

## Early Childhood Cabinet

### Background

In March 2007, newly elected Governor Ted Strickland established an Early Childhood Cabinet to set and coordinate state policy and programs serving Ohio children ages prenatal to 6. This action united key state agencies around a common goal of promoting school readiness. The Early Childhood Cabinet is comprised of the Directors of the Ohio Departments of Alcohol and Drug Addiction Services, Health, Job and Family Services, Mental Health and Mental Retardation and Developmental Delays, as well as the Superintendent of the Ohio Department of Education. The Early Childhood Cabinet has been meeting since May 2007.

The Early Childhood Cabinet has adopted a comprehensive approach and definition of an Early Childhood System, as defined by the Early Childhood Systems Workgroup on a national level. Our system includes:

- Early Care and Education-Opportunities in nurturing environments where children can learn what they need to succeed in school and in life.
- Health, Mental Health and Nutrition-Comprehensive health services that meet the children's vision, hearing, nutrition, behavioral and oral health as well as medical health needs.
- Special Needs/Early Intervention-Early Identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays.
- Family Support-Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.

### a. Goals and Strategies of Ohio's Policy Agenda

In July of 2007, Ohio's executive and legislative branch developed and passed a biennial budget that included \$275,000,000 in new investments for the early childhood system. These significant investments include:

- Expansion of supports to Ohio's Quality Rating System, Step Up to Quality
  - Quality payments for providers
  - Expansion of T.E.A.C.H. Early Childhood Ohio
  - Double the number of Infant and Toddler Specialists
  - Increase the availability of professional development opportunities
- Provider rate increases through the child care subsidy program
- Expansion of the school operated preschool program for the first time since 1989
- Provider rate increases and expansion of Ohio's early intervention system for babies and toddlers, Help Me Grow
- Expansion of the state's Children Health Insurance Program
- Early childhood mental health treatment grants

In addition to all of the new investments, our state continues to invest in the Early Learning Initiative for 3, 4 and 5 year olds, Early Childhood Mental Health Consultation and Healthy Child Care Ohio.

The Early Childhood Cabinet has developed three overarching goals for this work and is working on draft measure for a "family support" goal. The three goals are:

1. By 2011, Ohio families will have increased access to high quality early care and education experiences.

2. By 2011, Ohio children and their families will have increased access to developmental screenings, consultation and treatment to address their social, emotional and physical development.
3. By 2011, Ohio will have a highly skilled and educated early childhood workforce that is properly compensated, to facilitate the optimum development of young children.

The following workgroups have been convened to work on additional system priorities:

#### Early Childhood Advisory Council

In August 2008, the Early Childhood Advisory Council will have its first meeting.

Recommendations for membership are currently being reviewed. Membership will include the mandated participants outlined in Head Start reauthorization. The purposes of an advisory body are:

- To advise the Early Childhood Cabinet on policy and resource development priorities.
- To assist and recommend on-going communication strategies for early childhood stakeholders.
- To recommend how existing stakeholder/workgroups relate to the EC Cabinet.
- To comply with requirements of Head Start Reauthorization that mandate each Governor to establish a State Advisory Council on early childhood education and care that will:
  - Conduct statewide needs assessments on the quality and availability of early care and education and development programs and services
  - Identify barriers to collaboration; and
  - To develop recommendations

#### Early Childhood Education Articulation Work Group

Amended House Bill 119 contained language instructing the Ohio Board of Regents, in consultation with the Governor's office and the Ohio Department of Education, to convene a work group to "establish coursework for content knowledge and teacher competencies for early care and education [Early Childhood Education] degrees to support articulation and transfer coursework certifications, and credit earned across state-supported institution of higher education."

The purpose of the committee is to advise the Board of Regents in developing a seamless, transparent, articulation pathway for early education practitioners through the two-year and four-year higher education system. This work will also serve as the foundation for additional conversations and work related to developing seamless alternative pathways and credit transfers for national credentials.

The articulation and transfer work will build upon the efforts of the Board of Regents that lead to the design and implementation of course equivalencies and a fully articulated system for specialized areas. Protocols and templates exist that can be modified to assist in this new effort. Similar to the earlier work, appropriate faculty panels will assist in developing course outcomes, desired competencies and approval of institutional curricular mapping. The process will employ the newly developed Articulation and Transfer Clearinghouse to ensure credit transfer. The work of the committee will take place over a nine-month period which began in March 2008.

