



EXECUTIVE SUMMARY



STATE  
EARLY CHILDHOOD  
POLICIES

Helene Stebbins ■ Jane Knitzer | June 2007

**The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.**

## State Early Childhood Policies—Executive Summary

by Helene Stebbins and Jane Knitzer

Early childhood is a time of great opportunity. State policymakers recognize this and some are trying to use resources strategically to promote healthy development and school readiness in young children. This report, based on findings from NCCP's Improving the Odds for Young Children project, highlights key findings from NCCP's database of state policy choices that provides a unique picture of early childhood policies across the states. The report summarizes emerging patterns and can be used to stimulate a dialogue, both within the states and nationally, about how to make more strategic, coherent investments in young children. State specific profiles are available online at [www.nccp.org/projects/improvingtheodds.html](http://www.nccp.org/projects/improvingtheodds.html).

### AUTHORS

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### ACKNOWLEDGMENTS

The authors wish to thank the many national experts on early childhood development who helped develop the framework for this project, especially Joan Lombardi, Kay Johnson, Stephanie Clothier, and the members of the Early Childhood Systems Work Group. We are grateful to the state officials who reviewed the state profiles for accuracy and helped to further refine the framework. This work would not be possible without the staff support at NCCP, especially to Ayana Douglas-Hall, Rachel Masi, and Michelle Chau for research assistance and data analysis; and Carole Oshinsky, Amy Palmisano, Litza Stark, and Telly Valdellon, for their editorial, production, and web expertise. Finally, we are grateful to the funders of this project: the Buffett Early Childhood Fund, the A.L. Mailman Foundation, and an anonymous donor. The authors alone are responsible for the final content.

## EXECUTIVE SUMMARY

# State Early Childhood Policies

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Early childhood is a time of great opportunity. For young children, it is a time when they will learn to walk and talk and build the foundations for future development. For policymakers, it is a time to improve the odds that young children receive the basic supports and opportunities that will promote their healthy development and school readiness. Compelling research supports the lifelong importance of early childhood development, and hard economic evidence shows that smart investments in early childhood yield long-term gains. The research is clear, and yet many state policies ignore what we know about healthy early childhood development.

Good health, positive early learning experiences, and nurturing families who are economically secure form the three-legged stool of positive early childhood development. All three are necessary to provide a supportive base for future growth. Improving the Odds for Young Children uses this three-part framework to identify key policy steps that states can take to improve the odds for children's early success in school and in life. The policy choices are not a complete list of options for policymakers. They are a baseline intended to stimulate dialogue, both within the states and nationally, about how to make more strategic, coherent investments in young children.

### Key Findings

- **Health and Nutrition.** A majority—80 percent of states—provide access to public health insurance for young children in low-income families, but many children who are eligible for Medicaid are not receiving recommended dental and health screenings that are consistent with pediatric practice and can prevent or reduce future delays. In only four states do more than 80 percent of children ages 3 to 5 receive an annual health screening.

Hard economic evidence shows that smart investments in early childhood yield long-term gains.

### View the National Profile

See the National Early Childhood Policy Profile for a summary of the policy choices of the 50 states and the District of Columbia. Individual state policies are also available at [www.nccp.org/project/improvingtheodds.html](http://www.nccp.org/project/improvingtheodds.html).

- **Early Care and Education.** Access to state-funded prekindergarten is growing, but access to high-quality child care is still inadequate, and state child care licensing requirements are not promoting nurturing, high-quality care. Only eight states meet recommended child care licensing standards for toddlers, and only 14 states meet them for 4-year-old children. Many low-income young children are not enrolled in any of the major early childhood programs, and access to services for infants and toddlers is especially limited.
- **Parenting and Economic Supports.** State efforts to promote family economic security are uneven. While more than half the states address the inadequacy of the minimum wage, less than half exempt a family of three from personal income tax when family income is below the federal poverty level (FPL). Most low-income parents are not eligible for public health insurance, and very few parents can afford to stay home with their newborn and establish a strong, nurturing relationship. Only six states provide paid maternity leave.

It is in America’s interest to change the policy picture for young children, not just across the states, but with a new strategic federal commitment that builds on real knowledge and smart investments.

## Recommendations

The following four recommendations can guide policy-makers, advocates, and researchers in future efforts to improve the odds of success for our youngest citizens.

- **Make policy choices that focus on the whole child.**

Good health, positive early learning experiences, and nurturing families are the three essential elements of healthy early childhood development. Over the past five years, almost every state has sustained or increased access to health care, but half of the states have decreased eligibility for child care subsidies. Families with young children need multiple supports, and strong policies in one area (for example, health care) can be undermined by weak policies in another (such as child care).

