
- **23** states require, through regulation, that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2005]<sup>21</sup>

Access to early childhood programs, by age,\* 2005<sup>22</sup>



\* Eligibility criteria vary by program. Children enrolled in multiple programs are counted in each program, so numbers cannot be added together. The numbers of low-income children are included to give a sense of scale and provide a context for the access information. Head Start numbers reflect actual enrollment, and child care subsidies funded from sources other than the Child Care and Development Fund are not included in this total.

Fourth grade students testing proficient or better in reading,\*\* 2005<sup>23</sup>



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

## PARENTING AND ECONOMIC SUPPORTS

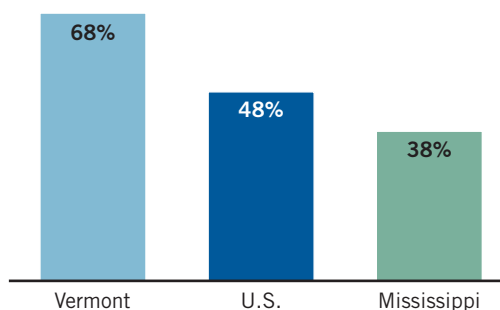
### State choices to promote effective parenting

- **6** states provide paid medical/maternity leave. [2004]<sup>24</sup>
- **25** states have a Medicaid family planning waiver to extend coverage to low-income women to increase the interval between pregnancies. [2007]<sup>25</sup>
- **28** states exempt single parents on TANF from work requirements until the youngest child reaches age 1. [2003]<sup>26</sup>
- **18** states reduce the TANF work requirement for single parents with children under age 6. [2003]<sup>27</sup>
- **45** states allow parents in school to qualify for child care subsidies. [2005]<sup>28</sup>

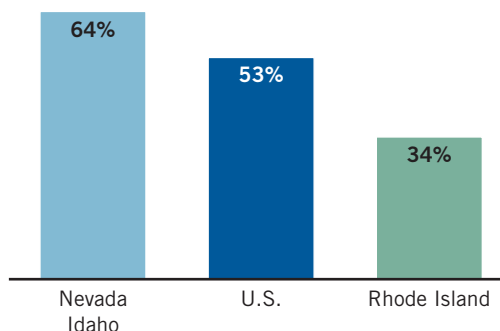
### State choices to support family economic security

- **36** states exempt single-parent families living below the federal poverty level from personal income tax. [2006]<sup>29</sup>
- **15** states offer a refundable state earned income tax credit. [2006]<sup>30</sup>
- **31** states have a state minimum wage that exceeds the federal minimum wage. [2007]<sup>31</sup>
- **22** states allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2004]<sup>32</sup>
- **28** states maintain copayments for child care subsidies at or below 10% of family income for most families. [2006]<sup>33</sup>

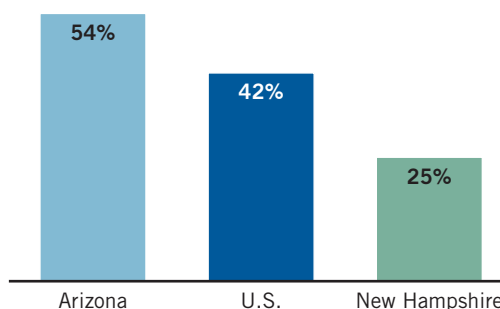
Young children who are read to every day, 2003<sup>34</sup>



Low-income young children with a parent employed full-time, 2005<sup>2</sup>



Young children with mothers who have a high school education or less, 2005<sup>2</sup>



This profile is a product of NCCP’s Improving the Odds for Young Children project. 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](http://www.nccp.org/improvingtheodds)> for individual state profiles.

## DATA NOTES AND SOURCES

1. National Center for Children in Poverty Family Resource Simulator; and Jared Berstein, Chauna Brocht, and Maggie Spade-Aguilar. *How much is enough? Basic family budgets for working families*, Economic Policy Institute, 2000.

These numbers are from the federal poverty guidelines issued annually by the U.S. Department of Health and Human Services. For more information, see <[aspe.hhs.gov/poverty/07poverty.shtml](http://aspe.hhs.gov/poverty/07poverty.shtml)>.

2. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the U.S. Current Population Survey from 2004, 2005, and 2006, representing information from calendar years 2003, 2004, and 2005. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2006 data, representing information from the previous calendar year.