#### Early Childhood Interagency Child Identifier Work Group

A key component of an early childhood system is an accountability system that measures child progress and program effectiveness for the purpose of informing decision-making about early childhood programming, policies, and investments tied to the larger K-12 system. To ensure an effective, coherent, and integrated early childhood accountability system, it is critical for state agencies to be able to link and track children's program experiences, progress, and development from birth to age 6.

The charge of the Interagency Workgroup is 1) to propose the use of a common single unique identification number for children entering Ohio's early childhood programs to facilitate linkages across information systems in state agencies; 2) to identify the issues that state agencies will need to address in order to initiate and engage in this approach and 3) make recommendation to the Cabinet.

#### Early Care and Education Fiscal Model Work Group

Advocates in Ohio have been working for nearly a decade on the development of strategies to address the system of funding for early care and education. Simply put, parents in the early stages of their careers/fiscal independence can not afford to pay for the cost of high quality early care and education. If we want to increase the quality structural indicators of a program (more teachers, small class sizes, more highly qualified teachers, etc.) and influence the process quality (teacher instruction and reflection and teacher/parent/child interactions), more resources have to be committed to funding the system. In addition, existing funding streams must be reviewed for maximum efficiency.

The School Readiness Solutions Group provided Ohio with an opportunity to further explore the possibilities for the future. In an effort to continue to work towards the development of a new fiscal model for early care and education, staff within the Ohio Department of Education and several early care & education organizations approached a leading economist, Dr. Rick Brandon (University of Washington), to develop a proposal regarding Ohio's next steps. In addition, Anne Mitchell has been approached to work on the project as well. Anne completed an extensive, yet incremental, cost model for Cuyahoga County's Pre-K program that rolled out in September 2007.

#### *What are the costs of improving quality under Ohio's current quality rating system, Step Up to Quality?*

What is required of providers at each of the three stars and what does it cost a provider to move from one level to the next, differentiating transition costs from ongoing costs. How would these changes affect the ability of families at different income levels to afford the higher quality levels for their children? What would be a reasonable number of centers to move to higher quality levels each year and what would be the additional cost to the system for building capacity. What level of public and private assistance to families and providers would be required to assure that quality standards can be achieved and high quality settings financially accessible to children from all income groups. The findings will be available by August 2008.

#### Professional Development Work Group

The Ohio Early Childhood Professional Development Network (OPDN) provides a forum for input and involvement of early childhood advocacy and professional organizations, and their public and private partners to examine early childhood professional development initiatives. This collaborative partnership continues its efforts to strengthen and build a system that provides support for the continued growth, learning, and advancement of early childhood professionals in Ohio. For more information on OPDN meetings or to join the list serve please visit [www.ohpdnetwork.org](http://www.ohpdnetwork.org).

In response to interagency policies and requirements the Early Childhood Cabinet has created and interagency professional development workgroup. Some key items that will be discussed include the integration of multiple professional databases, training requirements for the Early Learning Initiative and Step Up To Quality, minimum qualifications and in-service requirements for early care and education teachers, and technical assistance and coaching resources and supports.

The Early Childhood Cabinet has approved the following purpose statement:

Early childhood professionals have access to professional development opportunities and on-going supports that build their knowledge, competencies and skills for working with young children (ages birth-eight).

An early childhood professional includes not only those who have the responsibility for the direct care and education of young children but all those whose primary work responsibilities are related to the well-being of children birth through age 8. These professionals, though they are found in a wide variety of roles and settings, share a common goal of ensuring young children's healthy development, optimal care, and success and joy in learning. (definition from "*Ohio's Early Childhood Core Knowledge & Competencies*", Ohio Professional Development Network)

Social and Emotional Development Work Group

This work group has responsibility for making recommendations to the Early Childhood Cabinet to further develop and support a system that coordinates and provides a comprehensive continuum of care for young children by partnering with families, providers, communities, other stakeholders and government. This work group's goal for service delivery is that Ohio's families will have access to the most highly effective:

- promotion
- prevention
- early and periodic screening
- assessment
- early intervention
- treatment services
- necessary consumer supports to ensure appropriate individualized service delivery.

