


State Early Childhood Policies
Improving the Odds

Helene Stebbins ▪ Jane Knitzer | May 2007

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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: Improving the Odds

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>.

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Introduction

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 health care, positive early learning experiences, and nurturing parenting that will support their healthy development and school readiness. For more than 10 years, the National Center for Children in Poverty (NCCP) has reported on state-level policy efforts to promote the well-being of young children and their families, particularly low-income children, with *Map and Track: State Initiatives for Young Children and Families*. NCCP continues this tradition with Improving the Odds for Young Children, a multi-faceted project that provides a unique picture of the policy choices states make to promote healthy development and school readiness. Improving the Odds for Young Children tracks policies to:

- **Promote healthy development**—access to health care for young children, their parents, and pregnant women; to nutrition programs; and to address mental health and other barriers parents of young children face.
- **Promote high-quality early care and education**—access to high-quality child care, responsive to the special needs of infants and toddlers; and access to prekindergarten for 3- and 4-year-olds.
- **Promote effective parenting**—to ensure that parents/mothers have time to build a relationship with their young children, especially infants, while maximizing family resources.

This three-part framework reflects the multiple supports young children need to thrive. Within each area, the policy choices identify key policy steps that states can take to improve the odds for early success. The policy choices are not a complete list of options for policymakers (see Methodology text box). Rather, they are a baseline intended to stimulate a dialogue, both within the states and nationally, about how to make more strategic, coherent investments in young children.

Improving the Odds for Young Children focuses on state-level decisions, but decisions made at the national level shape many of these choices through federal resource allocations and regulations. Changes in federal policies and funding for major programs such as Medicaid and the Child Care and Development Fund influence the choices states make. For example, over the past five years, federal funding for the child care subsidy program has been basically flat, making it harder for states to meet the needs of all low-income families. At the same time, federal policies increased work requirements for the poorest families who require cash assistance, which also increased the demand for child care assistance. While Improving the Odds for Young Children does not analyze national policy, it provides important information that can be used by federal policymakers to strengthen the federal commitment to promote healthy early childhood development.

This report highlights some of the key findings from NCCP's database of state policy choices, which assembles data from multiple sources to provide a unique picture of early childhood policies across the states (see Appendix C for sources referenced in this report). More extensive information is available on the web site of the National Center for Children in Poverty <www.nccp.org/projects/improvingtheodds.html>, including:

- State-by-state profiles of young children and their families, policy choices, trends, and recent developments.
- Data tables that allow for comparisons across states on each of the policy choices.
- An explanation of each policy choice, including a summary of the research showing why it is important.

Definition of Terms

Young children. All children before their 6th birthday.

Poverty. Household income at or below 100 percent of the federal poverty level (FPL), or $17,170 for a family of three in 2007.

Low-income. Household income at or below twice the FPL, or $34,340 for a family of three in 2007.

Note: These numbers are from the federal poverty guidelines issued annually by the U.S. Department of Health and Human Services. For more information on measuring poverty, see NCCP's state profiles and the U.S. Department of Health and Human Services <aspe.hhs.gov/poverty/07poverty.shtml>.

Methodology

The policy framework for the Improving the Odds for Young Children initiative was created with input from national early childhood development experts and the Birth to Five Policy Alliance. State policy officials representing child care, prekindergarten, and maternal and child health were given the opportunity to review the state profiles for accuracy.

Improving the Odds for Young Children brings together data from multiple sources. Criteria for including the policy choice in the database include:

- Data is regularly published on all 50 states and the District of Columbia.
- Research suggests that the policy choice improves the odds for healthy child development and school readiness.
- The state has flexibility about whether and how to make the policy, and there is variation among state policy choices.

Limitations of the data include:

- Inability to answer questions about access, such as the number of young children who are eligible for child care subsidies within each state or the number of children who enter kindergarten without any formal early care experience.
- Gaps in policy information, particularly related to home visiting and child welfare.
- Time lags of one or more years behind the current policy picture. Each variable lists the year the data were collected from the source, and the "Recent Developments" summary on the first page of the individual state profiles highlights any significant changes that occurred after the data were collected.

The Improving the Odds database will be updated as new data become available.

Why Early Childhood Policy Matters

To thrive, young children need regular visits to the doctor even when they are healthy; they need stimulating early learning opportunities; and they need stable, nurturing families who have enough resources and parenting skill to meet their basic needs. These are the ingredients that put young children on a pathway to success.

Early childhood policy that is informed by research improves the odds that young children will in fact have good health, positive early learning experiences, and strong, nurturing families to get them off to the right start. State policy choices 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. In a nutshell, focusing on state policy choices that support early childhood development matters because:

1. **Compelling research supports the lifelong importance of early childhood development.** Both brain science and developmental research show that the quality of the earliest relationships and experiences set the stage for school success, health, and future workforce productivity. These experiences shape the hard wiring of the brain, which in turn sets the stage for how children approach life, how they learn, how they manage emotions, and how they relate to others. Once brain circuits are built, it is hard to change behavior. Thus, these early experiences set the stage for future development.[1]
2. **There is hard economic evidence that smart investments in early childhood yield long-term gains.** More than 20 years of data on small and large-scale early intervention programs show that low-income young children attending high-quality programs are more likely to stay in school, more likely to go to college, and more likely to become successful, independent adults. They are less likely to need remediation, be arrested, or commit violent crimes. The return on investment of ensuring that young children and their caregivers have access not only to health care, but to mental health care when needed, also shows reduced health care costs when the children become adults.[2]

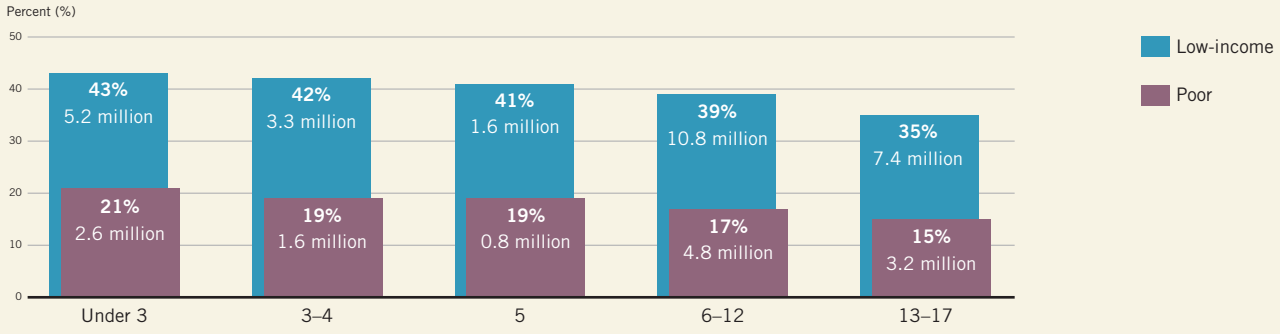
State policy choices are especially important to low-income families whose young children lack access to the kinds of supports and opportunities that their more affluent peers receive.

