



NCCP

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ALABAMA 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 Alabama's policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

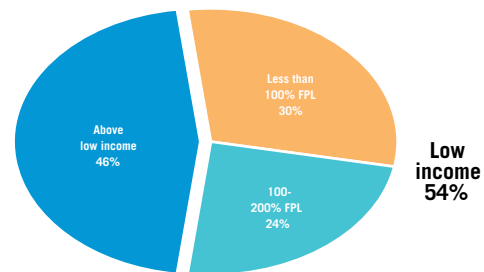
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and credentials and Quality Rating Improvement Systems.

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

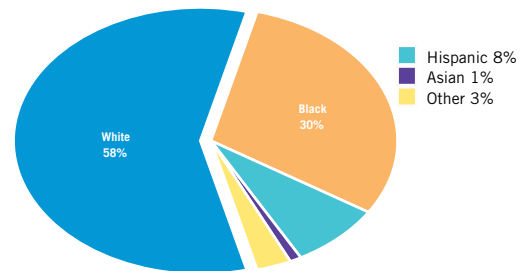
Young children (under age 6)¹: 162,370

Young children by income, 2011¹

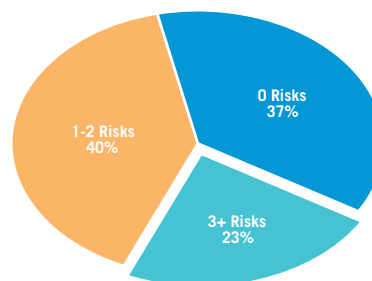


Among young low-income children, 13% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2011¹



Exposure to multiple risk factors among young children, 2011*¹



* This graph includes all possible risk factors: poor, single parent, teen mother, low parental education, nonemployed parents, residential mobility, households without English speakers, and large family size.

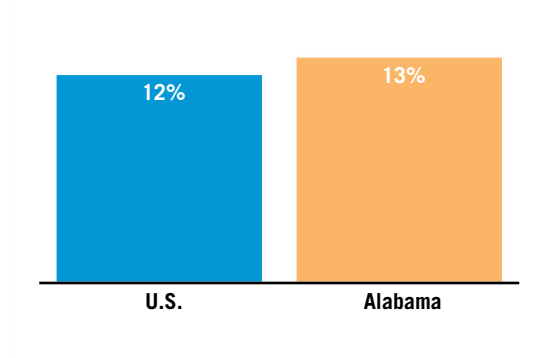
HEALTH AND NUTRITION

State Choices to Promote Access

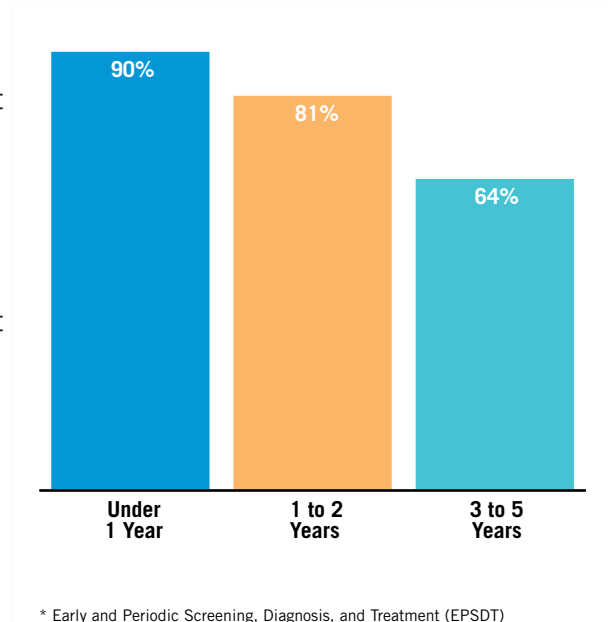
Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2013]²