# OHIO EARLY CHILDHOOD PROFILE

State policies that promote health, education, and strong families can help the early development and school readiness of America's youngest citizens. This profile highlights Ohio's policy choices alongside other contextual data related to the well-being of young children.

## Trends<sup>1</sup>

Ohio has maintained the income eligibility for young children to access public health insurance at 200 percent of the federal poverty level. Income eligibility for child care subsidies increased in 2007, from 179 to 185 percent of the federal poverty level. The 2008 state appropriations budget increased funding for the Public School Preschool program from \$19 to \$31 million.

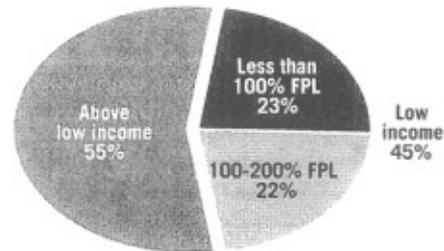
## Recent Developments<sup>1</sup>

The Early Childhood Cabinet was created in 2007 to set and coordinate state policy and programs serving children ages prenatal to age six. The current biennial budget includes an additional \$275 million to expand access to quality child care, preschool, the early intervention program, children's health insurance, and children's mental health treatment.

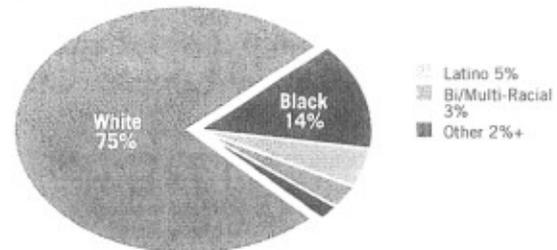
*Updated: June 16, 2008*

Young children (under age 6)<sup>2</sup>: 924,489  
Infants and toddlers (under age 3)<sup>2</sup>: 475,414

Young children by income, 2006<sup>2</sup>

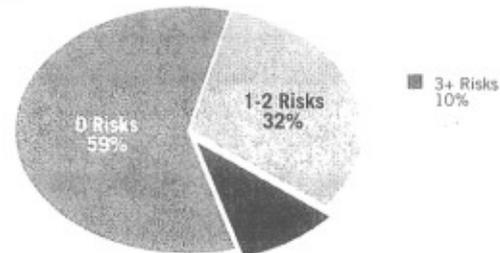


Young children by race/ethnicity, 2006<sup>2</sup>



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

Exposure to multiple risk factors\* among young children, 2006<sup>3</sup>



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

## HEALTH AND NUTRITION

### State Choices to Promote Access

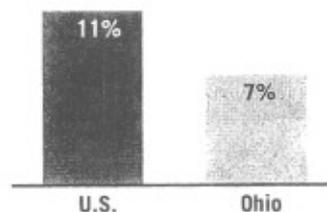
Set the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level (FPL). [2008]<sup>4</sup>

- Children <1 year  
*State eligibility set at 200% FPL.*
- Children ages 1-5 years  
*State eligibility set at 200% FPL.*
- Pregnant women  
*State eligibility set at 200% FPL.*
- Working parent  
*State eligibility set at 90% FPL.*
- Nonworking parent  
*State eligibility set at 90% FPL.*
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2008]<sup>4</sup>
- Provide temporary coverage to children under Medicaid or SCHIP until eligibility can be formally determined. [2008]<sup>4</sup>
- Include at-risk children in the definition of eligibility for IDEA Part C. [2006]<sup>5</sup>
- Supplement WIC funding. [2006]<sup>6</sup>

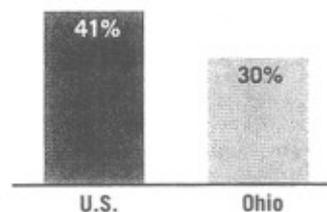
### State Choices to Promote Quality

- Meet the national benchmark that 80% of children on Medicaid receive an annual health screening under EPSDT\*. [2005]<sup>7</sup>
- Require newborn screening for hearing deficiencies. [2007]<sup>8</sup>
- Require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2007]<sup>8</sup>  
*27 universally required by Law or Rule*
- Use the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC:0-3) when seeking Medicaid reimbursement. [2006]<sup>9</sup>