3. **Without support, low-income families cannot provide the basic necessities that their young children need to thrive.** The official poverty level in 2007 is $17,170 for a family of three,[3] but research shows that it takes twice this amount to provide basic necessities, and in many places it costs even more.[4] To earn twice the poverty level ($34,340), a single parent with two children working 35 hours per week would have to earn almost $19.00 an hour, which is more than three times the federal minimum wage. Nationally, 10 million children under the age of 6 (42 percent) live in families earning twice the poverty level or less (See Figure 1). The younger the children, the more likely they are to be in poverty, and poverty is directly related to poor health and education outcomes.

   - ***Health.*** Poor and low-income children are less likely to have health insurance or to have visited a doctor or a dentist in the last year. The number of risk factors they experience as children are directly related to early morbidity, cardiac conditions, substance abuse, smoking, and other behaviors that have high-cost implications for health care when they become adults.[5]
   - ***Education.*** The achievement gap begins long before school starts, and continues, absent intentional interventions. At age 4, poor children are 18 months behind their more affluent peers (on average), and the gap is still present at age 10.[6] By third grade, children from middle-class families know about 12,000 words; children in low-income families only about 4,000 words.[7]

Policies are one tool to help level the playing field. How a state chooses to allocate funds, promote quality, and establish eligibility criteria influences who has access to essential supports and who does not. It can determine whether or not an infant can get treatment for an ear infection, whether or not a child care provider understands how to promote early language development, and whether or not parents have access to a local family resource center. For the overall health and productivity of the next generation, states and federal policymakers have a vested interested in partnering with low-income families to improve the odds that their children will succeed.

Figure 1: Children living in low-income and poor families, by age group, 2005



Source: *Basic Facts About Low-Income Children: Birth to Age 18.* (2006). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

The more risk factors young children experience, the more likely they are to experience poor outcomes.

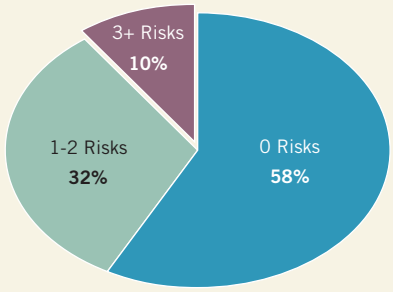
Setting the Context: The Health and Well-being of Young Children in America

The population of young children is unique in each state. The prevalence of poverty, or the number of children in immigrant families, or the number of other risks that threaten their healthy development will vary from state to state and influence the choices state policymakers make. Consider the following variation among states:

- **Income.** The percentage of low-income children younger than age 6 varies from a low of 21 percent in New Hampshire to a high of 58 percent in New Mexico. Arizona has 59 percent of children younger than age 3 in low-income families, and Louisiana, Montana, and New Mexico have 57 percent. In 10 states, young children in low-income families represent about half (47 percent to 53 percent) of all young children.
- **Parental Employment.** 30 percent of low-income children have at least one parent employed full-time. Nevada and Idaho have the highest rate (64 percent), and Rhode Island has the lowest (34 percent).
- **Maternal Education Levels.** 42 percent of all mothers with young children have a high school degree or less. In Texas, more than half (53 percent) of mothers with young children have a high school degree or less, while only one-quarter do in Minnesota.
- **Reading Proficiency.** 30 percent of all children in the fourth grade test "proficient" or better. The range is from 45 percent in Massachusetts, to 11 percent in the District of Columbia.
- **Limited English Proficiency.** 6 percent of all young children live in families with parents who do not speak English well or at all.[8] In California, 14 percent of all young children have limited English proficiency, while it is less than 1 percent in seven states.

Not only do state populations vary for each of these risk factors, but the population of young children that experience multiple risk factors also varies. And the more risk factors young children experience, the more likely they are to experience poor outcomes.[9] Young children who have parents that are single, live in poverty, have limited English skills, have low levels of education, and/or have no paid employment, are at higher risk for early school failure and poor social and emotional development. The number of children exposed to three or more of these risk factors ranges from a high of 23 percent in the District of Columbia, to a low of 2 percent in Utah (see Figure 2).[10]

Figure 2: Young children's exposure to multiple risk factors, 2005



Some 42 percent of young children experience one or more risks that are linked to poor educational and health outcomes. The more risk factors young children experience, the greater the chance of developmental delays. These risks include:

- Lives in poverty.
- Lives with a single parent.
- Lives in households where both parents have less than a high school education.
- Lives in families with parents who do not speak English well or at all.
- Has parents with no paid employment.

Source: American Community Survey, 2005.

State Policy Choices to Promote Healthy Development and School Readiness

While the population of young children is unique in each state, the policy solutions to the challenges they face are not. Good health, positive early learning experiences, and nurturing, economically secure families are the three-legged stool of early childhood development. All three are necessary to provide a supportive base for future growth. This section highlights some of the policy choices states are making to promote: (1) health and nutrition, (2) early care and education, and (3) parenting and economic supports.* For complete source citations, see Appendix C.

Health and Nutrition

Healthy development begins long before a baby is born with the health of the mother before and during pregnancy. After birth, children's developmental needs change as they grow. Early identification of risks and delays happens more often when children have regular access to a primary care medical home. Hunger, a vision or hearing impairment, or maternal depression can inhibit early childhood development, but most of these threats can be resolved with early identification and access to appropriate services. The American Academy of Pediatrics recommends *healthy* children visit the doctor 10 times before their 2nd birthday, and most children will require additional visits as their immune systems develop.

Improving the Odds for Young Children finds that:

- **80 percent of states provide access to public health insurance for young children in low-income families.** It takes at least twice the poverty level for a family to ensure that young children have access to even basic necessities, and 41 states meet the 200 percent of poverty threshold for access to Medicaid or the State Children's Health Insurance Program (SCHIP). However, income eligibility is below 150 percent of poverty in four states, and only nine states provide temporary eligibility to pregnant women and children until formal eligibility can be determined.
- **Many children who are eligible for Medicaid are not receiving the dental and health screenings that are consistent with pediatric practice and can prevent or reduce future problems.** To encourage outreach to children who are eligible for Medicaid, the federal government sets a benchmark of 80 percent of enrolled children receiving at least one health screen each year. Seven states—Connecticut, Delaware, District of Columbia, Iowa, Maine, Massachusetts, and Rhode Island—report that more than 80 percent of 1- and 2-year-olds receive at least one screening. Arkansas has the lowest screening rate for infants and toddlers: 36 percent. For children ages 3-5, only Delaware, District of Columbia, Iowa, and Massachusetts meet the 80 percent benchmark, and Nevada has the lowest rate: 32 percent.
- **Few states allow children who are at-risk for developmental delays to receive early intervention services.** States define who is eligible to receive early intervention services that are funded, in part, through the federal Individuals with Disabilities Education Act—IDEA (Part C). Only six states choose to include children who are at-risk for developmental delays in their eligibility definition.
- **Few states allow Medicaid reimbursement for the use of an age-appropriate tool to diagnosis mental health problems.** The *Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood* (DC:0-3) is the only tool that allows for developmentally appropriate screening and assessments of mental health disorders in children from birth to age 3. Only five states, Florida, Maine, Minnesota, Nevada, and Washington, permit the use of DC:0-3 when seeking Medicaid reimbursement.