- Children <1 year
Set eligibility at 300% (CHIP)
- Children ages 1-5 years
Set eligibility at 300% (CHIP)
- Children ages 6-8
Set eligibility at 300% (CHIP)
- Pregnant women
Set eligibility at 133% (Medicaid)
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined.
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined.
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year

Young children who lack health insurance, 2011¹



Percent of eligible children who received at least one EPSDT* screening, by age, 2011³



State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2011]⁴

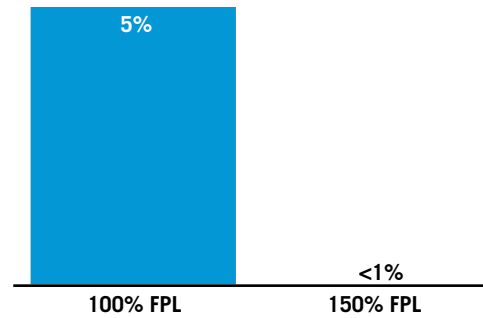
- 7 Screenings for children <1 year
State requires 5 screens. 97% of eligible screens were completed in 2011.
- 4 Screenings for children 1-2 years
State requires 4 screens. 100% of eligible screens were completed in 2011.
- 3 Screenings for children 3-5 years
State requires 3 screens. 66% of eligible screens were completed in 2011.
- 4 Screenings for children 6-9 years
State requires 4 screens. 41% of eligible screens were completed in 2011.
- Require newborn screening for the 29 metabolic deficiencies/disorders recommended by the March of Dimes

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2012]⁵
A family of three is eligible up to \$24,084, or 126% FPL. This reflects a decrease from 128% FPL in 2011.
- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2012]⁵
- Redetermine the eligibility for child care subsidies no more than once per year [2010]⁶
Eligibility redetermined every six months.
- Fund a pre-kindergarten program and/or supplement Head Start. [2012]⁷
\$19,086,953 for prekindergarten

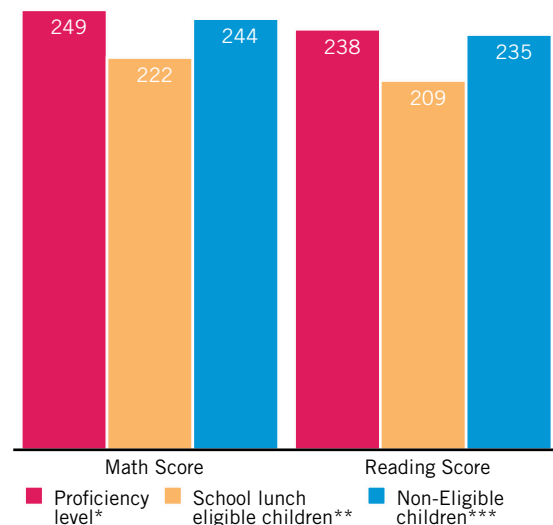
Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2012⁵



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. [2013]⁸
Child care regulations require one adult for every 18 children, and there is no maximum class size.
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2013]⁸
Child care regulations require one adult for every 7 children, and there is no maximum class size.
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2011]⁹

National Assessment of Educational Progress (NAEP) fourth grade math and reading scores¹⁰



- Have early learning standards or developmental guidelines for infants and toddlers. [2011]¹¹
- State has adopted Common Core Standards [2012]¹²
NCCP believes that Common Core State Standards should be used in conjunction with guidelines for social emotional learning.
- Have an infant/toddler credential. [2011]⁹
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹³
- Have implemented a statewide Quality Rating Improvement System (QRIS) [2013]¹⁴
Planning for a QRIS
- State has comprehensive, free-standing standards for social emotional learning at the K-12 level [2011]¹⁵
State has some SEL goals or benchmarks integrated in academic standards