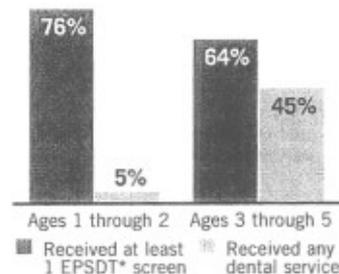
Young children who lack health insurance, 2006<sup>2</sup>



Medicaid births as a percentage of total births, 2002<sup>10</sup>



Children on Medicaid receiving care in a 12-month period, by service and age, 2005<sup>11</sup>



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

## EARLY CARE AND EDUCATION

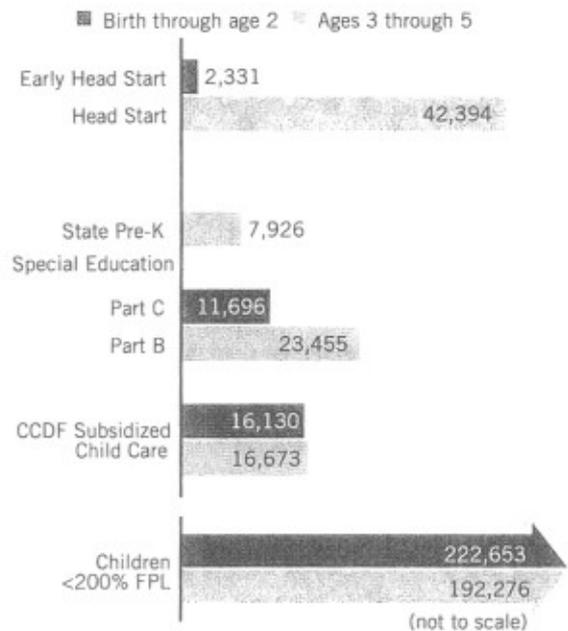
### State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2007]<sup>12</sup>  
*A family of three was eligible up to \$31,764 or 185% FPL. This is an increase from 179% FPL in 2006.*
- Increased the child care subsidy reimbursement rate within the last two years to be at or above the 75th percentile of the market rate. [2007]<sup>13</sup>
- Annually redetermine eligibility for child care subsidies, which can promote consistent caregiving relationships. [2006]<sup>14</sup>  
*Eligibility redetermined every 12 months*
- Supplement Early Head Start with state or other federal funds. [2008]<sup>15</sup>
- Fund a pre-kindergarten program or supplements Head Start. [2007]<sup>16</sup>  
*\$19 million. This is a decrease (in adjusted dollars) of \$0.8 million from 2006.*

### State choices to promote quality

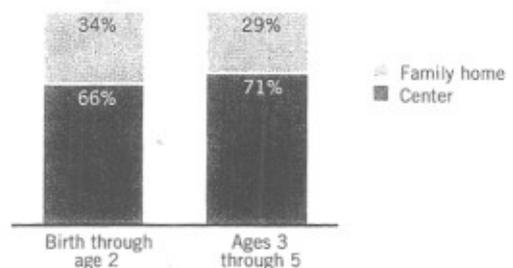
- Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2006]<sup>17</sup>  
*Child care regulations require one adult for every 14 children, and a maximum class size of 28.*
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2006]<sup>17</sup>  
*Child care regulations require one adult for every seven children and a maximum class size of 14.*
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2007]<sup>18</sup>
- Have early learning standards or developmental guidelines for infants and toddlers. [2008]<sup>19</sup>
- Have an infant/toddler credential. [July 2007]<sup>20</sup>
- 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 development programs, by age\*, 2006<sup>22</sup>

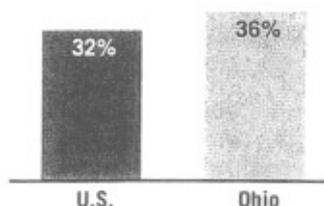


\* Eligibility criteria vary by program. Children enrolled in multiple programs are counted in each program, so numbers cannot be added together. The numbers of low-income children are included to give a sense of scale and provide a context for access information. Head Start numbers reflect actual enrollment,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

Subsidized child care, by setting, 2005<sup>23</sup>



Fourth grade students testing proficient or better in reading\*\*, 2007<sup>24</sup>