- **Combine early childhood investments with investments in family economic security.** More than 10 million children, 42 percent of all children under age 6, live in low-income families and are especially vulnerable for poor school outcomes and poor health. “Low income” is defined as family income below twice the official federal poverty level or \$34,340 for a family of three in 2007. Research shows that families need at least this much to meet their basic needs.<sup>1</sup> Public policies that promote family economic security can help parents help their children.
- **Increase access to critical supports and services.** In some states, income eligibility for health insurance or child care subsidies is half of what it is in other states. A young child in New Jersey has access to public health insurance while a child from North Dakota in a family with half the income does not. Federal and state policies can help level the playing field so children have access to basic supports and services regardless of where they are born.

- **Invest in infants and toddlers.** The earliest relationships and experiences shape children’s brain development, which in turn affects the behavior needed to succeed in school and in life. State policies can help infants and toddlers get the start they need when these policies both promote stable, nurturing relationships (with parents and child care providers) and are intensive enough to help parents address their own health and mental health challenges.

It is in America’s interest to change the policy picture for young children, not just across the states, but with a new strategic federal commitment that builds on real knowledge and smart investments. The Improving the Odds for Young Children project can inform policy decisions with:

- State and national profiles of early childhood policy choices and demographic information
- 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 National Center for Children in Poverty web site at: [www.nccp.org/projects/improvingtheodds.html](http://www.nccp.org/projects/improvingtheodds.html).

## NATIONAL EARLY CHILDHOOD POLICY PROFILE

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.

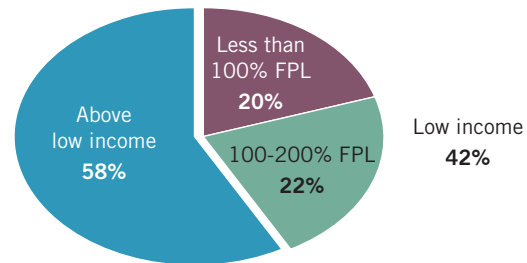
Complete source citations and endnotes are included with this profile. For easy reference, the year of the data appears in brackets. To show the range of variation among states, some graphs identify the states with the highest and lowest percentages alongside the national average.

*Updated: June 1, 2007*

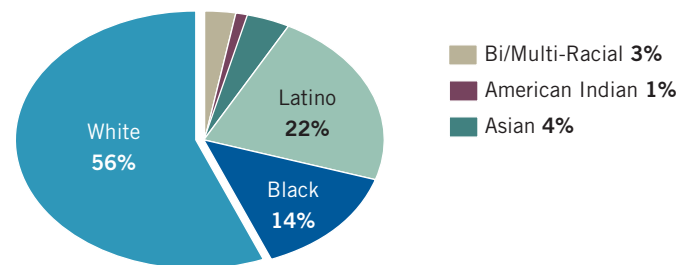
**Young children (under age 6):<sup>2</sup> 24,090,978**

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

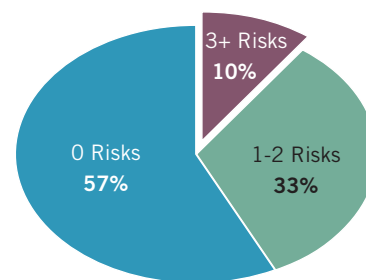
**Young children by income, 2005<sup>2</sup>**



**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.

## NATIONAL EARLY CHILDHOOD POLICY PROFILE (cont)

### HEALTH AND NUTRITION

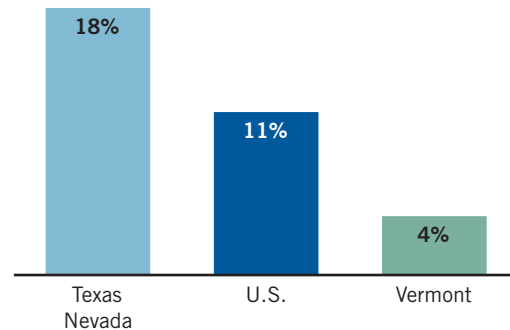
#### State choices to promote access

- **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>

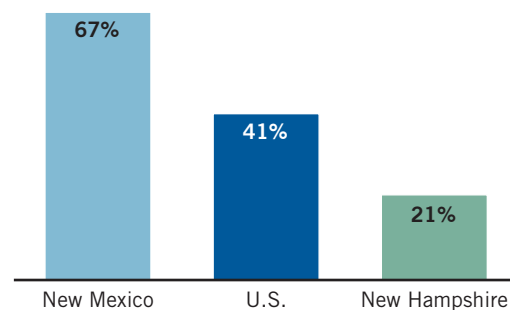
#### State choices to promote quality

- **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>

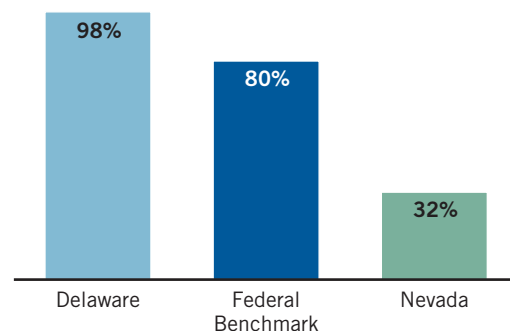
Young children who lack health insurance, 2005<sup>2</sup>



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).