3. National and state data were calculated from the 2005 American Community Survey.

4. Donna Cohen Ross, Laura Cox, and Caryn Marks, *Resuming the Path to Health Coverage for Children and Parents: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006*, Kaiser Commission on Medicaid and the Uninsured, January 2007. <http://www.kff.org> (accessed January 30, 2007).

5. Jo Schackelford, *State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities under IDEA*, NECTAC Notes, Issue No. 21, July, 2006.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C, Table 6-2, 2005," data updated as of July 17, 2006 <https://www.ideadata.org> (accessed September 24, 2006).

6. U.S.D.A., Food and Nutrition Services, Data reflect state appropriations for State Fiscal Years 2001 and 2006, personal email (received April 25, 2006).

7. National Governors Association Center for Best Practices, Health Division, *Maternal and Child Health (MCH) Update 2005: States Make Modest Expansions to Health Care Coverage*, 2006.

8. Data reflect the most recent information reported by the states: 2002 for ME, NH, and OK; 2003 for IL and WV; 2004 for AZ, CA, GA, HI, IA, MS, NV, NM, NY, and OH; 2005 for all other states.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, EPSDT CMS-416 Data, FY 2005, updated on July, 20, 2006.

9. National Newborn Screening and Genetics Resource Center, *National Newborn Screening Status Report*, updated November 27, 2006. <http://genes-r-us.uthscsa.edu> (accessed December 2006).

10. Ngozi Onunaku, Zero to Three, personal email (received February 6, 2006).

11. Data from some states includes the Medicaid waiver expansion population.

National Governors Association Center for Best Practices, Health Division, *Maternal and Child Health (MCH) Update 2005: States Make Modest Expansions to Health Care Coverage*, 2006.

12. Nancy Duff Campbell, Joan Entmacher, Amy K. Matsui, Cristina Martin Firvida, and Christie Love, *Making Care Less Taxing: Improving State Child and Dependent Care Tax Provisions*, National Women's Law Center, 2006.

13. Karen Schulman and Helen Blank, *Child Care Assistance Policies 2006: Gaps Remains, with New Challenges Ahead*, National Women's Law Center, September 2006.

14. State reimbursement rates are compared to the 75th percentile of market rates (the rate that allows parents access to 75 percent of providers in their community) because federal regulations recommend that rates be set at this level. A state is considered to have rates that were based on current market prices if the market survey used to set its rates was conducted no more than two years earlier (so, for example, rates used in 2005 were considered current if set at the 75th percentile of 2003 or more recent market rates). The data in these tables reflect states' basic rates. Some states may have higher rates for particular types of care such as higher-quality care or care for children with special needs.

Karen Schulman and Helen Blank, *Child Care Assistance Policies 2006: Gaps Remains, with New Challenges Ahead*, National Women's Law Center, September 2006.

15. U.S. Department of Health and Human Services, Administration for Children and Families, *Report of State and Territory Plans, FY 2006-2007*, 2006.

16. W. Steven Barnett, Jason Hustedt, Kenneth Robin, and Karen Schulman, *The State of Preschool: 2006 State Preschool Yearbook*, National Institute for Early Education Research, 2006.

17. National Child Care Information Center, "Child Care Center Licensing Regulations," November 2005. <http://nccic.acf.hhs.gov> (accessed June 10, 2006).

18. National Infant and Toddler Child Care Initiative, "Keys to High Quality Child Care for Babies and Toddlers: Infant/Toddler Specialists," April, 2006. <http://nccic.org> (accessed June 15, 2006).

19. Council of Chief State School Officers, *Early Childhood State Collaborative on Student Standards and Assessments*, 2006, <http://www.ccsso.org> (accessed July 10, 2006).

National Infant and Toddler Child Care Initiative, "Keys to High Quality Child Care for Babies and Toddlers: Infant/Toddler Specialists," April, 2006. <http://nccic.org> (accessed June 15, 2006).

20. National Infant and Toddler Child Care Initiative, "Keys to High Quality Child Care for Babies and Toddlers: Infant Toddler Child Care Credentials," April, 2006. <http://www.nccic.org> (accessed March 1, 2007).

21. Regulations specify that infants and toddlers will have the same caregivers everyday except when a caregiver is absent.

National Association for Regulatory Administration and the National Child Care Information and Technical Assistance Center, *The 2005 Child Care Licensing Study: Final Report*, December 2006, p. 94. Available at: <http://www.nara-licensing.org>.