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

## PARENTING AND ECONOMIC SUPPORTS

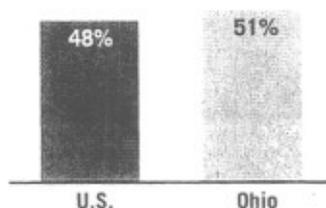
### State choices to promote effective parenting

- Provide paid medical/maternity leave. [2004]<sup>25</sup>  
*State employees are eligible for partial wage replacement after the birth or adoption of a child.*
- Have a Medicaid family planning waiver to extend coverage to low-income women to increase the interval between pregnancies. [2008]<sup>26</sup>
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [2006]<sup>27</sup>  
*Parents must return to work when child is 12 months.*
- Reduce the TANF work requirement for single parents with children under age 6. [2006]<sup>28</sup>  
*With children up to age 18.*
- Allow parents in school to qualify for child care subsidies. [2005]<sup>29</sup>
- Operate a statewide home visiting program. [2007]<sup>30</sup>
- Formally link home visiting programs to supports for early childhood development (e.g. Medicaid/SCHIP, early intervention, and early childhood mental health). [2007]<sup>30</sup>

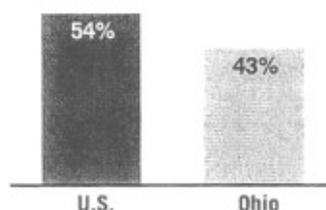
### State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage. [2008]<sup>31</sup>  
*\$7.00*
- Exempt a single-parent family of three below the poverty level from personal income tax. [2006]<sup>32</sup>  
*Up to 86% FPL*
- Offer a refundable state earned income tax credit. [2006]<sup>33</sup>
- Offer a refundable state dependent care tax credit. [2007]<sup>34</sup>
- Keep copayments for child care subsidies at or below 10% of family income for most families. [2006]<sup>35</sup>
- Allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2007]<sup>36</sup>  
*No pass-through/disregard.*

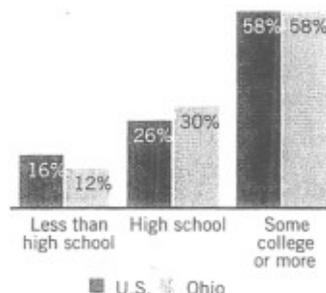
Young children who are read to every day, 2003<sup>37</sup>



Low-income young children with a parent employed full-time, 2006<sup>2</sup>



Education levels of mothers with young children, 2006<sup>2</sup>



This profile is a product of NCCP's *Improving the Odds for Young Children* initiative. It is funded through NCCP's participation in The Birth to Five Policy Alliance, sponsored by the Buffett Early Childhood Fund. The information represents the most recent 50-state data sources and will be updated with the release of new data. See [www.nccp.org/improvingtheodds](http://www.nccp.org/improvingtheodds) for other state profiles.