PARENTING AND ECONOMIC SUPPORTS

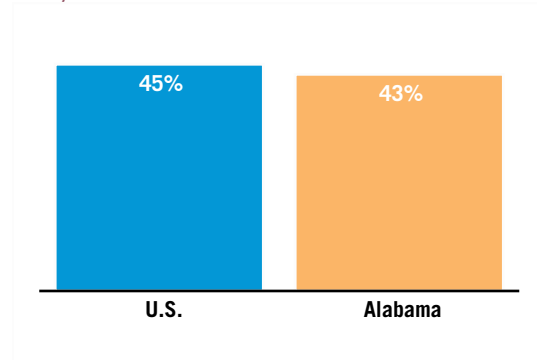
State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2013]¹⁶
Eligibility based on income up to 133% FPL.
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2011]¹⁷
Parent must return to work when child is 3 months.
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2011]¹⁷
Required to work 20 hours.

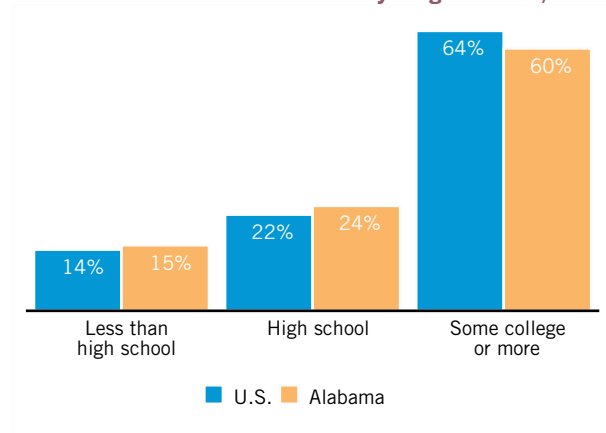
State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage (\$7.25/hr). [2013]¹⁸
No minimum wage required.
- Exempt single-parent families of three below the poverty level from personal income tax. [2012]¹⁹
Up to 55% FPL
- Offer a refundable state Earned Income Tax Credit. [2012]²⁰
- Offer a refundable state dependent care tax credit. [2013]²¹
AL does not have a Child and Dependent Care Tax credit.
- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2012]⁵
Not eligible.
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2011]¹⁷

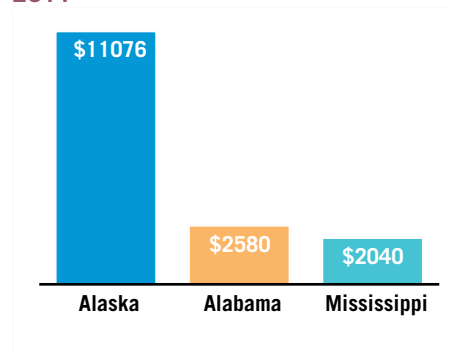
Low-income young children with a parent employed full-time, 2011¹



Education levels of mothers with young children, 2011¹



Maximum annual TANF benefit for a family of 3, for year 2011¹⁷



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 for other state profiles.

DATA NOTES AND SOURCES

1. National data were calculated from the 2011 American Community Survey, representing information from 2011. State data were calculated from the 2009-2011 American Community Survey, representing information from the years 2009 to 2011.
2. Heberlein, Martha; Brooks, Tricia; Alker, Joan; Artiga, Samantha; and Stephens, Jessica. 2012. *Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012-2013*. Kaiser Commission on Medicaid and the Uninsured, The Henry J. Kaiser Family Foundation. <http://kaiserfamilyfoundation.files.wordpress.com> (accessed August 13, 2013)
3. Data were not reported for CT, OH, or OR. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. 2012. *The Annual EPSDT Report (Form CMS-416)*. <http://www.medicaid.gov> (accessed May 17, 2012).
4. Data were not reported for OH. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. 2012. *The Annual EPSDT Report (Form CMS-416)*. <http://www.medicaid.gov> (accessed August 14, 2013).
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13. National Association for Regulatory Administration and the National Child Care Information and Technical Assistance Center. 2010. *The 2008 Child Care Licensing Study: Final Report*. <http://www.naralicensing.org> (accessed August 16, 2010).
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