EXECUTIVE SUMMARY

STATE EARLY CHILDHOOD POLICIES

Helene Stebbins • Jane Knitzer  |  June 2007

National Center for Children in Poverty
Columbia University
MAILMAN SCHOOL OF PUBLIC HEALTH
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>.

AUTHORS

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ACKNOWLEDGMENTS

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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.

- **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 policymakers, 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.1 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>.
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.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.

Updated: June 1, 2007

Young children (under age 6):² 24,090,978
Infants and toddlers (under age 3):² 12,105,758

Young children by income, 2005²

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above low income</td>
<td>58%</td>
</tr>
<tr>
<td>20% 100-200% FPL</td>
<td>20%</td>
</tr>
<tr>
<td>Low income</td>
<td>42%</td>
</tr>
</tbody>
</table>

Young children by race/ethnicity, 2005²

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>56%</td>
</tr>
<tr>
<td>Latino</td>
<td>22%</td>
</tr>
<tr>
<td>Black</td>
<td>14%</td>
</tr>
<tr>
<td>Bi/Multi-Racial</td>
<td>3%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
</tr>
</tbody>
</table>

Exposure to multiple risk factors, * 2005³

<table>
<thead>
<tr>
<th>Number of Risks</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Risks</td>
<td>57%</td>
</tr>
<tr>
<td>1-2 Risks</td>
<td>33%</td>
</tr>
<tr>
<td>3+ Risks</td>
<td>10%</td>
</tr>
</tbody>
</table>

* 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.
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]^

- 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]^

- 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]^

- 6 states include at-risk children in the definition of eligibility for IDEA Part C. [2006]^

- 9 states supplement WIC funding. [2006]^

- 30 states provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2005]^

- 12 states provide temporary coverage to children under Medicaid or SCHIP until eligibility can be formally determined. [2005]^

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]^

- 30 states require screening for all newborns for hearing deficiencies. [2006]^

- 18 states require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2006]^

- 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]^

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* 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]^{12}
- 16 states set the income eligibility limit for child care subsidies at or above 200% of the federal poverty level. [2006]^{13}
- 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]^{14}
- 20 states annually redetermine eligibility for child care subsidies, which can promote consistent caregiving relationships. [2006]^{15}
- 16 states supplement Head Start with state or other federal funds. [2006]^{16}
- 39 states fund a state prekindergarten program. [2006]^{16}

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

Access to early childhood programs, by age,* 2005^{22}

<table>
<thead>
<tr>
<th>Program</th>
<th>Birth through age 2</th>
<th>Ages 3 through 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>80,025</td>
<td>912,289</td>
</tr>
<tr>
<td>State Pre-K</td>
<td></td>
<td>795,668</td>
</tr>
<tr>
<td>Special Education Part C</td>
<td>293,816</td>
<td>698,608</td>
</tr>
<tr>
<td>Special Education Part B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCDF Subsidized Child Care</td>
<td>489,296</td>
<td>642,235</td>
</tr>
<tr>
<td>Children &lt;200% FPL</td>
<td></td>
<td>5.2 million</td>
</tr>
</tbody>
</table>

* 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^{23}

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>44%</td>
</tr>
<tr>
<td>U.S.</td>
<td>30%</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

State choices to support family economic security

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


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.

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.


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.


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

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


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.


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


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.


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.


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.


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


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


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.