# NATIONAL EARLY CHILDHOOD POLICY PROFILE (cont)

## EARLY CARE AND EDUCATION

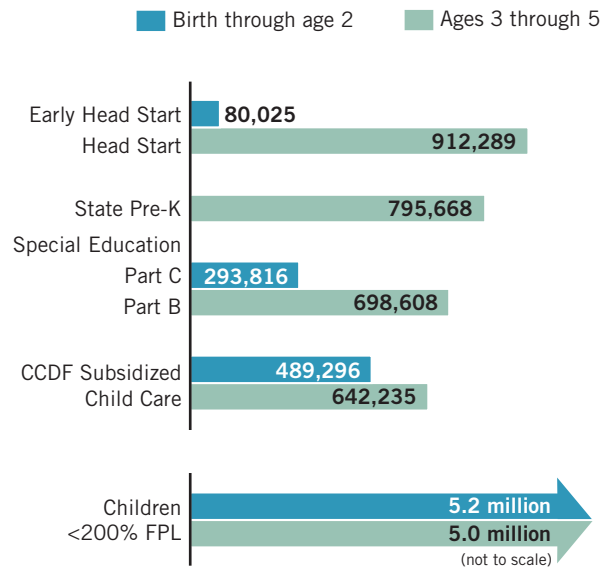
### State choices to promote access

- **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

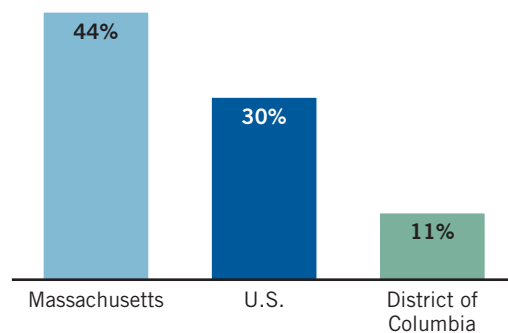
- **14** states require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2005]<sup>17</sup>
- **8** states require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2005]<sup>17</sup>
- **17** states allocate state 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).

# NATIONAL EARLY CHILDHOOD POLICY PROFILE (cont)

## PARENTING AND ECONOMIC SUPPORTS

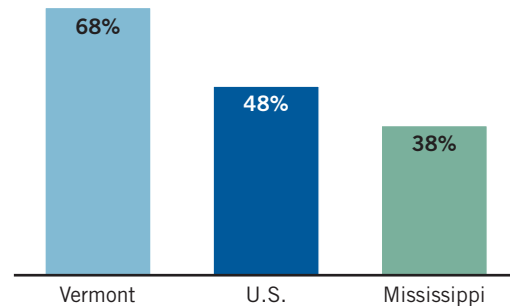
### State choices to promote effective parenting

- **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>

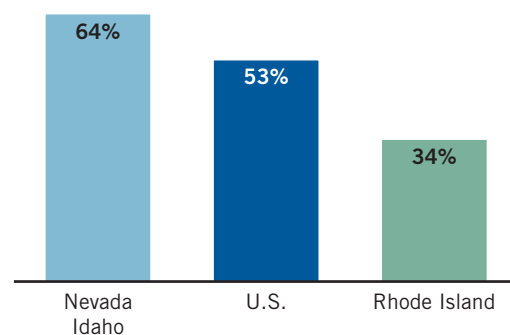
### State choices to support family economic security

- **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>

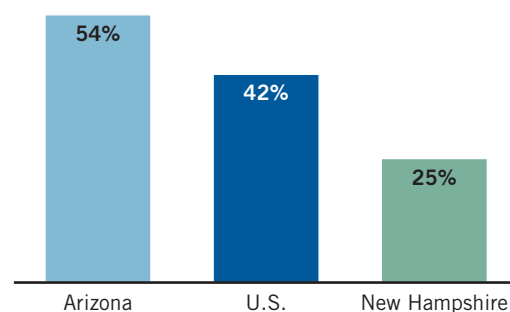
Young children who are read to every day, 2003<sup>34</sup>



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>





# NATIONAL EARLY CHILDHOOD POLICY PROFILE (cont)

## 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).

Economic Policy Institute, “Minimum Wage Issue Guide, Table 5,” 2006. <http://epi.org/issueguides/minwage/table5.pdf> (accessed February 21, 2007).

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).