**22. Number of children (2005):** State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the U.S. Current Population Survey from 2004, 2005, and 2006, representing information from calendar years 2003, 2004, and 2005. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2006 data, representing information from the previous calendar year.

**Early Head Start and Head Start Actual Enrollment (PY 2005):** U.S. Department of Health and Human Services, Administration for Children and Families, *Head Start Program Information Report*, 2004-2005, 2005.

**State Pre-K enrollment (PY 2005):** W. Steven Barnett, Jason Hustedt, Kenneth Robin, and Karen Schulman, *The State of Preschool: 2006 State Preschool Yearbook*, National Institute for Early Education Research, 2005.

**Birth to 2 Special Education, Part C (2005):** U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C, Table 6-2, 2005," data updated as of July 17, 2006 <https://www.ideadata.org> (accessed September 24, 2006).

**Ages 3 to 5 Special Education, Part B (2005):** U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0043 *Children with Disabilities Receiving Special Education Under Part B of the Individuals with Disabilities Education Act 2005*. Table 1-2. Data updated as of July 17, 2006. <https://www.ideadata.org> (accessed September 24, 2006).

**Subsidized Child Care (2005):** United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Child Care Bureau. Preliminary Child Care and Development Fund Administrative Data as reported on the ACF-801 for FFY 2005, updated on June 20, 2006.

23. U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP Data Explorer*. Based on 2005 national reading assessment data. <http://nces.ed.gov/nationsreportcard/nde>.

24. Paid medical/maternity leave means women receive partial or complete income replacement when they take time off to recover from child birth. Typically, wage replacement comes from a short-term or temporary disability insurance policy.

National Partnership for Women and Families, *Expecting Better: A State-by-State Analysis of Parental Leave Programs*, 2005. <http://paysickdays.nationalpartnership.org> (accessed March 2007).

25. State Medicaid Family Planning Eligibility Expansions, State Policies in Brief, as of April 1, 2007, Guttmacher Institute. <http://www.guttmacher.org> (accessed through <http://www.statehealthfacts.org> on April 12, 2007).

26. This table refers to single custodial parents over 21 years old. A sanction cannot be imposed for a child who has not attained 6 years of age if child care is unavailable.

Gretchen Rowe with Jeffrey Versteeg, *The Welfare Rules Databook: State Policies as of July 2003*, Assessing the New Federalism, The Urban Institute, 2005, Table III.B.1.

27. Gretchen Rowe with Jeffrey Versteeg, *The Welfare Rules Databook: State Policies as of July 2003*, Assessing the New Federalism, The Urban Institute, 2005, Table III.B.2, footnote 2.

28. Karen Schulman and Helen Blank, *Child Care Assistance Policies 2005: States Fail to Make up Lost Ground*, Families Continue to Lack Critical Supports, National Women's Law Center, September 2005

29. Calculations include income tax credits that are available to all low-income families in the state, such as state earned income tax credits.

Jason A. Levitis, *The Impact of State Income Taxes on Low-income Families in 2006*, Center on Budget and Policy Priorities, 2007, Table 1A. <http://www.cbpp.org> (accessed on April 16, 2007).

30. Community Resources Information, Inc., *TaxCreditResources.org*, <http://taxcreditresources.org> (accessed March 20, 2007).

31. This is the minimum wage rate that applies to nonsupervisory, nonfarm, private sector employment.

U.S. Department of Labor, Employment Standards Administration, *Minimum Wage Laws in the States*, 2007. <http://www.dol.gov> (accessed February 21, 2007).

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U.S. Department of Agriculture, Food and Nutrition Service, "Food Stamp Program Data." <http://www.fns.usda.gov> (accessed March 19, 2007).

32. A child support pass-through is the amount of collected child support that the state gives to families on whose behalf the child support was collected. A child support disregard is the amount of child support that the family can keep without lowering their TANF benefits.

Paula Roberts and Michelle Vinson, *State Policy Regarding Pass-Through and Disregard of Current Month's Child Support Collected for Families Receiving TANF-Funded Cash Assistance*, Center for Law and Social Policy, 2004. <http://www.clasp.org> (accessed May 24, 2005).

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

34. National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, *Child and Adolescent Health Measurement Initiative* (2005). <http://www.nschdata.org> (accessed August 29, 2006).