Early Care and Education

State policies to promote early care and education include those that promote access to quality child care and/or state prekindergarten programs. Researchers and economists agree that high-quality early care and education programs can improve the odds of success

* Throughout the paper, the District of Columbia is counted as a state and included in the state totals.

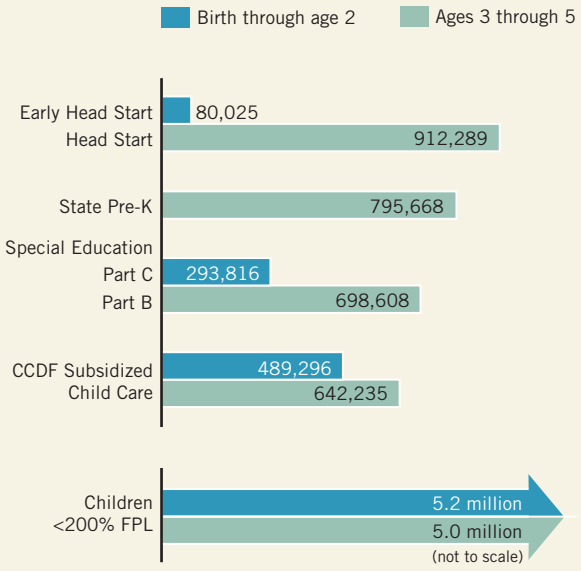
Good health, positive early learning experiences, and nurturing families form the three-legged stool of early childhood development.

for low-income children. But to benefit, young children have to be in high-quality early education settings that meet the needs of working parents. Quality early education programs are expensive and out of reach for many families. Full-day child care for one child can cost $10,000 or more per year,[11] which is a substantial cost when half of all families with children under age 6 earn below $45,500.[12] Access to state-funded prekindergarten is growing, but in 2006 only 20 percent of 4-year-olds and 3 percent of 3-year-olds were enrolled,[13] and many in part-day and part-year programs.

Improving the Odds for Young Children finds that:

- **39 states (including the District of Columbia) recognize that learning starts before kindergarten by funding a state prekindergarten program (pre-k).** But there is significant variation in state investments. New Jersey invests $456 million to serve 20 percent of 3- and 4-year-olds at $9,854 per child enrolled. Nevada invests 3 million to serve 1.5 percent of 3- and 4-year olds at $3,116 per child enrolled. A few additional states supplement the federal Head Start programs in lieu of a state pre-k program.
- **Access to child care is still inadequate, especially for low-income children.** Only 16 states provide access to child care subsidies for all families earning 200 percent of the federal poverty level, and income eligibility limits for a family of three range from 110 percent of poverty in Missouri to 256 percent in Maine. Access to a child care subsidy does not guarantee a subsidy, and five of these 16 states keep a waiting list because funds are insufficient to serve eligible families. Only Rhode Island makes child care subsidy an entitlement for eligible families.
- **Access to services that support the healthy development of infants and toddlers is very limited.** From birth through age 2, children are less likely to have access to early childhood programs than children ages 3 through 5. (See Figure 3.) While it is currently impossible to aggregate the number of children enrolled in early childhood development programs (children are enrolled in multiple programs so the aggregate overstates the number of actual children), it is still obvious that most low-income children are not enrolled in any of the major early childhood programs.
- **State child care licensing requirements are not promoting nurturing, high-quality care.** Although almost half the states (23) have child care licensing standards that require infants and toddlers to be assigned a consistent primary care provider, only eight states meet recommended standards for staff/child

Figure 3: Access to early childhood development programs, by age, 2005



Notes: 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.

Source: Data come from multiple sources. See Appendix C for complete source citations.

Recommended Licensing Standards

The American Academy of Pediatrics, American Public Health Association, National Research Center for Health and Safety in Child Care, National Research Council, and National Association for the Education of Young Children make different recommendations on ratios and class size, but they generally do not exceed one adult for every four 18-month-olds and a maximum class size of eight, and a ratio of one adult for every 10 4-year-olds and a maximum class size of 20.*

*For more detail on the NAEYC recommendations, see: <www.naeyc.org/academy/criteria/teacher_child_ratios.html>.

ratios and maximum class sizes so that child care providers can provide the nurturing care that infants and toddlers need. In Arkansas, Mississippi, and Texas, state child care licensing laws allow one person to take care of as many as nine children who are 18 months old. Licensing standards for older children are not much better. Just over a quarter (14) of the states meet the recommended licensing standards for 4-year-old children in child care. Florida allows one adult for every 20 4-year-olds, and there is no limit on the maximum class size.

Parenting and Economic Supports

Helping parents helps young children. To the extent that policies protect the health of parents, ensure that parents have adequate material resources, and promote healthy parent-child relationships starting at birth, they increase the odds of healthy development and early school success for young children. There are three types of policies that can be especially helpful:

1. **Policies that reduce economic hardship.** A combination of minimum wage increases, tax policies, and adequate access to benefits that allow parents to work will increase family's resources.
2. **Policies that provide treatment for health and mental health conditions.** Low-income adults are disproportionately in poor health, and disproportionately experience conditions like depression that impair their ability to parent effectively. These are treatable conditions, but too many low-income parents have no health insurance.
3. **Policies that protect time for parents to bond with their babies.** The quality of an infant's early relationships lays the foundation for future growth and development. State policies can strengthen this foundation by making it economically possible for parents to take time off from work.

Improving the Odds for Young Children finds that:

- **More than half the states address the inadequacy of the minimum wage.** Thirty-one states are reducing economic hardship by setting the minimum wage above the federal minimum of $5.15 per hour, and 12 states exceed $7.00 per hour. Twenty states have increased their minimum wage since January 2006.
- **State efforts to implement tax policies that can promote family economic security are uneven.** In 15 of the 42 states that taxed family income in 2006, a family of three is not exempt from personal income tax when family income is below the poverty level. California exempts a single-parent family earning up to $42,400, or 255 percent of the poverty level, while Alabama taxes the same family earning as little as $4,600, or 28 percent of poverty. Twenty states reduce the tax burden on low-income working families through a state earned income tax credit (EITC), but only 15 make it refundable when families have no tax burden. The credit ranges from 5 percent of the federal EITC in three states, to more than 40 percent in two states: Minnesota and Wisconsin.
- **In most states, low-income children and pregnant women have access to public health insurance but parents do not.** 80 percent of states (41) set income eligibility at or above 200 percent of poverty for pregnant women and young children, but only four states (Arizona, Maine, Minnesota, and the District of Columbia) cover parents at 200 percent of poverty. 70 percent of states (35) set income eligibility below 100 percent of poverty for working parents, and Alabama, Arkansas, Louisiana, Indiana, and Texas set the rate below 30 percent of poverty.
- **Few parents, and even fewer low-income parents, can afford to stay home with their newborn and establish a strong relationship.** Only six states provide paid medical/maternity leave, and most states only provide it to mothers who give birth through a temporary disability

Families with young children need multiple supports, and strong policies in one policy area (such as health care) can be undermined by weak policies in another (particularly child care).

insurance policy. Only California offers it to all working parents after a birth, adoption, or foster care placement. Just over half of the states (28) exempt single parents receiving public assistance (Temporary Assistance for Needy Families—TANF) from work requirements until the youngest child reaches age 1, while one-third of the states (18) reduce the TANF work requirements for single parents with children under age 6.