## DATA NOTES AND SOURCES

1. The trends and recent developments come from personal communications with state advocates, administrators, and policymakers. The following publications were also consulted:  
 Donna Cohen Ross, Aleya Horn, and Caryn Marks, *Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2008*, Kaiser Commission on Medicaid and the Uninsured, January 2008 <http://www.kff.org> (accessed April 11, 2008).  
 W. Steven Barnett, Jason Hustedt, Allison Friedman, Judi Stevenson Boyd, and Pat Ainsworth, *The State of Preschool 2007*, National Institute for Early Education Research, 2007.  
 Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2007: Some Steps Forward, More Progress Needed*, National Women's Law Center, September 2007.  
 National Center for Children in Poverty, *Map and Track State Initiatives for Young Children and Families*, 2000 Edition, 2000  
 National Conference of State Legislatures, *Child Care and Early Education Legislation Highlights 2005*, June 2006  
 National Conference of State Legislatures, *Child Care and Early Education Legislation Highlights 2006*, unpublished draft  
 National Governors Association, *Front and Center education articles*, 2006, <http://www.nga.org>  
 ZERO TO THREE, *The Baby Monitor*, 2006 Policy and Advocacy News Archive, <http://www.zerotothree.org>
2. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2005, 2006, and 2007, representing information from calendar years 2004, 2005, and 2006. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2007 data, representing information from the previous calendar year.
3. National and state data were calculated from the 2006 American Community Survey.
4. Donna Cohen Ross, Aleya Horn, and Caryn Marks, *Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2008*, Kaiser Commission on Medicaid and the Uninsured, January 2008 <http://www.kff.org> (accessed April 11, 2008).
5. Jo Schackelford, *State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities* under IDEA, NECTAC Notes, Issue No. 21, July, 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. 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.
8. National Newborn Screening and Genetics Resource Center, *National Newborn Screening Status Report*, updated August 3, 2007 <http://genes-r-us.uthscsa.edu> (accessed August 2007).
9. Ngozi Onunaku, Zero to Three, personal email (received February 6, 2006).
10. 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.
11. 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.
12. Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2007: Some Steps Forward, More Progress Needed*, National Women's Law Center, September 2007.
13. 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, *State Child Care Assistance Policies 2007: Some Steps Forward, More Progress Needed*, National Women's Law Center, September 2007.
14. U.S. Department of Health and Human Services, Administration for Children and Families, *Report of State and Territory Plans, FY 2006-2007*, 2006.
15. Rachel Schumacher and Elizabeth DiLauro, *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families*, Center for Law and Social Policy and Zero to Three Policy Center, April 2008.
16. W. Steven Barnett, Jason Hustedt, Allison Friedman, Judi Stevenson Boyd, and Pat Ainsworth, *The State of Preschool 2007*, National Institute for Early Education Research, 2007.
17. National Child Care Information Center, "Child Care Center Licensing Regulations", October 2006, <http://nccic.acf.hhs.gov> (accessed November 28, 2007).
18. National Child Care Information Center, "National Infant and Toddler Child Care Initiative, Infant/Toddler Specialists" March, 2007, <http://nccic.org> (accessed June 28, 2007).
19. Zero to Three, personal email (received May 15, 2008) based on information gathered in March 2008.
20. Zero to Three, personal email (received October 5, 2007) based on information gathered in summer, 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 (2006):** State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2005, 2006, and 2007, representing information from calendar years 2004, 2005, and 2006. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2007 data, representing information from the previous calendar year.  
**Early Head Start and Head Start Actual Enrollment (2006):** 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.  
**State Pre-K enrollment (2006):** 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.

**Birth to 2 Special Education, Part C (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," 2006. Data updated as of July 15, 2007.

**Ages 3 to 5 Special Education, Part B (2006):** 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" 2006. Data updated as of July 15, 2007. (accessed January 30, 2008).

**Subsidized Child Care (2006):** 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.

23. Data represent the sum of children served in the specified location, regardless if the provider is licensed/regulated or legally operating without a license. Family home includes children served in group home care.  
U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Child Care Bureau. Child care and development fund administrative data federal fiscal year 2005 [Computer file]. ICPSR04379-v1. Rockville, MD: Anteon Corporation, Child Care Automation Resource Center [producer], 2008. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2008.
24. U.S. Department of Education, Institute of Education Sciences, National Center for Educational Statistics, National Assessment of Educational Progress (NAEP), 2007 Reading Assessment.
25. 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).
26. State Medicaid Family Planning Eligibility Expansions, State Policies in Brief, as of April 1, 2007, Guttmacher Institute. Available at: <http://www.guttmacher.org> (accessed through <http://www.statehealthfacts.org> on April 30, 2008).
27. 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 and Mary Murphy, *The Welfare Rules Databook: State Policies as of July 2006*, Assessing the New Federalism, The Urban Institute, 2007, Table III.B.1.
28. Gretchen Rowe and Mary Murphy, *The Welfare Rules Databook: State Policies as of July 2006*, Assessing the New Federalism, The Urban Institute, 2007, Table III.B.2, footnotes 3, 16, 19, 20, 21, and 27.
29. 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.
30. 2007 Survey conducted by Kay Johnson for the National Center for Children in Poverty (Publication forthcoming.) Indiana, Kansas, Vermont, Washington, and D.C. did not respond to the survey.
31. U.S. Department of Labor, Employment Standards Administration, *Minimum Wage Laws in the States, January 2008*, <http://www.dol.gov> (accessed April 22, 2008)
32. 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. Available at: <http://www.cbpp.org> (accessed on April 16, 2007).
33. Community Resources Information, Inc., *TaxCreditResources.org*, <http://taxcreditresources.org> (accessed March 20, 2007).
34. National Women's Law Center, *State Child and Dependent Care Tax Provisions, Tax Year 2007*, 2007.
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