Putting It All Together

It takes high-quality health care, *and* early learning opportunities, *and* nurturing and economically-secure parents to start children off on the pathway to early school success. While some state policy choices recognize the multiple needs of young children, others do well in only one set of policies. In too many states, a young child may have health insurance, but her family is unlikely to be able to afford the type of child care that will meet her other developmental needs. The state policies support a part of the child, but not the whole child.

Across the states, there is a markedly uneven pattern in access to both health care and early care and education programs, two of the most basic supports that families need.

- 15 states provide access to *both* health insurance and child care subsidies for families earning 200 percent of the poverty level.

States that provide access to both public health insurance and child care subsidies for children in low-income families

California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Maine, Nevada, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Dakota, Washington

- Access to health care is stable, and access to child care subsidies is declining. Between 2001 and 2006, 39 states maintained their income eligibility for health care, and 10 states raised income eligibility. During the same time period, 33 states reduced the income eligibility for child care subsidies.
- Access to some early care and education programs is growing, while access to others is declining. Of the 39 states that fund a state prekindergarten program, 27 increased funding (in adjusted dollars) between the 2002 and the 2006 school year. During almost the exact same time period, 33 states reduced income eligibility for child care, and 15 of the 27 states made these reductions while increasing funding for state pre-k.
- In 2006, 47 states had a higher income eligibility threshold for young children's health insurance than for child care subsidies. In Missouri, the threshold is almost three times higher for health insurance (300 percent of poverty for young children) than for child care subsidies (110 percent of poverty for a family of three).

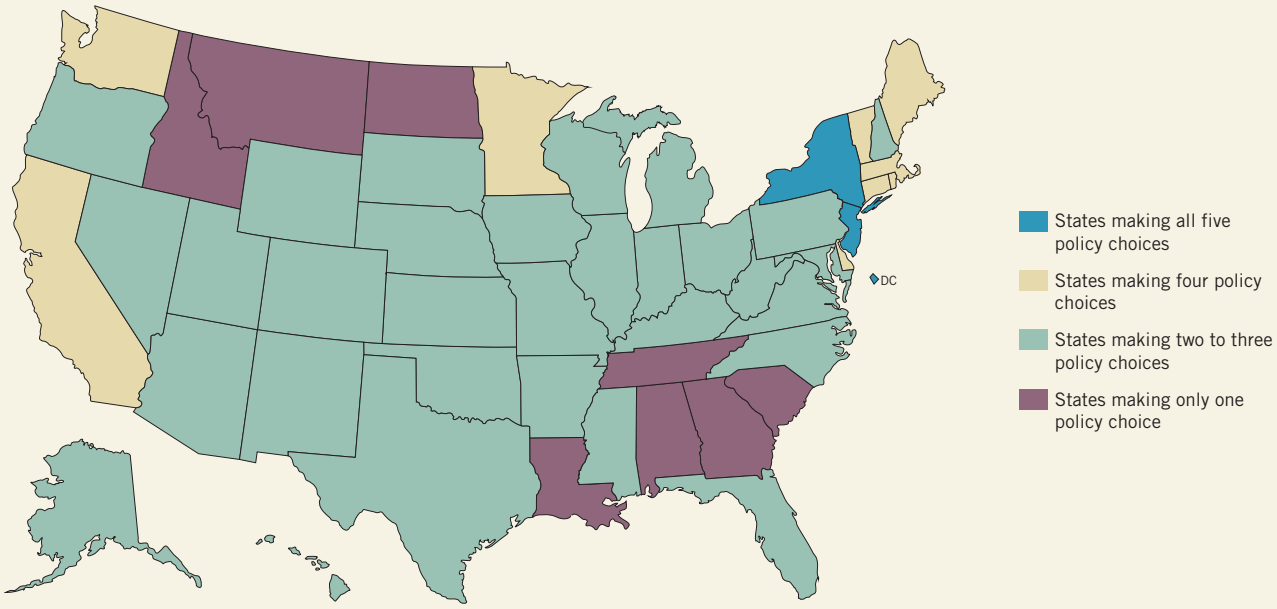
Access to quality health care and early learning opportunities and family economic supports is even more limited and unbalanced across the states. Figure 4 shows that 12 states have three basic policies in place to promote family economic security in addition to making low-income young children eligible for public health insurance and child care subsidies.

- While there are only three states that make all five policy choices (the District of Columbia, New Jersey, and New York), an additional three states (Delaware, Maine, and Rhode Island) would be included if they made their state earned income tax credit refundable to families who have no tax burden.

There is striking regional variation in state policy choices.

- Of the 12 states that make four or more of the selected policy choices, nine are in the northeastern region

Figure 4: States making selected policy choices to support the basic needs of young children and families



Basic policy choices include: (1) state minimum wage exceeds the federal minimum wage; (2) state exempts single-parent families living below poverty from personal income taxes; (3) state offers a refundable state earned income tax credit (EITC); (4) state sets 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; and (5) state sets the income eligibility limit for child care subsidy at or above 200% FPL.

Source: Data come from multiple sources. See Appendix C for complete source citations.

of the country. Of the eight states that make only one of the policy choices, five are in the southern region, and the remaining three cluster along the northern boarder of the country.

Recommendations

The National Center for Children in Poverty created the Improving the Odds for Young Children project to help inform state policy decisions that promote early childhood development. The individual state profiles provide a menu of options and a baseline of current state decisions. The following four recommendations can guide policymakers, advocates, and researchers in future efforts to improve the odds of success for their youngest citizens.

- **Make policy choices that reflect the research.** Neuroscientists agree that young children who experience growth-promoting relationships develop a brain architecture that provides a sturdy foundation for future growth and development. Economists agree on the positive return on investment from high-quality early childhood development programs for low-income children. The research is clear, and yet no state even comes close to choosing all of the policy choices identified in the Improving the Odds for Young Children state profiles.
- **Make policy choices that focus on the whole child.** Over the past several years, three-quarters of the states have decreased eligibility for child care, although they have sustained or increased access to health care. Families with young children need multiple supports, and strong policies in one policy area can be undermined by weak policies in another. Policies that promote access to basic health and child care should set eligibility at twice the poverty guideline or more to level the playing field across the states.

State policymakers can look across polices to make strategic choices that support good health and positive early learning experiences, and nurturing and economically secure families.

Recent Developments

Although many of the findings in *State Early Childhood Policies: Improving the Odds* suggest areas for improvement, it is clear that states do recognize the importance of investing in early childhood. It is also true that states are often incubators for new policy ideas. In the spirit of recognizing these positive efforts, the following recent developments highlight the strong commitment in some states.

Targeted strategies to increase funding for sustained investments in young children and families, particularly infants and toddlers:

- In Nebraska, the legislature has created the Early Childhood Education Endowment Fund for children from birth to age 3. The public-private partnership will annually generate $2 million in interest from $40 million public Educational Lands and Trust funds, and $1 million will be generated from a $20 million privately funded endowment.
- The Virginia Early Childhood Foundation will use $2.5 million in state funds to match local and private funds.
- Arizona residents passed a referendum to increase the tobacco tax and use the revenue for early child development and family support services.
- Oklahoma appropriated $5 million to be matched with $10 million in private funds for programs serving children from birth to age 3.

Targeted strategies to promote access to quality early care and education:

- New Hampshire established the Quality Early Learning Opportunity Initiative to supplement the cost of child care for families earning between 190 and 250 percent of poverty. The initiative provides parents with a fiscal incentive to enroll their children in licensed child care.
- Mississippi and Ohio took steps to implement a child care quality ratings system.
- Arizona, California, and the District of Columbia allocated resources to reduce the number of families on waiting lists for child care subsidies.
- Illinois joined Georgia, New York, Oklahoma, and West Virginia in their commitment to universal preschool for all 4-years-olds, and is the first state to extend the commitment to all 3-year-olds.

Targeted strategies to promote effective parenting and healthy early relationships:

- Kansas and Hawaii increased funding for Early Head Start.
- Oklahoma and Pennsylvania increased funding for home visiting programs.
- Colorado, Kentucky, Missouri, and Washington acted to promote early childhood mental health.

Improving the Odds for Young Children focuses on patterns of state policy choices, but states are also engaged in promoting early childhood development through other efforts. Governors have created children's cabinets, and state legislatures have special committees focused on early childhood development. With support from the federal Maternal and Child Health Bureau and several private foundations, most states are engaged in efforts to promote more coordinated systems of care for young children. These efforts are not captured in the Improving the Odds for Young Children state profiles, but do influence state policy choices.*

*For more information on state early childhood system building, see Project Thrive <www.nccp.org/projects/thrive.html> or the Build Initiative <www.buildinitiative.org>.

Source: National Conference of State Legislatures, Unpublished data, 2006.

- **Combine anti-poverty investments with early childhood investments.** Some 10 million children, 42 percent of all young children under age 6, are especially vulnerable for poor school outcomes and poor health. Poverty and economic hardship are root causes. Research and common sense tells us that helping parents get ahead will help their children get ahead. We need policies that make work pay for families and help them make the most of the dollars they have.
- **Start early.** Learning begins early, as the developing brain builds the foundation for future success during the first few years of life. State policies that promote stable, nurturing relationships (with parents and child care providers) and that are intensive enough to help parents facing their own health and mental health challenges can help infants and toddlers get the start they need.

Conclusion

Improving the Odds for Young Children paints a mixed picture of state efforts to promote healthy early development and school success. Despite evidence from compelling science and economic analysis of the importance of a more strategic and comprehensive investment in young children and those who care for them, too many young low-income children are not getting the start they need, and too many families struggle to make ends meet. It is in America's interest to change this picture not just across the states, but with a new strategic federal commitment that builds on real knowledge and smart investments.

Endnotes

1. For more information on the neuroscience of early childhood development, go to <www.developingchild.net>.

2. For more information on the economic benefits of early childhood development, see the *Bibliography on Human Capital, Economic Growth, and Fiscal Sustainability* from the Invest in Kids Working Group at <www.ced.org/projects/kids.php>.

3. These numbers are from the federal poverty guidelines issued annually by the U.S. Department of Health and Human Services. For more information on measuring poverty, see NCCP's state profiles and the U.S. Department of Health and Human Services <aspe.hhs.gov/poverty/07poverty.shtml>.

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APPENDIX A

National summary of state policy choices in the Improving the Odds for Young Children database

Descriptions, sources, and 50-state data on each of these policy choices are available online at <www.nccp.org/projects/improvingtheodds.html>.

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 FPL for pregnant women. [2006]
- **4** states set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the FPL for parents. [2006]
- **6** states require the inclusion of 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 a 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]

EARLY CARE AND EDUCATION

State choices to promote access

- **13** states offer a refundable state dependent care tax credit. [2005]
- **16** states set the income eligibility limit for child care subsidies at or above 200% FPL. [2006]
- **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]
- **20** states annually redetermine eligibility for child care subsidies, which can promote consistent caregiving relationships. [2006]
- **16** states supplement Head Start with state or other federal funds. [2006]
- **39** states fund a state prekindergarten program. [2006]

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

PARENTING AND ECONOMIC SUPPORTS

State choices to promote effective parenting

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

State choices to support family economic security

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

APPENDIX B

Table 1: Young children by income, 2005

State	Total number of young children (0-6)	Young children who are low-income*		Young children who are poor	
		Number	Percent	Number	Percent
NATIONAL	**24,090,978**	**10,211,991**	**42%**	**4,872,428**	**20%**
Alabama	368,199	174,381	47%	105,581	29%
Alaska	62,336	24,204	39%	8,201	13%
Arizona	537,183	294,805	55%	134,994	25%
Arkansas	221,769	109,484	49%	56,872	26%
California	3,078,087	1,344,376	44%	637,400	21%
Colorado	401,944	142,546	35%	52,751	13%
Connecticut	252,677	69,713	28%	34,366	14%
Delaware	67,351	23,845	35%	9,911	15%
District of Columbia	36,166	17,318	48%	10,756	30%
Florida	1,250,961	536,166	43%	241,473	19%
Georgia	826,649	357,454	43%	167,077	20%
Hawaii	96,457	31,328	32%	11,811	12%
Idaho	123,559	59,163	48%	19,887	16%
Illinois	1,082,464	425,074	39%	187,378	17%
Indiana	537,124	236,962	44%	118,321	22%
Iowa	226,530	86,371	38%	37,630	17%
Kansas	229,880	90,803	40%	43,252	19%
Kentucky	310,306	150,444	48%	73,682	24%
Louisiana	387,692	205,958	53%	114,254	29%
Maine	83,097	31,892	38%	14,180	17%
Maryland	458,241	147,840	32%	58,014	13%
Massachusetts	447,521	118,949	27%	55,892	12%
Michigan	788,906	318,037	40%	163,749	21%
Minnesota	386,452	101,633	26%	40,207	10%
Mississippi	241,359	131,730	55%	62,558	26%
Missouri	417,832	178,119	43%	88,314	21%
Montana	63,717	34,956	55%	15,528	24%
Nebraska	142,448	56,914	40%	21,638	15%
Nevada	190,974	76,823	40%	27,223	14%
New Hampshire	96,622	20,618	21%	8,001	8%
New Jersey	677,499	194,671	29%	78,348	12%
New Mexico	162,529	94,202	58%	45,903	28%
New York	1,346,900	551,676	41%	288,586	21%
North Carolina	733,237	338,074	46%	167,727	23%
North Dakota	47,879	19,121	40%	7,888	16%
Ohio	884,593	372,517	42%	201,201	23%
Oklahoma	306,153	149,766	49%	57,021	19%
Oregon	276,034	128,527	47%	64,415	23%
Pennsylvania	897,900	334,543	37%	163,285	18%
Rhode Island	75,649	27,110	36%	14,611	19%
South Carolina	343,359	158,508	46%	68,007	20%
South Dakota	63,525	25,086	39%	12,675	20%
Tennessee	437,684	189,750	43%	89,194	20%
Texas	2,225,182	1,175,768	53%	588,824	26%
Utah	283,345	112,354	40%	43,422	15%
Vermont	37,949	13,710	36%	5,203	14%
Virginia	627,818	218,753	35%	99,738	16%
Washington	463,210	192,967	42%	97,044	21%
West Virginia	116,276	58,644	50%	30,712	26%
Wisconsin	425,895	153,473	36%	68,247	16%
Wyoming	37,989	16,338	43%	7,193	19%

*Low income: Income below 200 percent of the federal poverty level; $41,300 per year for a family of four in 2007, $40,000 in 2006, $38,700 in 2005, $37,700 in 2004, and $36,800 in 2003.
Poor: Income below the federal poverty level; $20,650 per year for a family of four in 2007, $20,000 in 2006, $19,350 in 2005, $18,850 in 2004, and $18,400 in 2003.
Young children: Children under the age of 6. Children living in group quarters and children living with only unrelated adults are excluded from these data.

Source:
State data were calculated from the Annual Social and Economic Supplement (the March Supplement) of the U.S. Current Population Survey 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.

Table 2: Young children by exposure to risk, 2005

State	0 Risk factors		1-2 Risk factors		3+ Risk factors	
	Percent	Number	Percent	Number	Percent	Number
NATIONAL	**57%**	**13,695,096**	**33%**	**7,731,477**	**10%**	**2,399,361**
Alabama	50%	172,754	37%	127,307	13%	43,086
Alaska	65%	37,681	31%	18,131	4%	2,385
Arizona	52%	276,598	34%	179,485	14%	71,727
Arkansas	51%	109,949	39%	83,738	9%	20,273
California	53%	1,668,622	34%	1,074,976	12%	387,533
Colorado	62%	247,331	31%	121,142	7%	27,842
Connecticut	69%	173,288	25%	61,330	6%	15,438
Delaware	59%	39,904	33%	22,537	7%	5,048
District of Columbia	34%	13,829	44%	18,030	23%	9,427
Florida	55%	716,085	35%	451,886	10%	129,689
Georgia	55%	444,468	34%	273,994	11%	87,128
Hawaii	65%	71,888	30%	33,207	5%	5,417
Idaho	64%	83,482	27%	35,569	9%	11,199
Illinois	60%	638,468	32%	338,510	8%	88,643
Indiana	57%	296,698	33%	172,570	9%	46,868
Iowa	67%	141,842	28%	58,795	5%	11,577
Kansas	61%	139,109	33%	74,398	6%	14,287
Kentucky	56%	181,126	34%	108,273	10%	32,543
Louisiana	49%	181,399	38%	139,876	14%	50,768
Maine	64%	45,727	29%	20,459	7%	5,059
Maryland	63%	278,679	32%	140,835	6%	24,996
Massachusetts	67%	313,772	25%	117,087	8%	38,762
Michigan	61%	466,409	30%	228,406	8%	64,050
Minnesota	71%	272,700	24%	91,610	6%	22,027
Mississippi	46%	113,563	39%	95,550	16%	38,794
Missouri	58%	264,780	33%	151,722	8%	37,982
Montana	69%	43,423	29%	18,154	3%	1,669
Nebraska	66%	91,398	26%	36,243	7%	10,220
Nevada	52%	103,882	38%	76,183	9%	17,996
New Hampshire	76%	60,934	19%	15,118	5%	4,220
New Jersey	65%	456,244	26%	181,947	9%	60,947
New Mexico	46%	71,781	38%	58,736	16%	25,457
New York	58%	852,953	32%	468,855	11%	159,151
North Carolina	56%	396,050	34%	243,093	10%	74,063
North Dakota	73%	30,653	25%	10,294	3%	1,051
Ohio	58%	516,199	33%	293,354	9%	82,370
Oklahoma	56%	159,824	35%	100,140	8%	23,516
Oregon	61%	164,872	31%	83,862	8%	20,693
Pennsylvania	61%	514,524	30%	258,492	9%	75,267
Rhode Island	63%	48,958	28%	22,037	9%	6,741
South Carolina	52%	177,638	35%	119,481	12%	41,889
South Dakota	59%	38,232	30%	19,778	11%	7,018
Tennessee	56%	257,555	33%	152,143	11%	48,190
Texas	49%	1,063,505	37%	804,028	14%	316,395
Utah	74%	212,322	24%	68,723	2%	6,986
Vermont	68%	25,827	25%	9,492	6%	2,426
Virginia	65%	387,416	27%	159,548	8%	47,791
Washington	64%	290,511	29%	131,300	7%	33,134
West Virginia	58%	61,837	33%	34,957	9%	9,629
Wisconsin	64%	255,088	29%	114,960	7%	28,338
Wyoming	65%	23,319	31%	11,136	5%	1,656

Risks factors include: living with a single parent; living in poverty; all parents do not speak English well and/or do not speak English at all; all parents have less than a high school education; and all parents have no paid employment.
Young children: Children under the age of 6. Children living in group quarters and children living with only unrelated adults are excluded from these data.

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

Table 3: State income eligibility policies for Medicaid/SCHIP

State	Medicaid/SCHIP eligibility levels as a percent of the federal poverty level (2006)					(2001)
	Infants (0-1) [1]	Children (1-5) [1]	Pregnant women [1]	Working parents [1]	Nonworking parents [1]	Children (1-5) [2]
Alabama	200% [a]	200% [a]	133%	26%	12%	200%
Alaska	175%	175%	175%	81%	76%	200%
Arizona	200% [a]	200% [a]	133%	200%	200%	200%
Arkansas	200%	200%	200%	18%	15%	200%
California	250% [a]	250% [a]	200% [b]	107%	100%	250%
Colorado	200% [a]	200% [a]	200%	67%	60%	185%
Connecticut	300% [a]	300% [a]	185%	157%	150%	300%
Delaware	200%	200% [a]	200%	107%	100%	200%
District of Columbia	200%	200%	200%	207%	200%	200%
Florida	200%	200% [a]	185%	58%	22%	200%
Georgia	235% [a]	235% [a]	200%	55%	31%	235%
Hawaii	300%	300%	185% [c]	100%	100%	200%
Idaho	185% [a]	185% [a]	133%	43%	23%	150%
Illinois	200%	200% [a]	200%	192%	185%	185%
Indiana	200% [a]	200% [a]	150%	27%	21%	200%
Iowa	200%	200% [a]	200%	77%	31%	200%
Kansas	200% [a]	200% [a]	150%	36%	29%	200%
Kentucky	200% [a]	200% [a]	185%	66%	38%	200%
Louisiana	200%	200%	200%	20%	14%	150%
Maine	200%	200% [a]	200%	207%	200%	200%
Maryland	300% [a]	300% [a]	250%	38%	31%	300%
Massachusetts	300% [a]	300% [a]	200%	133%	133%	300%
Michigan	200% [a]	200% [a]	185%	61%	38%	200%
Minnesota	280%	275%	275%	275%	275%	275%
Mississippi	200% [a]	200% [a]	185%	33%	27%	200%
Missouri	300%	300%	185%	40%	21%	300%
Montana	150% [a]	150% [a]	133%	62%	35%	150%
Nebraska	185%	185%	185%	58%	46%	185%
Nevada	200% [a]	200% [a]	185%	86%	25%	200%
New Hampshire	300%	300% [a]	185%	56%	45%	300%
New Jersey	350% [a]	350% [a]	200%	115%	115%	350%
New Mexico	235%	235%	185%	65%	28%	235%
New York	250% [a]	250% [a]	200%	150%	150%	192%
North Carolina	200%	200%	185%	54%	39%	200%
North Dakota	140% [a]	140% [a]	133%	65%	38%	140%
Ohio	200%	200%	150%	90%	90%	200%
Oklahoma	185%	185%	185%	43%	34%	185%
Oregon	185% [a]	185% [a]	185%	100%	100%	170%
Pennsylvania	200% [a]	200% [a]	185%	61%	30%	200%
Rhode Island	250%	250%	250% [d]	192%	185%	250%
South Carolina	185%	150%	185%	97%	48%	150%
South Dakota	200% [a]	200% [a]	133%	58%	58%	200%
Tennessee	185%	133%	185%	80%	70%	400%
Texas	200% [a]	200% [a]	185%	29%	14%	200%
Utah	200% [a]	200% [a]	133%	49%	42%	200%
Vermont	300%	300%	200% [e]	192%	185%	300%
Virginia	200% [a]	200% [a]	166%	31%	24%	185%
Washington	250% [a]	250% [a]	185%	79%	39%	250%
West Virginia	220% [a]	220% [a]	150%	36%	18%	200%
Wisconsin	185%	185%	185%	192%	185%	185%
Wyoming	200% [a]	200% [a]	133%	57%	43%	133%

Percentages reflect Medicaid eligibility unless otherwise noted.
[a] State Health Insurance Program (SCHIP) eligibility
[b] A state-funded program is available to pregnant women with income between 201% and 300%.
[c] Pregnant women earning between 186 and 300% can also purchase federally funded coverage by paying a monthly premium.
[d] A state-funded program is available to pregnant women with income between 251 and 350%.
[e] A premium is required of women with income above 185%.

Sources, by column number:
[1] Donna Cohen Ross, Laura Cox, & 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.
[2] Margo Rosenbach, Marilyn Ellwood, Carol Irvin, Cheryl Young, Wendy Conroy, Brian Quinn, & Megan Kell, *Implementation of the State Children's Health Insurance Program: Synthesis of State Evaluations. Background for the Report to Congress*, Mathematica Policy Research, Inc., March 2003.

Table 4: Child care subsidy income eligibility limits for a family of three

State	Income cutoff in 2006			Income cutoff in 2001		
	As annual dollar amount	As percent of poverty ($16,600 a year)	As percent of state median income	As annual dollar amount	As percent of poverty ($14,630 a year)	As percent of state median income
Alabama	$20,916	126%	45%	$18,048	123%	41%
Alaska	$46,243	223%	76%	$44,328	303%	75%
Arizona	$26,556	160%	54%	$23,364	160%	52%
Arkansas	$26,174	158%	64%	$23,523	161%	60%
California	$35,100	211%	62%	$35,100	240%	66%
Colorado	$20,916-$36,204	126%-218%	35%-60%	$19,020-$32,000	130%-219%	36%-61%
Connecticut	$36,120	218%	50%	$47,586	325%	75%
Delaware	$32,184	200% [a]	53%	$29,260	200%	53%
District of Columbia	$40,225	242%	85%	$34,700	237%	66%
Florida	$24,900	150%	51%	$20,820	142%	45%
Georgia	$24,416	147%	47%	$24,278	166%	50%
Hawaii	$47,124	247%	79%	$46,035	315%	83%
Idaho	$20,472	123%	46%	$20,472	140%	51%
Illinois	$30,396	183%	50%	$24,243	166%	43%
Indiana	$20,436	123%	37%	$20,232	138%	41%
Iowa	$23,328	141%	43%	$19,812	135%	41%
Kansas	$29,772	179%	55%	$27,060	185%	56%
Kentucky	$24,135	145%	54%	$24,140	165%	55%
Louisiana	$31,836	192%	75%	$29,040	205%	75%
Maine	$42,552	256%	85%	$36,452	249%	75%
Maryland	$29,990	181%	43%	$25,140	172%	40%
Massachusetts	$28,968	175%	42%	$28,968	198%	48%
Michigan	$23,880	144%	41%	$26,064	178%	47%
Minnesota	$28,158	170%	44%	$42,304	289%	76%
Mississippi	$34,999	211%	89%	$30,999	212%	77%
Missouri	$18,216	110%	34%	$17,784	122%	37%
Montana	$24,132	145%	58%	$21,948	150%	51%
Nebraska	$19,308	116%	36%	$25,260	173%	54%
Nevada	$37,536	226%	71%	$33,420	228%	67%
New Hampshire	$30,576	184%	46%	$27,797	190%	50%
New Jersey	$32,180	200% [a]	44%	$29,260	200%	46%
New Mexico	$24,135	145%	63%	$28,300	193%	75%
New York	$32,180	200% [a]	55%	$28,644	202%	61%
North Carolina	$35,592	214%	75%	$32,628	223%	69%
North Dakota	$29,556	178%	62%	$29,556	202%	69%
Ohio	$29,772	179%	54%	$27,066	185%	57%
Oklahoma	$29,100	175%	69%	$29,040	198%	66%
Oregon	$24,900	150%	48%	$27,060	185%	60%
Pennsylvania	$32,180	200% [a]	56%	$29,260	200%	58%
Rhode Island	$36,203	218%	61%	$32,918	225%	61%
South Carolina	$24,135	145%	51%	$21,225	145%	45%
South Dakota	$33,525	202%	67%	$22,826	156%	52%
Tennessee	$27,924	168%	60%	$24,324	166%	56%
Texas	$24,135-$38,952	145%-235%	53%-85%	$21,228-$36,516	145%-250%	47%-82%
Utah	$30,384	183%	58%	$25,848	177%	54%
Vermont	$31,032	187%	56%	$31,032	212%	64%
Virginia	$24,135-$40,225	145%-242%	40%-67%	$21,948-$27,060	150%-185%	41%-50%
Washington	$32,184	200% [a]	55%	$32,916	225%	63%
West Virginia	$24,144	145%	62%	$28,296	193%	75%
Wisconsin	$30,708	185%	53%	$27,060	185%	51%
Wyoming	$29,772	179%	63%	$21,948	150%	47%

[a] The income eligibility level was 200 percent of poverty for the second half of 2005 , which is the first half of the 2006 state fiscal year.

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

Table 5: Selected state policy choices to support family economic security

State	State minimum wage [1]	State income tax exemption threshold [2]	Refundable state EITC* [3]	Refundable state dependent care tax credit [4]
Alabama	No state minimum wage.	Up to 28% FPL	No	No
Alaska	$7.15	No state income tax.	No	No
Arizona	$6.75	Up to 121% FPL	No	No
Arkansas	$6.25 [a]	Up to 81% FPL	No	Yes
California	$7.50	Up to 255% FPL	No	Yes
Colorado	$6.85	Up to 105% FPL	No	Yes
Connecticut	$7.65	Up to 115% FPL	No	No
Delaware	$6.65	Up to 149% FPL	No [b]	No
District of Columbia	$7.00	Up to 148% FPL	Yes (35% of federal EITC)	No
Florida	$6.67	No state income tax.	No	No
Georgia	No state minimum wage.	Up to 77% FPL	No	No
Hawaii	$7.25	Up to 59% FPL	No	Yes
Idaho	No state minimum wage.	Up to 105% FPL	No	No
Illinois	$6.50 [a]	Up to 82% FPL	Yes (5% of federal EITC)	No
Indiana	No state minimum wage.	Up to 84% FPL	Yes (6% of federal EITC)	No
Iowa	$6.20	Up to 109% FPL	No [b]	Yes
Kansas	No state minimum wage.	Up to 147% FPL	Yes (15% of federal EITC)	No
Kentucky	No state minimum wage. [b]	Up to 100% FPL	No	No
Louisiana	No state minimum wage.	Up to 74% FPL	No	Yes
Maine	$6.75	Up to 139% FPL	No [b]	Yes
Maryland	$6.15	Up to 174% FPL	Yes (20% of federal EITC)	No
Massachusetts	$7.50	Up to 146% FPL	Yes (15% of federal EITC)	No
Michigan	$6.95 [a]	Up to 67% FPL	No	No
Minnesota	$6.15 [a]	Up to 180% FPL	Yes (15-46% of federal EITC)	Yes
Mississippi	No state minimum wage.	Up to 87% FPL	No	No
Missouri	$6.50	Up to 82% FPL	No	No
Montana	$6.15	Up to 55% FPL	No	No
Nebraska	No state minimum wage.	Up to 142% FPL	Yes (8% of federal EITC)	Yes
Nevada	$6.15	No state income tax.	No	No
New Hampshire	No state minimum wage.	No state income tax.	No	No
New Jersey	$7.15	Up to 120% FPL	Yes (20% of federal EITC)	No
New Mexico	No state minimum wage.	Up to 149% FPL	Yes ($10-$450)	Yes
New York	$7.15	Up to 196% FPL	Yes (30% of federal EITC)	Yes
North Carolina	$6.15	Up to 92% FPL	No	No
North Dakota	No state minimum wage.	Up to 108% FPL	No	No
Ohio	$6.85	Up to 86% FPL	No	No
Oklahoma	No state minimum wage.	Up to 102% FPL	Yes (5% of federal EITC)	No
Oregon	$7.80	Up to 88% FPL	Yes (5% of federal EITC)	Yes [d]
Pennsylvania	$6.25	Up to 154% FPL	No	No
Rhode Island	$7.40	Up to 172% FPL	No [c]	No
South Carolina	No state minimum wage.	Up to 125% FPL	No	No
South Dakota	No state minimum wage.	No state income tax.	No	No
Tennessee	No state minimum wage.	No state income tax.	No	No
Texas	No state minimum wage.	No state income tax.	No	No
Utah	No state minimum wage.	Up to 105% FPL	No	No
Vermont	7.53 [a]	Up to 180% FPL	Yes (32% of federal EITC)	Yes
Virginia	No state minimum wage.	Up to 127% FPL	No [b]	No
Washington	$7.93	No state income tax.	No	No
West Virginia	$5.85 [a]	Up to 60% FPL	No	No
Wisconsin	$6.50	Up to 126% FPL	Yes (4-43% of federal EITC)	No
Wyoming	No state minimum wage.	No state income tax.	No	No

*Earned Income Tax Credit (EITC): The EITC reduces the amount of income tax low- and moderate-income working families are required to pay and provides a wage supplement to some families. When refundable, the amount of the credit that exceeds the amount the family owes in federal income taxes is received as a cash payment.

[a] Some exceptions for small businesses.
[b] Kentucky will increase the minimum wage to $5.85 on July 1, 2007.
[c] The state has a credit, but it is not refundable.
[d] Working Family Child Care Credit.

Sources, by column number:
[1] U.S. Department of Labor, Employment Standards Administration, *Minimum Wage Laws in the States*, 2007; and Economic Policy Institute, *Minimum Wage Issue Guide,* Table 5, 2006
[2] Jason A. Levitis, *The Impact of State Income Taxes on Low-Income Families in 2006*, Center on Budget and Policy Priorities, March 27, 2007, Table 1A.
[3] Community Resources Information, Inc., TaxCreditResources.org (accessed March 20, 2007).
[4] Nancy Duff Campbell, Joan Entmacher, Amy K. Matsui, Cristina Martin Firvida, & Christie Love, *Making Care Less Taxing: Improving State Child and Dependent Care Tax Provisions*, National Women's Law Center, 2006.

APPENDIX C

Data Sources for *State Early Childhood Policies: Improving the Odds*

HEALTH AND NUTRITION

Donna Cohen Ross, Laura Cox, & 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.

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

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U.S. Department of Education, Institute of Education Sciences, National Center for Educational Statistics, National Assessment of Educational Progress (NAEP), 2005 Reading Assessment.

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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, 2006*, National Institute for Early Education Research, 2006.

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.

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. (accessed September 24, 2006).

Subsidized Child Care (2005): U.S. 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 June 2006.

Low-income Children: Annual Social and Economic Supplement (the March supplement) of the U.S. Current Population Survey, 2006

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National Partnership for Women and Families, *Expecting Better: A State-by-State Analysis of Parental Leave Programs*, 2005.

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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 and Table III.B.2, footnote 2.

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